

## Home Counties Carers Limited

# Home Counties Carers

### Inspection report

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Date of inspection visit:

21 July 2017

26 July 2017

Date of publication:

25 October 2017

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 21 July 2017 and 26 July 2017 and was announced.

Home Counties Carers is a domiciliary care agency providing both hourly and live-in support to people within their own homes. They provide companionship support, outreach and personal care. At the time of our inspection, there were 41 people receiving personal care.

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.

The provider had a strong set of values for the service and had robust systems in place to ensure that staff embodied them in their work. People told us that staff routinely went beyond their expectations and provided them with care that was outside of their contracted hours. The provider encouraged and rewarded staff that found creative ways to make people's lives better. The local community and the social care sector as a whole benefitted from the provider's industrious approach to improving the standard of care people received. The provider was involved in a number of organisations and charities. Staff participated in university studies that had improved their practice, as well as improving social care in the area as a whole.

People told us that their nutritional needs were met by staff that were able to cook appetising and nutritious dishes. The provider found creative ways to develop staff knowledge and training. People told us that they were supported by competent staff who provided them with the support that they needed.

Staff routinely worked alongside healthcare professionals to meet people's needs. People told us that staff advocated for them and provided them with information and advice that empowered them. The provider had developed important links with the wider community and the social care sector and was a source of information, advice and support to people. The provider had a keen interest in supporting people living with dementia and was finding innovative ways to tackle social isolation faced by older people in the local community.

Risks to people were routinely assessed with plans in place to manage them. The provider took steps to ensure people's homes were secure when accessing them. Environmental risks, such as fire, were considered routinely as a part of assessments. People's care needs were met in a person centred way. Staff carried out regular reviews to identify any changes in people's needs. People were supported by staff that knew them well and understood the importance of promoting their independence.

People were supported by respectful staff that respected their privacy and dignity when providing them with support in their homes. Staff involved people in their care and demonstrated a passion and commitment to helping people.

People's rights were protected because staff understood the Mental Capacity Act (2005). Staff regularly advocated for people and supported them through the correct legal process where they were not able to make decisions themselves. Complaints were documented and staff learnt from these. Where accidents or incidents occurred, action was taken to keep people safe.

People's medicines were managed and administered safely, by trained staff. Staff training was delivered in creative ways that staff told us they both valued and benefitted from. Staff felt well supported by management and there were robust systems for communication between staff and the office. Staff suggestions were valued and encouraged by management.

## 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.

Staff were deployed in a way that ensured people's needs were met safely and consistently.

The provider carried out safe recruitment practices to ensure staff were appropriate for their roles.

Risks to people were assessed and plans were in place to minimise hazards.

Where accidents or incidents occurred staff took appropriate steps to prevent them reoccurring.

People were supported by staff who understood their roles in safeguarding them from abuse.

People's medicines were managed and administered safely.

### Is the service effective?

Outstanding 

The service was extremely effective.

People's nutritional needs were taken very seriously and staff were trained in how to prepare food of a high quality.

Staff worked alongside healthcare professionals to meet people's needs. Healthcare professionals gave very positive feedback about the service.

People's care was provided in line with the legal requirements of the Mental Capacity Act (2005).

The provider took staff training seriously and found creative ways to ensure good practice became embedded.

### Is the service caring?

Outstanding 

The service was extremely caring.

People were supported by committed and compassionate staff

who regularly exceeded their expectations.

Staff spent time getting to know people and used their knowledge to help people achieve positive outcomes.

People were involved in their care and the provider made an effort to find out what was important to people.

Staff promoted people's independence and understood the importance of encouraging people to maintain their abilities.

People's privacy and dignity was taken seriously by respectful staff.

### Is the service responsive?

Good 

The service was responsive.

People received person-centred care that was responsive to their needs and preferences.

Staff regularly reviewed people's needs and where any changes were identified, these were addressed.

People's complaints were taken seriously and actions were taken to address them and ensure that people were satisfied.

### Is the service well-led?

Outstanding 

The service was well-led.

The provider had a strong set of values for the service and robust systems in place to ensure staff embodied them.

Staff felt very well supported by management and told us they felt valued by their employer.

