

Guinness Care and Support Limited

Guinness Care At Home

Plymouth

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 and 27 November 2017 and was announced. This is the first inspection of the service since it was registered on 22 July 2016.

Guinness Care At Home Plymouth is a domiciliary care agency. It provides personal care to older adults and younger disabled adults living in their own houses and flats in the community, including Douro Court and Bishops Court. At the time of this inspection approximately 80 people received a domiciliary care service in their own homes in the community and 38 people living in extra care housing received personal care. People living in Douro Court and Bishops Court received a specialist service that is known as 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received a service that was safe. Comments from people who used the service included "Yes, I feel very safe". Improvements had been made to the service in recent months to ensure people received a reliable service at the times they had requested, and from a small team of care workers they knew and trusted. The likelihood of late or missed visits had reduced significantly because there were effective systems in place to plan care and track care workers' visits.

People were safe from harm because staff had received training and information on safeguarding and knew how to identify and report any concerns. Care was taken when recruiting new staff to ensure they only employed staff who were trustworthy, reliable and entirely suitable for the job.

Care workers had received training on safe administration of medicines and there were good systems in place to ensure people received their medicines safely. Checks and audits were carried out regularly to identify risks or errors and actions were taken to improve the safety of medicine administration where necessary.

People were protected from the risk of infection. Care workers had the knowledge and equipment needed to ensure people were protected from infection. Spot checks were carried out by the management team to ensure care workers followed safe infection control procedures.

People received an effective service from capable and skilled care workers. Comments from people who used the service included, "The girls have been brilliant!" and "You can't fault them at all." Care workers

received thorough training, supervision and support to ensure they had the right skills to meet peoples' needs. Care workers were given ongoing training and regular updates on a range of topics relevant to people's needs. The training ensured care workers understood how to keep themselves and the people they cared for safe and free from harm. Care workers had access to advice and support at all times of the day and night.

Before people began to receive a service their needs were assessed. A plan of their care needs and any risks associated with their health or personal care was drawn up and agreed with them. Care workers had good information about how to support people to keep them safe and reduce any risks. Care workers were also given information and training to ensure they supported people's right to make decisions about their lives. This ensured they followed the principles of the Mental Capacity Act 2005 (MCA) at all times.

People received a service that was caring. A person told us care workers were "really caring, special." Care workers talked about the care and compassion demonstrated by the management team. "The bosses are brilliant! A really compassionate team" and, "They care so much!" People told us care workers were caring, compassionate and kind. People were treated people with dignity and respect. Care workers knew each person well and ensured people were involved and consulted about the care they received. Care workers understood their role to help protect people's equality, diversity and human rights.

People received a service that responded to their needs and any changes in their health or personal circumstances. A person told us "They automatically know what they have to do. They are very experienced carers. They know me and I know them." People were involved and consulted about the care. They were given a range of information about the service, including regular timetables, to ensure they knew who would be visiting and when. Information was presented in a format to suit their individual needs. Care workers understood each person's individual needs, daily routines and preferences.

People were confident any comments or complaints would be listened to, investigated and actions taken to prevent recurrence.

People received a service that was well led. Where the provider had identified problems and concerns they had taken a range of actions to improve the management of the service. Care workers told us the improvements had been positive. Comments included, "Strong, strict but fair management", "Management is a lot, lot better" and "I can see an improvement." The registered manager and their management team were well respected and provided effective leadership. There was an open, caring management style and care workers felt valued. There was a strong sense of job satisfaction and pride in providing a high standard of care.

The provider and registered manager had a range of quality monitoring systems to identify good practice and areas for improvement. The visions and values of the service were clearly communicated and followed by staff. The registered manager notified the Commission of significant events which had occurred in line with their legal obligations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received a reliable service from staff they knew well and felt safe with.

People were safe from harm because staff were aware of their responsibilities to report any concerns.

Recruitment checks were carried out to ensure people received care from suitable staff.

People who required assistance with their medicines were supported by competent staff who followed safe systems of administration.

People were protected from the risk of infection because staff had the knowledge and equipment needed to follow safe infection control procedures.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA).

People were cared for by staff who received regular and effective support and supervision

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were caring, compassionate and treated people with dignity and respect.

