

Standard Care Limited

Standard Care Limited

Inspection report

Unit 6, Townmead Business Centre
William Morris Way
London
SW6 2SZ

Tel: 02035926072

Date of inspection visit:
30 January 2018

Date of publication:
27 April 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We conducted an inspection of standard Care Limited on 30 January 2018. We previously inspected the service on 30 November 2015 and found a breach of regulations in relation to consent. At our previous inspection this service was rated good.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection they were supporting 40 people using the service in the London Boroughs of Hammersmith, Fulham, Kensington and Chelsea. Not everyone using Standard Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service. 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's care records did not always contain enough information about their medical histories. People were supported with their nutritional needs where this formed part of their package of care.

The provider's quality assurance systems supported the delivery of good care. However, the registered manager had not identified the issues we found in relation to people's care records. She assured us she would rectify these issues as soon as possible.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA). Care records were signed by people using the service to demonstrate that they consented to their care.

People and their relatives gave positive feedback about care workers. Care workers were passionate about promoting people's independence and ensured people's privacy and dignity was respected and promoted.

Risk assessments and support plans contained a sufficient level of information about how care workers were expected to mitigate known risks.

Care staff understood people's personal preferences and had a good understanding of their life histories. Care records included information about people's hobbies and pastimes.

Safeguarding adults from abuse procedures were in place and care workers understood how to safeguard people they supported. Care workers had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

People we spoke with and their relatives told us they were involved in decisions about their care and how their needs were met.

Recruitment procedures were thorough and ensured that only staff who were suitable worked within the service. The service also ensured there were sufficient numbers of suitable staff to support people.

The provider had an appropriate complaints procedure in place. Complaints were investigated and responded to in a timely manner.

Staff had the skills, knowledge and experience to deliver effective care and support, and received support for their roles. There was an induction programme for new staff which prepared them for their role.

The provider had a clear vision to deliver high-quality care and support. Staff demonstrated that they were clear about the values of the organisation and said these guided their work.

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 remains Good.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's care records did not always contain enough detail about their medical histories. Care records contained details about their nutritional needs.

The provider was working in line with the Mental Capacity Act 2005 (MCA).

Staff received an induction, training and supervision of their performance.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

Aspects of the service were not well led.

The provider conducted regular quality monitoring of people's care, but this did not identify the issues we found in relation to people's care plans.

The provider used an effective electronic logging system to monitor the timeliness of care visits.

We received good feedback about the registered manager.

Standard Care Limited

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 was planned to check 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

We visited the office location on 30 January 2018 to see the registered manager, office staff and to review care records and policies and procedures. The provider was given 48 hours' notice as we needed to be sure that the registered manager was available. After the site visit was complete we then made calls to people who used the service, their relatives and care workers who were not present at the site visit.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the Care Quality Commission (CQC) as well as the previous CQC report.

At the time of our inspection there were 40 people using the service and we spoke with two of them and five of their relatives on the telephone. We spoke with four care workers after our visit over the telephone. We spoke with the registered manager and other senior members of the management team. We also looked at a sample of seven people's care records, four staff records and records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe with staff who attended to them. Comments from people included, "I feel safe with the carers" and "I trust the carers, I've got no concerns."

The provider assessed and monitored risks to people's safety. People's care records included risk assessments and a support plan which provided care workers with instructions on how to meet people's care needs. A senior member of staff known as the care coordinator was responsible for conducting an initial assessment of people's needs on their referral to the service. The care coordinator used the information obtained at this stage along with information from the referring local authority to produce the support plan. Initial assessments included an environmental risk assessment which determined whether there were any internal or external risks at the person's property to their safety. Other risk assessments covered moving and handling, falls and skin integrity if required. Risk assessments included relevant questions and prompts which were aimed at determining the level of risk involved. For example, people's moving and handling risk assessments included questions about particular tasks such as turning in bed and walking and specified the level of assistance people needed.

People's risk assessments were brief, but contained the necessary information for care workers to manage risks to people's safety. For example, we saw one person's skin integrity risk assessment stated that they required the use of a pressure relieving mattress as well barrier cream and another person's moving and handling risk assessment concluded that the person required the assistance of two people for most mobilising tasks.