The provider had strong links with the local community, good practice groups and national studies. They had a strong desire to improve care for the people they supported as well as the social care sector.

There were systems in place to ensure people received good quality care.

People's feedback was regularly sought and acted upon to ensure improve the quality of the service that they received.

There was a clear plan for the service and the provider was

committed to driving improvement.

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# Home Counties Carers

## **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.

This inspection took place on 21 July 2017 and 26 July 2017 and was unannounced. We visited the location on 21 July 2017 and reviewed records. On 26 July 2017 we carried out telephone interviews with people, relatives and staff. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information about the service by contacting healthcare professionals and the local authority. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we received feedback questionnaires from twenty six people who have used the service, thirteen relatives, twenty three staff and nine healthcare professionals.

As part of our inspection we spoke to one person and four relatives. We spoke to the registered manager, the nominated individual, three care co-ordinators and three care staff. We reviewed care plans for four people, including medicines records, mental capacity assessments and risk assessments. We looked at the records of accidents and incidents.

We looked at four staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at complaints and compliments, as well as evidence of community work that the provider did. We looked at records of staff meeting minutes.

This was our first inspection since the provider registered at this location. Our inspections at their previous location identified no concerns.



# Is the service safe?

## Our findings

People told us that staff were deployed in a way that ensured consistency and punctuality. One person told us, "I'm very pleased with the fact that you get a letter every week telling you who is coming into your home and it is never anyone you have not seen before." A relative said, "(Person) has a pair of carers four times a day. When staff take time off they rotate but (person) knows the staff." Another relative told us, "They provide seamless cover. If a carer is off, they cover them."

People told us that staff were always on time and they benefitted from having consistent staff. The provider had a system in place to schedule care calls based on call times and geographical location. Staff told us that the way calls were scheduled meant that they were not rushed and had the time they needed to support people safely. This meant staff were able to easily respond if there was an emergency situation or if people needed additional help with something. The provider had co-ordinators in the office who kept people informed if carers were running late or if they needed to change. If staff were running more than ten minutes late, people were informed and kept updated in line with the provider's policy. The provider carried out regular audits on call times and these showed that staff were rarely late, unless exceptional circumstances caused them to be. At the time of inspection, a large cycling event was about to take place in the area. We saw evidence of the provider preparing for this and ensuring that people and staff were informed and disruption was kept to a minimum.

The provider carried out appropriate checks to ensure that staff were suitable for their roles. Staff files contained evidence of a work history, disclosure barring service (DBS) check, references, health declaration and proof of right to work in the UK. Staff went through a robust application and interview process. The provider told us they recruited to a strict criteria for staff to ensure they had the relevant skills, as well as an appropriate personality and ethic to work for the service. They told us that this was very important and they described things they look out for in new staff before an interview has taken place. This was to ensure that they embodied the service's values of being, 'friendly, reliable, trustworthy and competent.'

Risks to people were assessed and plans were in place to reduce hazards. The provider had a tool for assessing risk and this was used to assess, plan and review ongoing risks that people faced. One person was living with dementia and liked to go out walking. Staff had noted that the person was becoming less aware of road safety when out in the community. Staff assessed risks in a person centred way, identifying the person used to enjoy dog walking and their dementia had taken them back to this time in their life. Their dementia caused them to sometimes lose track of time or become confused or agitated whilst out walking. In response to this, a plan was put in place that stated staff would walk with the person in the community. Staff kept a 'road safety log' that documented how the person behaved on the walk and any concerns from the activity. This information was fed back to the main office each week. This gave them oversight of the risk and allowed them to review it regularly. Another person was at risk of falls due to changes in their mobility as a result of a medical condition. To manage the risk, staff referred the person to an occupational therapist who supplied equipment to support the person with transferring from their chair. The plan identified that staff would observe all transfers. Staff provided prompts, encouragement and a steady hand where required to keep the person safe and reduce the risk of falls.

Where accidents or incidents occurred, staff took action to prevent them from reoccurring. The provider kept a log of all accidents and incidents which recorded actions taken in response. Records showed that actions taken were appropriate in keeping people safe and preventing incidents from reoccurring. Records showed that one person had fallen twice in one day. Staff stayed with the person to ensure that they were safe. The person was able to get up and staff talked through the incidents with them. The person was referred to their GP who identified that they needed treatment for a health condition..