People were involved and consulted about the care they received.

Staff understood their role to help protect people's equality, diversity and human rights to support people individual needs.

Is the service responsive?

The service was responsive.

People's needs were at the centre of the service provided with staff knowing each person's likes and dislikes.

The service made changes to people's care and support in response to requests and feedback received.

People were confident any comments or complaints would be listened to, investigated and actions taken.

Good ●

Is the service well-led?

The service was well led.

The vision and values of the service were clearly communicated and followed by staff.

The management team were well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

Good ●

Guinness Care At Home Plymouth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 and 27 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it we wanted to be sure the registered manager would be present. We also wanted to give the service sufficient time to agree with people that would could visit them or contact them by telephone to find out their views on the service. This is the first inspection of the service since it was registered on 22 July 2016.

The inspection was carried out by one inspector.

We visited the office location on 24 November 2017 where we met with the registered manager, the regional manager, and three members of staff who were mainly based in the agency office. We reviewed four care records, medicines administration records, staff recruitment and training files, and policies and procedures. During our visit to the office we also met two care staff who were visiting the office that day and a health care professional. On 27 November we visited four people who received a service in their homes. We also contacted three people by telephone on 28 November 2017 and one member of staff.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sent out questionnaires to people who use the service, relatives and community professionals. We received responses from 23 people who used the service, one relative and one community professional. We also received one compliment from a relative who completed a 'Have your say' form.

Is the service safe?

Our findings

People received a service that was safe. Comments from people who used the service included "Yes, I feel very safe" and "They have all been wonderful!"

The likelihood of people suffering harm or abuse was significantly reduced because the provider had considered the possible risks and had a range of policies and procedures to address them. All care workers had received training on safeguarding adults and the care workers we spoke with knew how to identify signs of abuse and knew how to report it. They were confident any concerns they raised with the registered manager or provider would be taken seriously and addressed. Care workers gave examples of issues they had raised with the registered manager and told us their concerns had been listened to and addressed immediately. The registered manager had liaised with the local authority safeguarding teams appropriately when necessary.

The provider and registered manager followed robust recruitment procedures. They had taken care to employ care workers who were entirely suitable for the job. References and checks had been taken up before new care workers began working with people. Application forms had been completed with information about the applicant's previous work and learning experiences and interviews held to explore applicant's suitability. The registered manager told us they had received a good response to advertisements for job vacancies and this had meant they had been able to be very selective. They told us they used the 'Grandmother' test when recruiting care workers "Would I want them caring for my grandmother?" If the answer was no, the person was not employed.

People received care from small teams of care workers they knew well. Each person received a timetable every week letting them know who would be visiting the following week. The timetables listed the day and time of the visits and the names of the care workers. People told us the times of the visits had been agreed at the start of the service. If the agency was initially unable to provide visits at their preferred times, the agency had adjusted the times to suit the person as soon as possible. Care workers were allocated sufficient travel time between visits to enable them to arrive safely at each visit at the correct time. People told us the service was reliable, and care workers usually arrived on time, or within a few minutes of their allocated time. They also told us care workers were not rushed and always stayed for the correct length of time.

Before this inspection took place some people had told us the service was not always reliable. Comments had included "Never informed of time changes." However, during this inspection we heard that there had been a number of changes in the management team in recent months including the appointment of a new registered manager. The management team were aware of problems that had occurred in the past and had taken a range of measures to address them. This included recruitment of new care workers and improved systems for organising care workers' weekly rotas. This had taken a lot of hard work and determination but they were confident their hard work had been successful. All of the people we visited and spoke with, and care workers confirmed that the service was much improved in recent months. Comments included, "It's a massive improvement as far as I am concerned". A person told us their regular care worker's arrival time was always "spot on".

The agency used a computer planning system to arrange staff rotas and timetables for people's care visits. There were safeguards within the computer system that reduced the risk of visits being missed. Where people had requested visits from specific care workers, for example females only, the computer system ensured their requests were always followed. A person who received a service told us "If I did get somebody I didn't like I would get on the phone." They told us they had only asked for a change of care worker once in the past and their request was addressed immediately and the member of staff never visited them again. Care workers were expected to use a computerised logging-in and logging-out system on arrival and leaving a person's home, although we heard that occasionally care workers failed to do so. The registered manager told us they were working hard to improve the logging-in systems. The office staff were able to track care workers' visits and identify quickly any missed or late visits. A care co-ordinator told us they were hoping to install a large screen in the office in the very near future which will give them an overview of each care worker's whereabouts and times of visits. The screen will provide a constant visual alert of any missed or late visits and enable them to take prompt action.