People's risk assessments also included a section specifying whether the care worker was required to have particular physical strength or specific skills or training. This part of the assessment ensured that the service was providing the right people to manage the risks identified.

We spoke with care workers about their understanding of the risk to people's safety. They gave us examples of the common types of risks involved in caring for people who used the service and demonstrated a good knowledge of how they were expected to manage these. One care worker told us "I have some clients who have a risk of falling. I make sure I supervise them when they are moving around inside and make sure they are wearing proper shoes and there is nothing to trip on". Another care worker commented "I always make sure I read the risk assessments and the care plan. This gives me a good idea of what the risks are, but I also make sure I observe people and pay attention to them because there might be some other risks that we don't know about yet". This care worker explained that if they identified any additional risks, they would report this to the office straight away. We spoke with the registered manager and they confirmed that if additional risks were identified, risk assessments were conducted and people's support plans were updated. We saw risk assessments had been completed or reviewed within the last six months.

The provider used safer recruitment practices to ensure appropriate staff were hired to work with people using the service. We looked at four care worker's files and found these contained the necessary documentation to demonstrate appropriate checks had been undertaken prior to them starting work. These

checks included employment histories, at least two written references and identification checks including confirmation of the right to work within the UK and criminal record checks. Records demonstrated that these checks were conducted prior to staff working within the service.

Medicines were administered safely to people. Care workers were responsible for prompting some people to take their medicines and recorded this in people's daily notes. Care workers sent people's daily notes to the office every month and the registered manager reviewed these to ensure people were receiving support with their medicines as required. If there were any discrepancies, the registered manager confirmed that she would discuss this with the care worker involved.

Care staff we spoke with told us they had received medicines administration training within the last 12 months and records confirmed this. Care staff understood the procedure to be followed when prompting people to take their medicines and confirmed they returned people's daily notes to the office on a monthly basis. People and their relatives confirmed they were prompted to take their medicines as needed.

The provider had an appropriate procedure in place to investigate and make improvements to the service if things went wrong and this included a clear procedure to deal with any accidents and incidents. This included reporting matters, investigating incidents and devising an action plan with appropriate timescales to rectify issues. One care worker told us "We have to report any incidents so we can learn from it." At the time of our inspection no accidents or incidents had occurred at the service.

Care workers received appropriate training in how to respond to an emergency situation. This included training in first aid, health and safety and fire safety. Care workers gave us examples of potential emergency situations and were clear about how to respond to these. This included contacting the emergency services, or the person's GP and reporting incidents to the registered manager.

The provider had appropriate systems in place to safeguard people from abuse. Care workers told us and records confirmed they had received training in safeguarding adults within the last two years. Care workers were clear about the possible signs of abuse and the actions they were required to take if they suspected someone was being abused. This included using the provider's whistle blowing procedure to report any allegations against other staff members. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. Care workers comments included "I would report anyone if I thought they were abusing someone" and "I pay close attention to my clients and if I thought for a second that someone was being abused, I would report this straight away". Care workers confirmed they had never had any concerns about people being abused.

There were also clear procedures in place to minimise the risk of financial abuse. People's support plans contained details of whether care workers were required to handle money or make any purchases on behalf of people. The registered manager explained that care workers were required to record any purchases made and to produce receipts that evidenced this. We saw she reviewed these records on a monthly basis. We spoke with care workers about their understanding of the procedure involved and they were clear of the need to record any transactions and keep receipts so these could be checked. One relative told us the system worked well. They told us "There have never been any problems. They buy what [my relative] needs and spend the right money."

The provider employed and despatched a sufficient number of suitable staff to meet people's needs. The registered manager explained that people's initial assessments determined their level of need and hence the number of care workers and hours of support needed. This was also determined by the referring local

authority and if there were any discrepancies, the registered manager explained that this would be discussed and determined in consultation with the referrer prior to the commencement of care. Where people's needs increased over time, this would also be renegotiated with the referrer. Care workers also confirmed they kept the office up to date about people's current needs and if more time was needed to complete tasks, they would report this. Care workers confirmed that they were given enough time to complete their tasks.