People were supported by staff who understood their roles in safeguarding them from abuse and relatives had confidence in staff. A relative told us, "If there was any issue with (person)'s welfare it would be dealt with." All staff had undergone training in safeguarding and it was discussed in meetings and one to one supervisions. Staff demonstrated a good understanding of what to do if they suspected abuse had occurred. One staff member told us, "I could speak to my supervisor or the manager. (If I wasn't happy) I can also call the number for whistle blowing or the police." The provider kept a record of safeguarding alerts raised and these demonstrated that staff were proactive in raising any concerns that they had. The provider kept a tracker to ensure that they could follow up on the progress of safeguarding referrals that had been made with the local authority safeguarding team.

People told us that staff respected their security when visiting them in their homes. A relative told us, "They open up the lock box in the morning and they lock it at night." Information on how to gain access to people's homes was clear in their records. Confidential information, such as key safe codes, were kept safe in the office. A key safe is a small box containing a key that staff use to gain access when people cannot answer the door. Initial assessment also identified health and safety and fire risks in people's homes. The provider had built links with the local fire and rescue service and supported people to obtain smoke alarms when people did not have them installed. We saw evidence that staff regularly liaised with the fire and rescue service when they had concerns, particularly in winter time when people were using heaters in their homes that could present a risk.

People received their medicines safely. Staff who administered people's medicines were trained to do so. All staff had their competency in medicines assessed through a knowledge test and observation before they administered medicines to people. People's records contained information on the medicines that they were prescribed as well as listing any allergies and their GP. Staff kept medicine administration records (MARs) up to date. The examples seen contained no gaps. Wherever medicine was not administered, the reason why was recorded.

## Is the service effective?

### Our findings

People spoke highly about the food that staff prepared for them and the positive impact this had on their lives. One person said, "They know what I like every morning; porridge with fruit cut up in it. It is the same thing every day and I really enjoy it." A relative said, "If you just make a sandwich it can be dull. They arrange it colourfully on the plate with tomatoes and cucumbers. I have taken a leaf out of their book and passed this on to my children when they don't want to eat." Another relative said, "(Person)'s food has to be digestible. (Person) has scrambled eggs and will say what she wants and is given it."

People were supported by skilled staff who were trained in how to produce nutritious and appetising food. Staff also demonstrated a good understanding of how to promote good nutrition. One staff member told us about the importance of presenting food in an appetising way. This was particularly important where people lacked appetite due to dementia, placing them at higher risk of malnutrition. Staff had cookery training and people told us they were trained in how to prepare appetising meals. Records showed that the standard of training went beyond typical food training for care staff. At a team meeting, staff had completed a cookery quiz. This was used as a fun activity for staff but also formed a competency test that the provider used to identify any areas of cookery that staff could develop skills in. The provider had also created a cookery book which contained recipe ideas for nutritious and tasty meals that staff could prepare with people. The cookery book had input from staff as well as recipes staff had picked up from people who they cooked with. This demonstrated a person-centred response to people's dietary needs. The feedback received from people and relatives about the food that was prepared was all very positive.

People's care records contained detailed information about the food that they enjoyed and any dietary requirements they had. One person was living with dementia which meant their tastes were changing. Their care plan identified that they had, 'a sweet tooth and enjoys cake, chocolate and biscuits.' Their records also said they were not able to cook for themselves but that they enjoyed being part of the process. Staff supported this person to cook a balanced meal each day, which provided them with the nutrition they needed as well as an activity they enjoyed. Staff demonstrated a good understanding of the links between dementia and nutrition. They told us about people's changing tastes for food and the importance of maintaining good nutrition. We heard some very positive examples of staff being proactive when it came to promoting people's nutrition. A relative told us, "I was asking for advice when (person) was not eating and I was very emotional. They took me in and said, '(Person) needs help now' and within three days she had it."