When care workers were running late or unable to work at short notice the agency always tried to call people to let them know who would be visiting instead and the time of the visit. A relative told us, "They phone up if they are going to be a bit late due to traffic hold ups etc." However, one person we visited told us they had received a visit much later than expected the previous Saturday, and from a care worker they had not expected. We spoke with the registered manager and a care co-ordinator about this. They told us there was always an 'on-call' member of staff available outside of normal office hours. This person had responsibility to arrange cover if staff were unexpectedly unable to work that day. This person may also carry out some of the visits themselves. Their first priority was to arrange cover, and then to call people if they had time. They told us they would look at ways of improving the on-call system to ensure people always receive a phone call to let them know of any changes to the expected times of their visits, or a change of care worker.

People living in Douro Court and Bishops Court also received core emergency cover, 24 hours a day. People had an alarm call system and were able to call for help from staff who were based on site if they required urgent assistance outside of their regular allocated visit times. People told us they were very happy with the service they received. One person gave an example of a time when they were feeling very cold in the middle of the night. They pressed their alarm bell and a care worker visited them quickly. The care worker wrapped them up warmly and stayed with them until they felt warm enough. The person told us they were then able to sleep comfortably for the rest of the night. They told us "You can't fault them at all."

Where people had requested assistance with their medicines these were administered safely by competent care workers. Assessments were carried out before the agency agreed to administer medicines to a person, and care records set out the level of assistance required. All care workers had received training on medicine administration at the start of their employment and further training at regular intervals to keep their knowledge updated. Their competence was regularly checked to ensure they followed safe procedures. Care workers completed a medicine administration record (MAR) each time a medicine was administered.

The provider and registered manager and registered provider had an ethos of honesty, transparency and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example, the MAR charts were returned to the agency office at the end of each month and carefully checked to identify any errors or omissions. We looked at the records for the previous month and saw there were no unexplained gaps for any tablets administered, although a few incorrect codes had been noted by the registered manager. There were a small number of gaps in the records for prescribed creams, and we saw the registered manager was aware of the gaps and had taken a range of actions to improve the records and

reduce the risk of medicines errors or of medicines being missed. This included conversations with individual care workers and reminders to care workers in staff meetings. They also planned to address this through staff supervision, close monitoring and further training where necessary.

People were protected from the risk of infection because staff followed safe procedures. All care workers received training on infection control at the start of their employment. Spot checks were carried out to ensure care workers followed safe procedures at all times. These checks included hand washing audits and skin checklists to ensure care workers always used gloves and protective aprons when carrying out personal care tasks. Staff had access to supplies of protective equipment at all times of the day at Douro Court. Where care workers assisted people with their laundry, safe procedures were followed when dealing with soiled laundry. A person we visited told us the care workers were always smartly dressed and followed high standards of hygiene. They told us care workers were always "Spotless."

The agency worked closely with the local commissioning teams to ensure care was available to people in emergencies such as extreme weather, or outbreaks of contagious illness. This meant there was a network of care across the region that ensured people received continuous care at all times. The agency had also considered service provision during peak times such as Christmas, and plans were in place to ensure people received care during these periods.

Is the service effective?

Our findings

People received an effective service. Comments from people who used the service included, "The girls have been brilliant!" "You can't fault them at all," and "They are fabulous."

Before people received a service an assessment was carried out to ensure the agency was able to meet their needs. Information gathered through the assessment was used to help the agency draw up and agree with the person a plan of their care needs. Any risks to their health and welfare were assessed, and staff were given instructions on how to support the person effectively to minimise the risks.