There were appropriate systems in place to maintain a good level of hygiene in people's homes. Care workers were provided with infection control training as part of their initial induction and ongoing training. Care workers demonstrated a good level of understanding about how to ensure safe infection control practices when attending to people. They told us they used personal protective equipment which included gloves and aprons when needed and that they washed their hands before and after providing people with care. Care workers commented "I wash my hands thoroughly before and after I care for the client" and "I am very careful when I give people their meals that my hands are clean, that cutlery is clean and everything is hygienic".

Is the service effective?

Our findings

At our previous inspection we found people's capacity to make decisions was not always recorded in their files. At our recent inspection we found peoples' rights were protected in line with the Mental Capacity Act 2005 (MCA) and care records clearly demonstrated whether people had the capacity to make decisions. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager understood the requirements of the MCA and knew the correct procedure to follow if they were required to make decisions in people's best interests. At the time of our inspection, the provider was caring for one person who could not consent to their care. The registered manager confirmed that this person's relative had a Lasting Power of Attorney to make decisions in relation to their health and welfare and therefore liaised with them in relation to the person's care needs. Lasting powers of attorney were created under the MCA and allow people to make appropriate arrangements for family members or trusted friends to be authorised to make decisions on their behalf.

Care staff demonstrated a good level of understanding of people's capacity to make decisions and the importance of obtaining people's valid consent. They told us they obtained people's verbal consent before completing care tasks and knew what to do if they were concerned about people's capacity to make decisions. Care workers told us "If I was concerned about someone's capacity to make a decision, I would report this to the office" and "I have worked with people who can't make decisions for themselves before in another job. I know we should have the right paperwork in place to make sure we can care for them".

Care records contained very limited details about people's current healthcare needs and their healthcare histories if these were not directly connected to the care being provided. Three care records we reviewed did not contain sufficient details about people's current conditions. For example, one person's care record did not specify that they were unable to communicate verbally. Another person's care record did not include details of a previous procedure they had undergone as a result of which they experienced occasional pain. We spoke with the registered manager about these issues and she agreed to update the care records as soon as possible.

Care workers demonstrated a good understanding about people's healthcare needs. They gave us examples of some of the people they cared for and what their particular healthcare needs were. One care worker told us "We get to know people well. We talk to them and we observe them" and another care worker told us "If any of my clients need medical attention or develop any health problems, I would report this to the manager". The registered manager confirmed that where needed people would be referred to healthcare professionals and this would also be discussed with them first as well as their relatives.

People were provided with the assistance they needed to meet their nutritional needs. People told us their care workers provided them with meals at their request and also prepared hot and cold drinks as needed.

Their comments included "The carer will fix my meals. She does what I ask her" and "[the care worker] knows how I like my tea and she gets me a snack when I ask".

Care workers explained that some people had particular nutritional needs which they were aware of. One care worker told us "If someone has a special diet or allergies, it is written in the care plan and I always make sure I read this".

People's support plans contained a section which specified whether they had any particular allergies or dietary requirements. We saw this section was filled in as needed. There was an additional section where people's likes and dislikes could be recorded in relation to their food preferences.. We spoke with care workers about this and they confirmed that they asked people what they wanted to eat at every visit. One care worker told us "I always ask people what they want and they will tell me each time". Care workers recorded what food people ate within their notes. We read a sample of people's daily notes and saw these details were recorded. Care workers also confirmed they always gave people a drink which was within their reach before they left their homes. People agreed this was happening. One person told us "My carer always leaves me a drink before she goes".

Care workers received the training they needed in order to support people. People and their relatives commented positively on care workers abilities to do their jobs. One person told us "It's obvious they're experienced. They get on with what they need to do and do it well" and another person said "They do a good job". The registered manager told us and care workers confirmed that they completed training in a variety of topics before providing care to people and on an ongoing basis. Mandatory training topics included safeguarding adults, medicines management and health and safety. The registered manager also confirmed that where needed, care workers were provided with additional training relevant to people's specific care needs. For example, care workers had been provided with epilepsy training in the past. One care worker commented "I have all the training I need, but if I needed something else I'm sure I would get it".