Staff regularly supported people to access the healthcare that they needed. One person told us, "They have been very helpful making someone available when I came out hospital." People's records contained evidence of staff contacting healthcare professionals whenever necessary and working alongside them to meet people's needs. One person had leg ulcers and was supported by the district nurses. Staff monitored the dressings and reported back to the nurses when they had any concerns. We heard numerous examples of staff supporting people to attend healthcare appointments. A relative told us, "They come up with suggestions for me. I work with the doctor but to have an agency that can come up with suggestions has been really valuable for me."

Staff regularly advocated for people to ensure healthcare referrals were taken up and any problems addressed. A staff member told us, "We always have a chance to speak to the district nurses. They call and involve us whenever there is a problem." We saw numerous examples of staff liaising with healthcare professionals for people. The provider had a system in place to track referrals made on people's behalf and chased these when people had not heard back. This was particularly beneficial for people who lived alone and did not have relatives. One person had recently been discharged from hospital without the correct procedures followed and they did not have the correct equipment and medicines. Staff were made aware of this and visited the person immediately to make sure they were safe. Staff then contacted agencies involved, ensuring they had the medicines and equipment they needed to return home. Staff supported the person to raise a complaint about the way their care was handled. Staff regularly carried out tasks such as collecting prescriptions or delivering samples to GP practices. This was usually done outside of contracted hours of care but records showed support was regular.

Reports from healthcare professionals who had worked alongside the agency were equally as positive. Nine community healthcare professionals sent us questionnaires before the inspection and the feedback was all very positive. They said staff were competent and they worked collaboratively to ensure that people's healthcare needs were met. One comment received said, "...they are an outstanding organisation, professional in every way with the highest calibre of staff. I thought so highly of them that I recommended them to my best friend when their parents needed help." Healthcare professionals regularly attended training and events put on by the provider, this showed that they had a good rapport and strong working relationship with the service. We also saw evidence of healthcare professionals regularly delivering training to staff.

The Mental Capacity Act 2005 (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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were protected under the MCA because the provider took their responsibilities outlined under the MCA seriously and actively promoted them on a daily basis. Where people lacked the mental capacity to make decisions, the provider carried out mental capacity assessments. The examples seen were decision-specific and regularly reviewed. Best interest decisions were recorded in which staff evidenced how the decision met the principals of the MCA. We saw examples of the provider going beyond their responsibilities to advocate for people who were subject to restrictions under the MCA. Where restrictions are placed upon people in their own homes, the local authority must apply to the Court of Protection. Where one person had had problems with the process, we saw evidence of staff working proactively to advocate for the person, ensuring that their legal rights were protected. Staff demonstrated a good working knowledge of the MCA and were able to demonstrate knowledge of how it applied to their work.

People were supported by staff that were trained to meet their needs. Staff told us that they had access to all the training they needed to carry out their roles. The provider created visual prompts such as a doll which had been bound and was used to describe restrictions under the MCA. The provider was also involved in two university studies. These gave staff exposure to additional training and good practice. For example, one study involved staff being involved in an 'immersion project'. This involved them experiencing what it was like to be cared for at home. This had improved staff's understanding of what it was like to experience care and they told us it helped them to improve their own practice. For example, one staff member told us it made them realise that it can feel cold receiving a bed bath. They told us that this made them more aware of keeping people warm when providing care in this way. Another staff member had noticed it could feel quite

intimidating inviting a stranger to their home. Involvement in this project had caused staff to reflect on the caring experience. Minutes of meetings showed that reflective practice was encouraged and took place regularly at meetings and supervisions. A staff member submitted positive feedback to CQC stating that, '(the training is) of utmost importance to me at a personal level because they render advice and extremely good training programmes to enhance our skills.'

Staff received regular supervision and records showed that these were used to discuss good practice. After being recruited, staff went through a robust probation period where their work was regularly checked against the provider's values and competencies. Feedback on new staff was sought from the people that they supported and from staff members that they worked alongside to ensure that they embodied the values of the service. Staff received supervision regularly and records showed that these meetings were used to discuss best practice and how it applied to the needs of the people that staff supported. One staff member told us, "When I was new I was quite nervous, but supervisions put me at ease."

## Is the service caring?

### Our findings

People told us that they were supported by upbeat and positive staff who they were comfortable with. One person told us, "They (staff) are very bright when they open the door in the morning. They are very cheerful when they say 'good morning'." A relative told us, "The staff are so patient its unreal. I have nothing but praise for them. The communication is superb too." In a questionnaire, another person commented, "I have only had one carer since I joined the agency and she is everything I would want."