People received care from staff who were well trained and competent. A person told us "The staff are very friendly and professional. The staff are well-trained in a helpful way." The provider made sure staff received the training required to effectively and safely care for people. All care workers received thorough training and induction at the start of their employment. A care worker told us their induction "prepared me for what I was going to see, for what I was going to do." They said the training they had received was "Very, very good." They went on to say the training "made me feel I would be able to make a difference" to people's lives. Care workers who were new to the care industry were expected to gain a qualification known as the Care Certificate. This is a nationally recognised qualification aimed to give new care workers a basic level of knowledge and skills at the start of their employment.

Care workers also received a range of ongoing training and regular updates on all topics essential to meet people's needs, covering health and safety topics, and also topics relevant to the needs of people who used the service. Care workers were able to request training on any additional topics they felt may help them provide a more effective service. For example, one care worker told us they recently asked for training on diabetes and their line manager agreed to arrange this for them. The provider also encouraged and supported care workers to gain relevant qualifications such as diplomas. This helped to make sure people received care and treatment from care workers whose practice was up to date and in line with current legislation and best practice guidelines.

Care workers told us they received regular supervision and support, and annual appraisals. They could visit the agency office or call to speak with one of the management team at any time, and they were confident the management team were always available to offer support or guidance. A care worker described the support they had received as "phenomenal". They told us the office team always asked them if they were available to do any additional work, and never changed their rota at short notice without speaking to them and agreeing the changes. The care co-ordinator told us they used their knowledge of each person, and of the care workers' skills and personalities when organising staff rotas. They recognised the importance of good relationships and trust between people and care workers. A person told us, "They become like your family. The girls deserve praise."

People were supported to maintain good health. Care workers were given information on each person's health needs and any risks associated with their health. Care workers monitored people's health, and where concerns were noted they supported the person to contact relevant health professionals. They also passed

on any concerns to the management team for action. A person told us a care worker had noticed a rash on their leg and encouraged them to seek medical attention. A health professional told us they had good communication with the management team and care workers. They were confident the care workers were well trained and followed good care practice, saying, "They do what is required of them." They told us care workers sought their advice and treatment promptly when needed, for example if they noticed any signs of sore skin.

The registered manager told us they had worked closely with local commissioners to ensure care workers had skills to meet local needs. For example, commissioners had identified a need for people with neck and spinal injuries to receive care following discharge from hospital. Care workers had attended training in a local hospital which had resulted in a number of care workers having specialist skills to support people with collar care and body braces.

Where people received assistance with their meals and drinks, care workers knew the person's dietary needs and preferences. They made sure people received plenty of drinks, and where people were unable to make drinks for themselves, they left drinks within easy reach. For example, a person we visited had a flask of hot tea they could help themselves to between care worker's visits.

Care workers understood people's right to make decisions about their lives and care. The provider told us in their PIR, "All staff attend training in the Mental Capacity Act and their understanding of the Act is discussed during supervision and team meetings. During team meetings we use a learning tool kit to provoke discussion and learning around both Safeguarding and Mental Capacity." Care plans identified people's capacity to make decisions, and any legal authorisations granted to representatives who acted on their behalf.

There was a strong emphasis on supporting people to retain and gain independence. A senior care worker told us about a local project run by local commissioners called the Independence Project which looked at ways of building people's goals and aims into their care plans. They had started writing additional care plans entitled 'How to support me' setting out how care workers can help people to do as much as possible for themselves, for example encouraging people to dress themselves. They hoped to build on this by working with people at the start of new packages of care in the future.

Is the service caring?

Our findings

People received a service that was caring and compassionate. All of the people we visited, spoke with on the telephone, and people who completed a questionnaire, told us the care workers were always caring, kind, and treated them with dignity and respect. A person told us "The girls are brilliant" and went on to talk about some of the care workers who were especially caring, saying "really caring, special." The person often felt low, and really appreciated a few minutes "Yap time" at the end of each visit which helped to cheer them up.

The provider told us in their PIR, "All our carers receive training in dignity and respect. The relationship carers build with customers and kindness shown is monitored through observations and supervisions. Through team meetings, we encourage people to challenge poor practice and have discussions about what good practice looks like. We will always go that extra mile to support our customers and recently supported a family member to get to his mum on time, so he could be there when she sadly passed away."