Care workers told us and records confirmed they received an initial induction prior to starting work with the service. The process involved online completion of the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers meet in their daily working life. It also involved an introduction to internal policies and procedures, a period of shadowing and supervised work before care workers could work independently with people. Care workers confirmed they found the induction useful. One care worker told us "I felt ready to work on my own after the induction".

The registered manager told us supervisions were conducted every two months and appraisals were conducted of people's performance every year. Records confirmed these were taking place and care workers told us they found these useful. People's supervision sessions included discussions about individual people and care worker's training needs. One care worker told us "Supervisions are really useful. It's a chance for me to take time out and really think about the work I'm doing".

The provider ensured people's care was delivered in line with relevant legislation and up to date standards. We spoke with the registered manager about how she ensured care workers were complying with current standards and legislation. She explained that guidance in the form of internal policies and procedures provided written confirmation of the standards to be followed in a number of areas. We reviewed a number of policies and found these referenced current legislation and standards. For example, the provider's safeguarding policy referenced the Protection of Freedoms Act 2012, the Mental Capacity Act 2005 and the Safeguarding Vulnerable Groups Act 2006. The provider's internal policies and procedures had been reviewed within the last year to ensure continued compliance and each document included the date of review.

The registered manager also confirmed that care staff were given up to date training to ensure compliance with current legislation and standards as well as continued discussions in team meetings. Care workers confirmed they had regular discussions about standards to be followed and also confirmed these discussions took place in supervision sessions. One care worker told us "We have lots of discussions about people's legal rights and what we're allowed to do. If I have any questions, I'll ask my manager right away, but we do talk quite a lot in team meetings and supervisions as well".

The provider worked with external organisations to deliver good quality care. Records indicated that the registered manager liaised closely with the local authority commissioning care. The registered manager also confirmed that where needed, she consulted with health and social care professionals to ensure people's healthcare needs were met. For example, one person's records confirmed that the provider had liaised closely with occupational therapists to ensure their home included the right adaptations to suit the person's ongoing care needs. Care workers also confirmed they worked with external organisations to ensure people were being supported appropriately. One care worker told us "If someone needs to see a phsyio or an OT, we always report this and make sure it gets dealt with".

Is the service caring?

Our findings

People and the relatives spoke positively about staff. They told us, "They are excellent carers, the best I've ever had" and "I really rely on them and they've never let me down. They are so, so good." Relatives also told us "They are absolutely outstanding, not only because of their kindness, but their sheer professionalism", "We have been through five agencies and Standard Care is by far the best" and "They're absolutely lovely, they really support me. I sometimes go to their office and have coffee with them, so what does that tell you." People told us they were treated with sensitivity and kindness by the care workers who attended to them and they also confirmed that they were seen by the same care workers. One person told us "It's very important that I get the same carers. I don't want different people coming into my home" and another person told us "I do get the same carers coming. They're lovely ladies".

The registered manager told us that one of the central aims of the service was to promote people's independence. Care workers also spoke passionately about the importance of promoting people's independence and gave us examples of how they did so. Their comments included "My whole job is about helping people to live their own lives. I don't tell people what they should do, they tell me what they want me to do" and another care worker told us "we talk about helping people to be independent all the time in our team meetings and with each other. We give people choices with everything and give them what they want". People also confirmed they were given choices in how they wanted their care to be delivered. One person told us "They always ask me what I want and do what I tell them". We saw the provider's 'Philosophy of Care' included references to the importance of supporting people's independence and promoting personal choice.

People's privacy and dignity was respected and promoted by care staff. One care worker told us, "I'm very careful when I go into people's homes. I don't go wherever I want, but I always knock and make sure it's okay to go into a room. Some people have relatives around, so I don't want to disturb the family home" and another person told us "Dignity is so important. If I am giving personal care, I make sure the door is closed and people are not naked anywhere they don't need to be" People told us staff respected their privacy and dignity and were careful when in their homes. One person told us, "I feel comfortable with the girls. They help me wash and dress." Another person told us "I'm quite particular with my home, I don't want anyone changing things and the girls respect that".