The provider took steps to foster positive relationships between people and staff. One person told us, "If they are bringing a new person, they will be shadowing somebody you know. It's on the list so you know to expect two people." Whenever new staff came to support someone, they were introduced before the visit so people could get to know them. Staff completed cards that contained 'three facts about me'. These contained a picture and some interesting personal facts about staff. These helped people to get to know the staff that supported them and provided prompts for conversation. People's records contained important information about their needs as well as their backgrounds and interests. Staff had a good understanding of these when we spoke to them. A staff member told us, "We are introduced so we always know them. Then we get to learn how they like things."

People told us that the care that they received often exceeded their expectations. A relative told us, "If there's any extra little things that are not on the schedule, they will always do them." One person told us about a time that they were discharged from hospital later than planned. The staff waited for them, saw them into their home, then came back later in the evening. They said, "I felt quite touched. I am very pleased." We heard numerous examples of staff going beyond their expectations. We saw photos of when staff had recently supported one person to attend a family wedding. Relatives had been concerned the person would not be able to attend this important day. Staff helped them to plan, prepare and attend on the day. Another person liked to prepare Christmas gift boxes each year which were sent to charity. Staff supported them with this as it was important to them. The next year, staff got involved and produced some of their own. Following this, the provider worked with this charity every year in honour of this person. A healthcare professional submitted feedback to CQC stating that staff, 'often go above and beyond the requirements of the care plan to ensure a quality of life and a secure and safe experience for those they work with.'

Staff made an effort to get to know people and find ways of improving their lives. One person had low confidence and did not leave their home. Staff noted they were becoming isolated and worked with the person to find out what they liked and got to know them. Staff started to take them out for coffee and the person's confidence increased. Much of the time spent doing this was outside of the person's planned daily care calls. The person was then able to start attending a regular coffee morning that staff found for them. This helped the person to develop confidence, interests and social connections. Staff routinely celebrated birthdays and Christmas with people. The provider planned appropriate presents to give to people each Christmas. Last Christmas people received a special selection of biscuits, because these could be shared with visitors and so reduce the risk of isolation. A relative told us, "I'm really impressed with them. For example, when (person)'s milk ran out the manager sent a text out and the next staff bought her half a pint

of milk. I think that is above and beyond."

Staff routinely involved people in their care. One person told us, "I told them what I want them to do and there is also the odd thing like they water the plants for me." At their initial assessment, people were asked how they would like to receive their care and what they would like support with. Records showed that this was regularly revisited by staff at reviews and feedback. A staff member told us, "We always ask people as they are individuals and things change. Sometimes it might be simple, like coming at a different time or having something new for breakfast."

Staff took people's independence seriously when providing them with support. A relative told us, "They make (person) feel very independent, the carers have helped her on this journey. I think that has been a really positive thing to me." People's care plans contained information on their strengths and their goals. One person was living with dementia and liked to wash and dress themselves. The care plan was clear on how staff should support the person, providing verbal prompts and encouragement. Staff also checked the person had chosen clothes that were clean and appropriate for the weather or activity. Their care plan stated that staff should be sensitive in how they encouraged the person to choose clothing. Staff had a good understanding of how to support this person in a way that promoted their independence.

People were supported by respectful staff who promoted their privacy and dignity when supporting them in their homes. People told us that staff treated them with respect when coming to their homes; knocking and asking permission before entering. Promoting people's dignity was discussed regularly in staff meetings and staff had received training in this area. Staff demonstrated a good understanding of how to promote people's privacy when we spoke to them.

## Is the service responsive?

### Our findings

People told us that they received care that was responsive to their needs. One person told us, "I've had a heart operation and they (staff) have introduced a little walk in the morning and a little walk in the night. I told them what I want them to do and also they do the odd thing like they water the plants."