Care workers told us the management team treated every member of staff with caring and respect. Care workers told us they felt valued, and expressed intense pride in their work, their colleagues, and in the service. A care worker told us the management team "Listen. They are compassionate if you need help or advice. They are ready and willing to sort it out every time." Care workers told us the management team understood their individual circumstances and family commitments. We heard examples of recent bereavements and family illness and comments included "The bosses were brilliant! A really compassionate team" and, "They care so much!"

Individual members of staff had been recognised for providing exceptionally high standards of care through local and national employee awards schemes. We heard an example of how a care worker had supported colleagues through a difficult period of staff sickness by taking on additional shifts to ensure people received a consistent and reliable service. A care worker told us there was a strong sense of mutual support and a determination to make sure people received care during emergencies such as sickness cover at short notice.

Care workers were passionate about providing good care. Comments from care workers included "I love my job. I love the customers," and "It makes a difference to have someone positive coming through the door." They told us about the importance of greeting people with a smile, having a good sense of humour, and listening to people. A care worker told us how they had comforted and supported a person when a member of their family died. The person often cried, and the care worker told us they always made sure they had time to sit with the person and talk with them, saying "We need to listen."

People we visited praised the care workers and gave examples of exceptional caring. One person gave an example of a care worker who took special care to help them maintain high standards of personal care and to keep their home clean and tidy. They told us the care worker took great care when making their bed "Just like a hotel." The talked about ways in which the care worker had gone above and beyond their expected duties, making sure the person felt 'special'. The person went on to say "That meant the world to me."

Care workers understood each person's individual communication needs and communicated with them effectively. Communication needs were identified during the assessment process and explained to care workers in care plans where necessary. Where people were living with illnesses which affected their communication, such as dementia, this was explained in their care plan. The provider ensured people received information about the service in a format suited to their needs, for example the provider told us in their PIR "We communicate effectively with customers in accordance with their needs and will make adaptations as required support this. For example we have a customer who finds it difficult to read things on white paper, but can see better if it's on yellow paper, so we ensure all written correspondence is on yellow paper for him." The provider ensured people received information about the service in a format suited to their needs, for example the provider told us in their PIR "We communicate effectively with customers in accordance with their needs and will make adaptations as required support this. For example we have a customer who finds it difficult to read things on white paper, but can see better if it's on yellow paper, so we ensure all written correspondence is on yellow paper for him."

All care workers had received training on equality and diversity. They had also discussed equality and diversity in staff meetings and group training sessions. The registered manager told us they had recently looked at "similarities and differences" in a training session and they felt this had been a big success, provoking thought and discussion. They told us "Our trainers are fantastic – they gave the right 'vibes' right from the start." During our inspection we saw and heard how care workers treated every person with respect regardless of their backgrounds or beliefs.

Is the service responsive?

Our findings

People received a service that was responsive to their needs. A person told us "They automatically know what they have to do. They are very experienced carers. They know me and I know them."

Before people received a service an assessment of their needs was carried out and a care plan was drawn up and agreed with them. The care plans were well laid out and easy to read. They provided information about the person's preferred daily routines and the tasks they needed assistance with. The plans were regularly reviewed and updated. Care workers told us they felt the care plans provided sufficient information to enable them to provide the right care for people. Care workers completed a record of each visit and these records provided good information about the care provided, and about the person's health and well-being. These records were audited regularly by the management team. The care plans and daily records showed that people had received a personalised service that met their needs.

Where people's needs changed the service responded promptly. A care worker told us "If people's needs increase, care is sorted out quite quickly." They told us the management and staff team worked closely together to adjust rotas to meet any changes necessary. A person told us they recently requested a change of visit time to enable them to attend a doctor's appointment. The care worker's visit time was adjusted to suit the person, and the care worker was able to provide the care the person needed and they made sure the person arrived at their appointment on time.

People were given information about the service, including the complaints procedure, at the start of the service. People told us they knew how to make a complaint and they were confident any complaints or concerns would be listened to, investigated, and actions taken to address the issues. A person told us "You couldn't have any complaints. No complaints at all. The staff are wonderful." People told us they had no current complaints, but when they had raised concerns in the past these had been addressed promptly and to their satisfaction. A record of complaints was held in the agency office which showed letters of apology had been sent to complainants setting out the areas investigated and actions taken to prevent recurrence. This showed there was a determination to learn from mistakes, and to use complaints to help them improve the service.