Care staff were knowledgeable about the needs of people they visited. It was clear through discussions that care workers had a good understanding of people's needs and their life histories. Care workers told us that during the course of working with the same people they had conversations with them and got to know them well. Care workers told us about the jobs people used to do, about their children and where they were from. Care workers also demonstrated they were aware of people's personal preferences in relation to how they wanted their care to be delivered which included their habits and routines. One care worker told us about the importance of one person's favourite television programmes and how they ensured the correct one was on during the correct time and another care worker told us they ensured one person had their usual newspaper to do their crossword as this was something they enjoyed. Another care worker confirmed they followed people's favourite sports teams, so they could discuss this with them when they met.

The provider encouraged people to express their opinions about the service and responded to these appropriately. The registered manager explained that she sent people questionnaires requesting feedback about the quality of the service provided. We saw a copy of the most recent survey which had been conducted in 2017 and saw the results to questions asked ranged from very good to excellent in all areas. The registered manager also told us that she conducted regular telephone monitoring to ensure that people were well and were happy with their care and she confirmed that she personally visited people at least every three months. She told us "I want to have a personal relationship with people and I want them to tell me if something's not right. I sometimes get calls late at night on weekends, but I want to be there for people." People confirmed this happened and told us they were regularly asked for their feedback. One person told us "They ask if everything's alright. I have to tell them that nothing's changed and things are still fine, but I'm glad they ask" and another person said "The manager comes round occasionally and calls to make sure I'm okay. I think that's really nice and it wasn't something I was used to."

Care records included details about people's ethnicity and whether they had any cultural or religious needs. For example we found one care record included details about one person's specific religious dietary needs. When we spoke with care workers, they gave us other examples of what people's cultural and religious needs were and demonstrated a respect for these. One care worker told us "I try my best to be knowledgeable about people's religions and I have learned a lot. But if I'm ever unsure about anything, I will ask as I don't want to do the wrong thing or offend someone".

Is the service responsive?

Our findings

People confirmed they were involved in decisions about their care and received the support they wanted. People's comments included, "They do what I ask them" and another person said "Staff asked me questions about what I needed and wrote it all down. Everything's being done the way I want". Relatives also told us "They've got my telephone number and we text each other and speak on the phone all the time. I always know what's happening" and another relative said "They support me to make decisions, they advise me, they help me. We work together."

The provider assessed people's needs before providing a service and used these to prepare a plan of their care. People's support plans included details of their support networks and any friends or links to the area in which they lived, a schedule of care as well as details of their required outcomes in relation to their care. We found care records contained some details about people's requirements, but did not always include details of their specific needs. For example, one person's care record stated they required personal care, but did not specify exactly what their individual needs were or what action staff should take to meet these. Another person's care record stated they required support to change their continence pad, but did not state specifically what their continence needs were. We recommend the provider seeks advice from a reputable source about person centred care planning to ensure that people's individual needs are accurately recorded.

When we spoke with care workers, they were clear about what support people needed and gave us examples of some people's specific needs. For example, one care worker told us "I help [one person] who only needs help to clean their back, but can clean their front" and another care worker told us "I help one person with fiddly things like removing the top of a toothpaste tube".

We saw evidence that people's care records were reviewed within six months. Risk assessments and care records were updated after a six month period and these included any changes in people's needs.

Care records included some details about people's hobbies. This included information such as whether they enjoyed watching television or reading in their spare time. However, at the time of our inspection the provider was not assisting people with any particular outdoor activities. We spoke with the registered manager and she confirmed that if this care was required, they would complete a specific risk assessment associated with the activity before providing the person with this support. Care workers had a good understanding of people's hobbies and gave us examples of how they assisted people with these. One care worker told us "One client likes to play cards, so I make sure they have their deck with them."

The provider had an appropriate complaints policy and procedure that specified how complaints were to be dealt with. This specified the procedure to be followed in the investigation of a complaint such as ensuring someone independent of the substance of the complaint conducted the investigation as well as ensuring all complaints and the investigation were appropriately recorded and reviewed for quality assurance purposes. We spoke with people using the service and they confirmed they were aware of their right to complain about the service and that they would report their concerns to the registered manager directly. One person told us

"I don't have any complaints, but I would call the manager if something was going wrong and I'm pretty sure she'd sort it out". Care workers also confirmed they would report any concerns made to them to the registered manager. One care worker told us "If someone reported a complaint to me, I would report it to the manager. She makes it very clear that she wants to know what is happening and it is my job to do that".

We saw the provider had received one complaint. Records demonstrated this was responded to in a timely manner to the satisfaction of the complainant.

Is the service well-led?

Our findings

The provider's quality assurance systems did not always support the delivery of high quality care. The provider reviewed people's care through conducting monthly telephone monitoring which was recorded. People were asked questions such as whether their care worker arrived on time, whether they were polite and if they were satisfied with the quality of care provided. We saw positive feedback, but the registered manager confirmed that if issues were identified, these were dealt with and rectified individually. The provider also conducted an annual survey. This included similar questions, the results of which were collated and action was taken in response to any negative feedback received. We reviewed the results of the survey undertaken in 2017 and found these to be positive about the care provided, with no areas highlighted for improvement. The registered manager also confirmed that she reviewed care worker's daily notes on a monthly basis and queried any discrepancies. However, whilst the registered manager told us and records confirmed that people's support plans were reviewed every six months, the issues we found had not been identified. We spoke with the registered manager about people's care records and she assured us she would rectify the issues found as soon as possible.

The provider had good systems in place to learn from investigations and compliments. The registered manager explained that she analysed all compliments and where complaints were received these were investigated and plans were put in place to remedy any issues. We saw one complaint had been received by the provider and this had been investigated with changes made as a result. Care workers confirmed the importance of learning from incidents. One care worker told us "We always keep the manager informed of any issues so they can be investigated properly and we can all learn from it".

People's care records were stored securely and archived when needed. The provider also used an electronic logging in system for care workers to report when they attended to people and when they had finished care visits. We spoke to one member of staff who was responsible for analysing the data on this system. They showed us the system displayed contemporaneous data from care workers and alerted them when a person had not logged in for a scheduled call. They told us they used the information from the system to contact the care worker to find out whether they were with the person or if there were any issues regarding their ability to attend. Depending on the response received, the staff member could either arrange the attendance of an alternative care worker or update the system. The data from care visits was available for the provider for subsequent analysis if necessary for example, in monitoring care worker compliance with the system or in investigating a complaint.

The provider promoted a positive culture that encouraged staff involvement. Care workers told us they were encouraged to participate in team meetings and conversations were open and helpful. One care worker told us "We all speak up in team meetings. They are very useful". Care workers told us the registered manager had "an open door policy" and they felt able to speak to her whenever they needed to. One care worker stated "I can talk to [the registered manager] at any time". We observed care workers coming to the office on the day of our inspection and speaking with the registered manager and other staff throughout the day.

The provider had a clear set of values that were understood and promoted by care staff. We saw the

provider's 'philosophy of care' document was included in people's care files as well as the provider's 'employee handbook' which was given to each member of staff when starting work with the organisation. This document included the provider's 'principles and values' which included upholding people's legal rights, supporting their independence and personal choice. We spoke with care workers about the provider's values and they confirmed they agreed with these and felt they guided them in their work. One care worker told us "We talk about our values and for me they are important because they remind me why I'm doing this job and that I work for people who are in it for the same reason".

The registered manager told us and people confirmed she encouraged open communication with people who used the service. She told us each person had her personal mobile telephone number and they were welcome to contact her at any time. She also confirmed she visited people regularly so they felt they had a direct relationship with her as well as their care workers. One person told us "I do have [the registered manager's] telephone number. If I needed to call her I would".

The provider worked with members of the multidisciplinary team in providing care to people. This included people's pharmacist and their GP. The local authorities commissioning services also liaised closely with the provider to ensure the required care was provided.