We saw examples of people receiving care in a way that reflected their needs and preferences. One person had not left their home for a long time and staff were concerned about them becoming isolated. Staff worked with the person to build their confidence and identify things that would encourage them to go outside. The person liked bluebells, so when they were in season staff took them out to see them. After this, the person developed confidence and started to go out regularly. Another person was very fond of animals and missed their pet dog, which had caused them to feel low in mood. Staff helped the person to purchase a cat. Staff brought the person pictures of cats, as they were not able to get out to the pet shop themselves. Once the person had chosen a cat, staff worked with the person's power of attorney to purchase their new pet. The person was incredibly fond of the new addition to their household. Staff then supported them to look after the cat each day, with additional needs also added to the person's care plan.

People told us that they always received the support that they needed from staff. One person told us, "Whatever I ask them to do, they do. They wash me, make my bed, they prepare my breakfast and they wash up." Care plans were detailed but staff also had access to shorter profiles that listed the tasks that people needed help with and what was important to them in a clear format. Staff had a good understanding of the help people needed as well as their ability to complete tasks themselves.

People and relatives told us that changes in need were responded to quickly. A relative told us, "They visit two or three times a year to do a reassessment." People's care plans contained evidence of regular reviews and any changes were implemented. Where one person had spent time in hospital, changes in their mobility were captured in a review. Staff regularly involved healthcare professionals in reviews to ensure accurate up to date information about people was gathered. People received a thorough assessment before receiving a service. Assessments were detailed and captured important person centred information about people's preferences and routines. This information was then added to people's care plans.

People's complaints were documented and responded to appropriately. People and relatives told us that they had been told how to complain and would feel comfortable raising any concerns. A relative told us, "I've got no complaints but they're always saying if I have a problem to get in touch with them straight away." In their PIR, the provider told us that, 'A complaints log is kept to record details of complaints, timelines and outcomes. Complaints reviewed at management meetings and learning taken.' Our findings supported this. The provider kept a record of complaints received which showed there had been ten complaints in the last year. Records showed that the provider documented verbal feedback or concerns as complaints, as well as formal written complaints. Complaints were used as an opportunity for learning and improving and records of action taken demonstrated this. Examples seen showed that the provider learnt from complaints and improved the service as a result.



## Is the service well-led?

### Our findings

People were complimentary about the way the service was managed. One person told us, "I am very, very pleased with this firm and the care I get." A relative told us, "I think the general attitude of the company is geared to do things in a compassionate way." Another relative said, "The management is exceptionally good."

The provider had identified a strong set of values for the service and had robust systems in place to ensure that staff embodied them. Staff spoke very positively about the provider and showed a strong and caring desire that reflected the values of the service. They were able to tell us the provider's values, for staff to be 'friendly, reliable, trustworthy and competent.' The provider was able to describe how staff were recruited to strong values and these were constantly revisited through supervision and performance appraisals. We saw evidence of discussions of the provider's values throughout their systems and records. At staff meetings, through recognition awards and in complaints records, the provider routinely referenced their values and how staff reflected them. For example, staff were rewarded and recognised where they demonstrated the provider's values of being friendly, reliable trustworthy or competent. Where a complaint had been received that suggested a member of staff had fallen short and not followed the person's care plan, a discussion about the importance of these values had taken place and the complaint was addressed. Staff told us that the values of the service were important and they were able to tell us how they applied to their work.

The provider actively encouraged a positive attitude amongst staff. An 'Extra Mile Board' on display in the office recognised anything staff had done that went beyond expectations. Examples on display included staff taking extra time to build a rapport with people who needed companionship and staying late with a person who was not feeling well. The board was linked to the values of the service; rewarding when staff were friendly, reliable and trustworthy. Staff had a strong passion for helping people and bringing happiness to their lives, which came across when we spoke to them. All staff spoke very highly of the provider and the values of the service. Staff told us that they were supported and encouraged to find ways to make a real difference to people's lives.

The positive approach of the management team was reflected by staff who were proactive and passionate about the organisation that they worked for. This had led to nominations for the Surrey Care Association 'Provider of the Year' and 'Team of the Year' for 2017. Communication and teamwork were encouraged through daily meetings, but the provider also had systems in place to encourage ongoing communication between staff. This open positive communication had led to staff discussing their learning, as recorded in the effective section where staff shared their learning following the 'immersion project'. This had led to staff changing the way they gave people care. Records showed that staff were proactive and often achieved outcomes for people the same day. Examples seen included chasing referrals for outpatient appointments for people or ensuring their medicines were received from the pharmacy in a more timely way rather than accepting delays. The provider used their strong links with the local community services and voluntary organisations to achieve quick outcomes for people. People told us about staff's proactive approach to their care and the examples given in the other domains demonstrate how the provider's systems ensured excellent access to healthcare, protection of people's rights and punctuality of staff. The provider ensured

that staff made good use of office space and regularly shared meals with the team. Creating a welcome and open office meant that discussions with staff were easily facilitated and communication was effective on both a formal and informal basis. This ensured that staff felt supported as well as encouraging good communication.

The provider developed links with the wider community that were focused on improving the lives of people. For example, the provider ran regular talks and learning events on dementia. Here, they shared important information that could help people and relatives to understand dementia. The provider was able to use their experience in this area along with important information from leading voluntary organisations. These events were very well attended and in some cases healthcare professionals attended to gain a better understanding of dementia. The provider had developed links with various community centres and clubs which people benefitted from staff supporting them to attend. They had also started working with the local diocese on a project to identify people at risk of isolation and find ways of supporting them to integrate into the community. As part of this, the registered manager regularly provided information and advice to people and their relatives about social care. The registered manager told us that this was something important to them and engagement in this type of work benefitted the wider community. The provider was member of local good practice groups such as the Surrey Care Association. The provider was also now on the board of the Live-in Care Association. The provider was engaged with two university studies which were used to reflect on how they deliver care and demonstrated the provider's use of research and reflective practice in striving for excellence.

People were supported by staff who were made to feel valued and involved in the running of the service. All staff questionnaires received before the inspection were positive and staff said that the provider made them feel valued. The feedback from staff we spoke with following the inspection was equally as positive. The provider recognised good work from staff through prizes and rewards. Staff told us that this made them feel valued and encouraged them to find creative ways to improve people's lives. Staff had also been supported with practical help, such as accessing transport and accommodation. This helped them in carrying out their roles effectively in the local area.

Staff told us that the management made them feel included in how the service was run. A staff member submitted feedback to CQC to say, 'They (management) always come and sit down with us and ask us if there are any problems or challenges that we meet in our jobs, which is very good. They ask us for any suggestions we might have.' Regular meetings took place and records showed that these were inclusive and a relaxed environment for staff to contribute to. Each month, meetings were themed based on different staff nationalities. Staff prepared food from their home country which helped to develop teamwork between staff and help them get to know each other. Staff told us that this attention to detail helped them to feel valued in their roles. We saw evidence of good communication between staff, through meetings and emails. Staff told us that the provider encouraged good team work. People told us that staff were prompt and proactive in addressing changes, which was evidence of staff working well together which impacted on the experience they had.

People told us that staff regularly sought their feedback and were open to suggestions that could improve the service. One person told us, "Somebody came round and asked me if I was satisfied. It's good they keep in contact." A survey was carried out annually but people were regularly contacted by office staff and asked if they were happy with the service they received. Wherever a support package ended, the provider routinely asked for feedback to learn about how to offer a better experience. The majority of the responses to a recent survey were positive and any minor issues raised had been addressed. We saw evidence of the provider going to great lengths in response to feedback, to improve people's lives. For example, the high standards of food preparation evidenced in Effective were brought about as a result of some feedback from one person in

a survey.

Systems were in place to measure staff practice and to identify any areas for improvements. The provider carried out regular spot checks, in which staff practice was observed. Following these, staff had supervisions where they discussed any areas for improvement. Records showed staff regularly demonstrated competence and good practice in spot checks.

The provider was constantly finding ways to improve the service. At the time of inspection, the provider was introducing a new electronic system for record keeping and auditing. The provider had a strong vision to grow the service and had identified that an electronic system will provide the means to build the service and support more people, whilst maintaining accurate records. The provider also carried out regular audits in areas such as medicines, records and staff training. The provider submitted a PIR to CQC before the inspection. This outlined what the service does well and plans to improve in the future. By the time of inspection, a number of improvements listed in the PIR were already implemented or underway. This demonstrated that the provider had a clear vision and targets that they were meeting in their drive to improve.