People could be confident they would receive compassionate care from skilled care workers at the end of their lives. Care workers had received training on palliative care and worked closely with the person, their family and professionals involved in their care to ensure they received the care they needed at the end of their lives. A health professional told us "The carers are just brilliant. The carers and the managers really pull out all the stops to make sure people can stay in their own homes." They praised the care workers for their skills and their compassion when caring for people at the end of their lives.

Is the service well-led?

Our findings

People received a service that was well-led. Comments included "We have been very pleased with the service." One person told us the staff in the agency office were always helpful and able to respond to any queries or requests whenever they rang. They praised all of the management team but gave special praise for one member, saying they had been "absolutely outstanding. I think praise where praise is due."

In the last year the provider had reviewed the management structure of the service. They had identified problems in the service at the beginning of 2017 and had taken actions to improve the management of the service. There had been a new registered manager and a new regional manager appointed. They had also appointed more senior care workers and they were in the process of recruiting an administrator.

People and care workers told us they had seen a significant improvement in the management of the service in recent months. Care workers praised the registered manager for their management style. Comments included, "Absolutely faultless. Fantastic. Very supportive", "Strong, strict but fair management", "Management is a lot, lot better" "No mistakes for a long, long while" and "I can see an improvement." Care workers and the management team talked about the close team work and co-operation among the staff, saying "We are just a very good team." A bunch of flowers in the office had been given to the management team from a grateful care worker for the support and understanding they had received during a family crisis. Care workers told us the registered manager knew each care worker and each person who received a service, and understood their individual circumstances. They told us the registered manager "has her finger on the pulse."

Care workers were supported in a variety of ways, through supervision sessions, telephone calls, visits to the agency office, staff meetings and training events. The registered manager told us "Regular team meetings are held to discuss good practice and expectations and to give everyone an opportunity to contribute to the service we provide. We value our staff through celebrating success and individual achievements. We work within the Guinness Behaviours and these are at the heart of our performance management, providing everyone with a clear vision of expectation. A staff feedback box is available in the communal staff room which allows for everyone to share ideas for improvement."

The provider had a range of policies and procedures in place to ensure the service ran smoothly. The provider told us in their PIR, "Customers are provided with the Statement of Purpose when their care commences with Guinness; this informs customers they can have access to our policies and procedures at any time and who they need to contact." People also received a brochure about the Care at Home service. In the brochure the provider says "We're here to improve people's lives – and create possibilities for them. Our approach is to put our customers at the centre of their service, enabling them to live as independently as possible." They also set out their visions and values for the service, saying "Our values are the very things that help our staff to make a difference to our customers and the services they provide. We believe that everyone should have opportunities to live fulfilled, safe and happy lives and we support our staff to help our customers achieve this." During our inspection care workers spoke with passion about their jobs, and how they put people at the centre of the service.

The registered manager worked closely with health and social care professionals and with local services to ensure people remained safe, and received the care they needed. They liaised with other agencies in local initiatives to promote joint working. For example, they worked with Plymouth City Council in their emergency plan called 'Operation Shackleton' to ensure people receive care and support in emergency situations such as extreme weather. They also worked closely with the local fire service to promote fire safety in people's homes and they gave an example of a person they had identified as being at high risk of fire. The fire service had provided advice and a range of preventative equipment to the person including fire retardant bedding.

The provider and registered manager carried out checks and audits of all areas of the service. They had a Quality Development Plan in place. They looked at things that worked well, and identified areas for improvements. They sought people's views in a number of ways including annual questionnaires, spot checks, telephone calls and visits to review people's care needs. They reviewed incidents and accidents, concerns and complaints and took actions to address issues and improve the service. Care workers told us there was an open, positive, caring and happy atmosphere. A member of staff told us "Staff are now willing to admit when things go wrong and learn from mistakes.

We heard examples of actions they had taken to improve the service including giving each person a leaflet about the staff team with photographs of the management team and care workers. This helped people to recognise care workers when they visited, for example when a care worker they had not met before provided sickness cover at short notice.

The registered manager notified the Commission of significant events which had occurred in line with their legal obligations. For example, safeguarding concerns, and injuries. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency.