Inspired Care Limited

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was announced and we inspected the agency office on 25 October 2017. We made telephone calls to people who used the service and their relatives which concluded on 2 November 2017. Whilst the provider had previously run a service from another location, this is the first inspection of this service which was registered with the Care Quality Commission in May 2016.

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Inspired Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, including some people with dementia, and some younger disabled adults. At the time of this inspection the service provided care to 22 people.

Two registered managers were in place. The registered managers were also the owners of the company. 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, relatives, staff and the registered managers described an exceptionally caring service. We heard how staff had gone the extra mile to provide compassionate care when people most needed it. Staff had taken homemade favourite foods into hospital when one person they supported was admitted and not eating much of the hospital meals. Another example was when staff and managers all committed to working additional hours at short notice, so they could enable one person they had previously supported to return home from hospital for the last days of their life.

We viewed a large number of compliments which the service had received from people, relatives and health professionals. These described 'outstanding' care by staff who had built strong bonds with the people they supported.

The registered managers communicated a clear vision to put people at the centre of everything they did, and through speaking with people and relatives we saw evidence this vision was working in practice. Care records were highly detailed, and emphasised not only the specific ways in which care should be delivered but how the person was an individual with much to offer.

People were respected and their dignity and independence were promoted. The service provided a box for all of the equipment and records relating to people's care to be stored in. This was designed to limit the intrusion of receiving care on the family home.

People and relatives spoke very highly of all aspects of the service. They told us they felt safe with staff employed by the service. Staff were aware of their responsibilities in responding to any concerns of a safeguarding nature.

There were enough staff to meet people's needs. People's care was provided by a small team of staff, who

knew people and their needs well. Safe recruitment procedures had been followed.

People's medicines were well managed and staff followed processes to minimise the spread of infection.

Staff had undertaken training in a range of subjects to enable them to carry out their role. Staff training dates were recorded and monitored to ensure any required updates or refresher training was planned so staff skills and knowledge remained up to date. Staff received additional training in relation to people's specific needs and their skills were assessed to determine if they were competent to deliver the task safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to share their feedback, senior staff visited people monthly to carry out reviews, observations of staff conduct, and to monitor the quality of records kept. People were asked to complete a satisfaction survey and we saw responses were very positive. Staff and healthcare professionals had also been asked to share their experience of the service.

People we spoke with told us they would not hesitate in sharing any concerns, but that they were very satisfied with the service. Complaints were well managed, and had been investigated and responded to. The registered managers acknowledged the value to the service from any complaint as an opportunity to improve their service.

The quality assurance system included a wide range of checks which were carried out to monitor the quality of the service. These included audits, observations of staff conduct and monitoring the service against key indicators based on the values of the service.

People and their relatives told us the service was managed very well. Staff meetings were held regularly.

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 had received training in safeguarding people from potential abuse and had access to information about how to respond if they had any concerns.

There were enough staff to meet people's needs. Recruitment procedures were in place to check staff skills, experience and good character before they were employed.

Staff had undertaken training in administering medicines safely and their competence had been assessed. Infection control processes were in place and followed by staff.

Is the service effective?

Good

The service was effective.

Staff training was up to date. Staff received additional training in relation to people's specific needs.

The service was working within the principles of the Mental Capacity Act 2005.

People's nutritional needs had been assessed and their intake was monitored where necessary.

Is the service caring?

Outstanding

The service was exceptionally caring.

People told us they had built strong bonds with staff. We were told about specific examples where staff had 'gone the extra mile' to provide people with caring, compassionate care.

We saw the service had received a high number of compliments from people and relatives, these described 'outstanding' care and an excellent, personalised service.

Care records were detailed, and promoted people as individuals with much to offer.

Systems were in place to ensure people and their relatives received compassionate care at the end of their lives.

Is the service responsive?

Good

The service was responsive.

Care records were very specific, detailed and clear. People's needs were assessed and care had been planned around those needs.

Processes were in place to manage and respond to complaints and concerns. Complaints had been responded to positively, lessons had been learned and improvements put in place where possible.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the management of the service.

The service monitored the quality of the service it provided through audits, observations, feedback and monitoring against key targets.

The registered managers had developed a culture of putting people at the centre of decision making.

Inspired Care Ltd

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.

This inspection visit took place on 25 October 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would available at the office.

The inspection was carried out by an 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. The expert-by-experience who was part of this inspection team had expertise in older people.

Before the inspection we reviewed all of the information we held about the service including statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

For this inspection we did not ask the provider to complete 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.

We spoke with two people who used the service and seven relatives over the telephone. During the inspection we talked with both of the registered managers and four care workers. We also contacted two people's care managers to discuss their views of the service. We reviewed three people's care records. We looked at two staff personnel files, in addition to a range of records in relation to the safety and management of the service. After the inspection, the registered managers sent us some further information to help us with our inspection. We concluded these inspection activities on 2 November 2017.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "Yes I feel absolutely safe with the carers." A relative who lived with a person who was supported said, "Yes I trust them (staff). They brighten up my day." Another relative said, "Yes it is a safe service. [My relative] is now very settled."

All staff employed had received training about how to recognise any signs of potential abuse and how to respond in these situations, and had access to safeguarding policies which detailed the actions they should take if they had any concerns. Staff we spoke with were confident in this process, and told us they felt any concerns they may have would be dealt with quickly and appropriately by the registered managers. Safeguarding records showed the provider had been proactive in making prompt referrals where staff had raised concerns about how people were being treated.

If staff were to purchase any items on people's behalf, such as groceries from the local shop, receipts and purchases were recorded and signed for. These records were checked by the management team regularly to ensure monies had been handled appropriately. This meant arrangements were in place to minimise the risk of people being financially abused.

Assessments had been carried out to identify any risks to people, relating to the care people received, equipment they may use and their home environment. For example, the risk a person may fall over, or any risks relating to accessing the community. Where risks had been identified, instructions had been provided for staff about the steps they should take to mitigate those risks.

Accidents and incidents were monitored to determine if there were any lessons to be learned or action to be taken to prevent future accidents or incidents reoccurring. For example, following a medicines error, an investigation had been carried out which had resulted in completing additional training and undertaking competency checks to reduce future risks.

There were enough staff to meet people's needs. People received varying 'packages of care' depending on their needs. Some people would be visited a few times a day for staff to carry out specific tasks, whilst other people had staff support in their home for 24 hours a day. The registered managers told us that any unexpected staff shortage would be covered by other staff, and that the service had never needed to use agency staff to attend people's visits.

The registered managers told us there had been only two 'missed calls' in the previous 12 months, where staff had not attended to scheduled visits. These missed visits were due to an individual staff member's mistake which the registered managers had taken action in response to, and an apology had been issued to the person involved. People and their relatives told us the service was very reliable. All of the people we spoke with told us staff were punctual and that all of their planned visits had been attended by staff. One person said, "We have no issues with lateness or any missed calls." This meant people received a consistent service.

Robust recruitment procedures had been followed. Candidates had completed application forms and attended interviews before job offers had been made. Records showed candidates had been asked about their skills, motivations for working in care, knowledge and experiences. Any gaps in employment had been explored. Checks had been undertaken through the Disclosure and Barring Service (DBS) to ensure there were no known reasons why staff should not work with vulnerable people and children. References had been sought from previous employers to confirm staff were of good character and had the necessary experiences to carry out their role. The registered managers told us that the service only employed staff who had experience of working in care and had achieved a diploma in Health and Social Care (previously known as an NVQ). They explained that they recruited staff on values and attitudes, but thought experience was very important. They said, "We are going in and providing care at the end of people's lives. It's such an important time. We've only got one chance to get it right, so we have the highest standards for employing staff."

People told us they felt their medicines were well looked after. One person said, "Carers do help me with my medicines, they record what is given to me and I receive them at the correct time." Processes were in place so that medicines were administered appropriately. All staff had received training in the safe handling of medicines. Staff understanding and skills were checked annually through competency assessments. Staff were observed administering medicines regularly by the management team to ensure they were following guidelines. Medicine administration records had been fully completed, which evidenced people received their medicines as prescribed. Staff had been provided with specific instructions as to how people's medicines should be administered. For example, we saw stated in one person's care record that a dispersible medicines should be placed in 65ml of water. This meant staff had information to provide people with consistent and safe care.

Staff received training in infection control. Staff we spoke with told us there were always enough personal protective equipment available to use, and we saw staff call into the office to collect disposable gloves and aprons during our inspection.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the skills and knowledge to meet their needs. One person said, "The carers I have know what they are doing." One relative said, "I find the ones I have are very knowledgeable." Another relative told us, "The quality of the staff employed is outstanding. They were very knowledgeable, highly experienced and mature."

Newly employed staff went through a common induction process, which incorporated the 'The Care Certificate'. The Care Certificate is a set of minimum standards for care workers. New staff were also 'buddied up' when they started working at the service, which meant they worked alongside experienced staff, met the people they would be supporting, and had the opportunity to ask questions.

All staff had attended training in key areas identified by the provider such as moving and handling. Training completion levels were high, which meant most staff were fully up to date with all of the training the needed to carry out their roles. Training was monitored, and we saw refresher training was scheduled when it was needed. Regular observations of staff practice were carried out by senior staff to ensure training and people's care plans were being followed.

Staff told us the training equipped them with the skills to carry out their work. One staff member told us, "The training here is really good. It's always kept up to date. In addition to the general training package, staff also received training in specific modules based on the needs of the people they supported. For example, staff supporting one person with complex needs, had received practical training in percutaneous endoscopic gastrostomy (PEG) care. A PEG is a procedure where people receive nutrition, hydration and medicines directly through a tube into their stomach. Staff had also received training in tracheostomy care. A tracheostomy is a medical procedure where a tube is inserted into a person's windpipe to help them to breathe. Training for these subjects included an assessment of staff competency covering staff knowledge and skills, before staff were signed off as being able to perform these tasks safely.

Staff told us they were regularly in contact with staff in the agency office, as they popped in to pick up supplies, and telephoned frequently to discuss any changes in people's care needs or to ask questions. In addition to this contact, staff received formal supervision every six to eight weeks in line with the provider's policy. Supervisions included discussions on the needs and care packages of the people staff supported, feedback from observations and competency assessments which had been carried out and an opportunity for staff to communicate how they felt things were going. Staff we spoke with told us supervisions were helpful and that their supervisors were supportive. Annual appraisals of staff performance and training needs were also carried out.

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 be the least restrictive possible.

We checked whether the service was working within the principles of the MCA. The registered managers told us some people who used the service had fluctuating capacity, but were encouraged to make decisions about their day to day care. They explained for any bigger decisions, where people did not have capacity, they would liaise with people's Lasting Power of Attorney (LPA) where one was in place, or follow the 'best interests' process with a multi-disciplinary team where there was no LPA.

People and relatives told us that staff offered choice and gained consent before they provided any personal care. One relative said, "Yes the carers and [my relative] know the routine so do give them choice and check he is happy before they do anything." The need to gain consent was emphasised in people's records, with each care plan stating it should only be carried out in full consultation with the person.

People were supported to have their healthcare needs met. Staff had monitored people's health and wellbeing and supported people to make appointments with their GPs when necessary. Records showed staff had liaised with a range of healthcare professionals such as district nurses, specialist nurses, occupational therapists and the speech and language therapy team. Advice from professionals had been recorded within people's care plans.

Some people who used the service were supported with meal preparation. Assessments when people began using the service included determining what support people required to meet their hydration and nutritional needs. Records included information on people's preferences and any allergies. People told us they were satisfied with the help they received from staff. One person said, "I do the meals but they cut up meat for me due to my arthritis." A family member told us the service met their relative's complex needs. They said, "[My relative] has a special diet, all pureed foods; no solid foods. Fluid and nutrition is daily monitored. The staff manage it well."

Outstanding ☆

Is the service caring?

Our findings

People and their relatives described an exceptionally caring service to us. They told us that staff were kind, and had built warm and friendly relationships with them. One person said, "Yes I generally have a good laugh with the carers." A relative commented "The staff are wonderful with [my relative]. We found it difficult at the start, having a stranger in the house, but very quickly we came to accept the staff and we ended up seeing them as extended family." Another relative said, "Inspired care, are the most understanding and considerate care company that I've ever used. Staff have bent over backward to help me and to advice. I can't praise them enough." A care manager we spoke with said, "All patients I have had with them have been very happy with their provision."

Staff told us they worked for an exceptionally caring, person-centred organisation. One staff member said, "This is the best company I've worked for so far, without a doubt. They really care about the clients." Another staff member said, "It's one of the best places I've seen in care. It's just the way it is, the way they run it. It's all about the clients and what we can do for them."

One relative told us staff often went 'the extra mile' and gave us one example. They said, "[My relative] has pretty complex dietary needs. On one of [staff name's] day off, they made some lovely home-made food which they had blended up, so it was the right consistency but tasty too. I thought was so lovely. They do that sort of thing constantly, just thinking about how they could make [my relative's] day better. I could give you a hundred examples like that. " Staff told us about times they had been most proud of the care they had delivered, and described a similar example where they took home-made soup and dumplings into hospital, as it was the favourite meal of a person they supported who had been admitted and was not eating their usual diet.

Everyone we spoke with said they or their relative was treated with respect and dignity. A relative said, "[My relative] has problems with her continence and the carers are very sensitive." The registered managers explained that they provided people with a box which held all of the items related to delivering care, such as care records, compliments and complaints forms, a service user guide, and gloves and aprons. One registered manager told us, "We are already going into people's homes, which can be difficult for some people or their families; we wanted our equipment to be contained. Everything fits in the box. When staff finish their visits they'll put everything back in there so we aren't taking over people's houses." People and relatives we spoke with confirmed these boxes were in place. One relative said, "Everything goes in the big box, which is packed away underneath the dressing table. Everyone knows it is there, but it wasn't in the way at all."

People's independence was promoted. One person told us, "I try to be independent and the carers help me daily." Care records included detailed information for staff about what people could manage themselves and how staff could support people to be as independent as possible. In one person's records we saw a list of steps staff should carry out before assisting a person to bathe so they could carry out as much of their personal care themselves, including where staff should place the towel so the person could access it. Another person's records acknowledged their difficulties in accepting help from staff, and provided staff

with guidance about how the best way to support them. It stated, "Whilst [person] accepts that their short term memory is impaired they do not feel they require assistance with this aspect of their care. Support should be offered in a manner which does not leave [person] feeling that others are questioning their ability to manage their own affairs."

People had been provided with information about the service. Care files included the telephone numbers for the agency office and what they should expect from the service. People were given a rota on a weekly basis about which staff were scheduled to visit their home. People told us that this was helpful as they liked to know who they should expect to visit them.

People received person-centred, inclusive care. Staff had good understanding about people's lives. Records included information about people's preferences and detailed information about their previous jobs, names of their family and key life events. One relative told us, "[My relative] has complex needs, she feels like she is a hindrance, a liability, not good enough, as she is so dependent on people. The carers help her deal with that with positive reassurance. They reassure her she's not a liability, and help her with the things to make a feel like she is still a person. They keep her femininity. Encourage her to wear her best clothes as they know she feels better when she's done up. They make her feel like she has something to give." Care records promoted the value that people had to offer and how staff could support them to do that. One person's record said, "[Person] remains the individual she is. She is a friend, neighbour, mother and grandmother, with knowledge of her family, community and history to depart to others."

All of the staff we spoke with had a good knowledge of people's life histories and able to explain to us how they provided personalised care and engaged with people in topics which were of interest to them. One relative told us, "[My relative] liked certain routines with washing and teeth brushing. They are a retired dental technician and were very thorough with their oral hygiene. The staff 100% got that. They spent ages with them in the bathroom. Constantly checking with [my relative] until they were happy. That meant a lot. They offered help in the most sensitive way."

The registered managers informed us that no one who used the service was currently using an advocate. They told us they would refer people to advocacy services if they felt they needed support to make decisions. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

We saw the service had received 27 compliments through emails or thank you cards in the previous 12 months. People commented about how supportive the service had been. Two relatives who had recently sent in these compliments agreed that they could be used in this report. They stated, "Such a pleasure having [staff name]. They are kind, caring, helpful and supportive and makes every minute count for [my relative]" and "We can't thank the team enough for [my relative's] care and the family support throughout, we would not have managed without them."

Some of the people using the service were receiving end of life care. We saw that staff had undertaken training in how to provide compassionate care and emotional support to people and their families at the end of people's lives. Records gave details of how people wished to be cared for in a way that respected their personal preferences and beliefs. We saw that staff continued to provide practical help and support to family carers after people had passed away.

We were told about a family who wanted their relative to be cared for by Inspired Care, so they could return to their home, from hospital, for the last days of their life. The person had previously received care from the service so knew the staff well. As the package was requested at short notice, the service did not have

capacity to provide the care, but staff, including the senior management, offered to work additional hours so the person could return home to their family. Following the person's death, flowers and cards were sent to each member of staff from the family thanking them for their support at the difficult time and for helping them to achieve their dying wish.

A compliment sent to the service about end of life care, and shared with us with permission from the relatives stated, "I just wanted to express our gratitude for the outstanding care we received from your team for [my relative]. The team were involved in the last few weeks of their life and provided brilliant care at home. I wanted to particularly thank [staff name], the level of care they provided was above and beyond. I felt so happy leaving [my relative] in her care. She became a big part of all of our lives."

Good

Is the service responsive?

Our findings

People and their relatives told us that their needs were well met by the service. One relative said, "I am very pleased with the care [my relative] receives." A person told us, "They are very good. They even make my bed before they leave."

Care records were very clear, detailed and specific to the individual person. They were person-centred as they took into account people's backgrounds, physical and emotional needs and preference, to provide each staff member with the information they needed to provide consistent care tailored to the person.

When people began using the service they were visited, so their needs could be assessed to determine the level of care and support they would need from staff. Care plans were then prepared which stated how staff should provide their support. In addition to step by step processes, designed to enable staff to understand how the person should be cared for, the service had used photographs to show certain aspects of people's care. Some people's moving and handling care plans had been annotated with photographs, and for one person with limited mobility we saw photographs had been used to communicate to staff what items, such as an inhaler, clock and favourite snacks should be placed on the person's bedside table within arms-reach. The level of detail and the way it had been communicated meant processes were in place to enable people to receive care which was designed around their needs.

Daily records were kept which detailed the care people received. We found these were very thorough, and provided a clear timeline of the person's day. For example, we saw some entries which stated, "[Person] started to cough, I asked if they would like a little honey. [Person] said 'that's a good idea'". These daily records described warm interactions between staff and people who used the service, and evidenced that people were involved in their care. Specific charts were used to record positional charts if people were cared for in bed and at risk of deteriorating skin integrity or where their food and fluid intake needed to be monitored. We saw these were well maintained with no long gaps between entries.

People's needs and the care they received were reviewed regularly. To begin with, as staff were getting to know the person, reviews were carried out on a weekly basis, which moved to monthly as time went on. People, relatives and external professionals were invited to review meetings, and care plans were updated with any changes decided upon. This meant care records remained an up to date and accurate description of people's planned care. Staff recorded any changes which occurred outside of these meetings, such as changes in medications or the person feeling unwell, and contacted the agency office who would share details with the staff team who supported the person, so staff were kept well informed of how the person was doing, and any changes to their needs.

A care manager told us that people received care from a small, consistent, team of staff so people and their families were familiar with them. People confirmed this, one person said, "I have regular carers each day." Staff we spoke with were able to tell us about people's needs and how they provided the care they needed. The information they shared mirrored what we had read in people's care records.

Visits to people's homes varied in length depending on people's needs. Some people received visits which lasted thirty minutes or an hour, whilst others had staff support 24 hours a day. People told us that staff always stayed their allotted time. One person said, "Carers do not rush me and often stay longer than booked for." Staff confirmed this, and told us that visits to people were well planned to give them sufficient travelling time between visits. One staff member said, "One of the good things about here, is that we have enough travelling time. If I am held up, I would call the office and they would pass the message on, but that would only be for a one off. In general it all runs to the rota."

People's interests and hobbies were documented within care records, with details for staff about how they could support people to take part in activities which they would enjoy. The registered managers told us that staff were allocated to people based on personalities and who they thought would 'click' and this process meant that even when people's physical needs restricted them from taking part in many formal activities, then people were still able to get enjoyment from chatting with staff about their interests.

The management team had regular contact with people who used the service. Senior staff visited people every month, and as part of these visits would chat with people about their satisfaction of the service.

All of the people and relatives we spoke with told us they knew how to make a complaint if they needed to. We viewed complaints and concerns records. In addition to written complaints, the registered managers had recorded any low level feedback so they could be looked into, responded to, and where possible improvements made within the service from learning from them. Records showed the provider's complaints policy had been followed. We saw an apology had been provided in response to each complaint. One of the registered managers told us, "In some cases, it was more a case of miscommunication rather than a complaint. But no matter the outcome of our investigations I will always issue an apology. For someone to pick up the phone or write a letter, they have been upset or had a reason to share something with us. They are going through something which has meant they've needed to get in touch, so I will always empathise and apologise and see how we can help." This showed the provider responded positively to complaints and used feedback to drive improvements within the service.

Good

Is the service well-led?

Our findings

People and their relatives all told us they thought the service was well led. One person said, "Yes, it is very well managed." A relative said, "They are outstanding, not a shadow of doubt. I absolutely could not fault what wonderful, wonderful organisation they are." Another relative said, "As far as I can tell it is very well organised. We have never had to wait for carers to arrive."

The registered managers of the service were also the owners. Both were present during the inspection and supported us with our requests to view evidence. They were able to supply us with records requested quickly, and the office was well organised and records maintained and stored securely.

During the inspection, the management team displayed openness and transparency towards the evidence we presented to them and were proactive in their response to our findings. Staff we spoke with told us the registered managers led by example and clearly communicated to staff their vision and values for the service. On the provider's website it stated, 'We are committed to delivering creative, innovative and individualised person-centred care by working closely with the person and their family, collaboratively with other healthcare professionals to ensure the needs of the person is central to everything we do.' Throughout our inspection, we found evidence of these values in practice, through conversations with people, relatives and staff and within care records.

Staff spoke highly of the way the service was run. One staff member said, "Everything is done by the book. Staff get supported. I think this is a good service." Another staff member said, "It is very professional. The staff communication is excellent. The office staff and care team work together."

The registered managers had developed a quality assurance system which incorporated a wide range of audits, feedback, and monitoring against objectives.

Senior staff visited people's homes each month to carry out audits, undertake observations and gather feedback from people. Records were reviewed to monitor that information had been recorded properly and that records were up to date and accurate. Staff observations included assessments of staff's working practice, their interactions with people who used the service, and knowledge of care plans. People were asked their views on the staff member, the service they received, and for improvements which could be made to their care package. These regular visits enabled the service to assess the standard of staff conduct, record keeping and quality of care to ensure they met the high standards set by the service.

We viewed the annual quality assurance report, where the service had identified six key measures for success which were based upon their values. The service reviewed their practice each year against these measures to determine action plans for the upcoming year and to celebrate their successes.

Within the quality assurance report were satisfaction surveys which had been sent to people, relatives, healthcare professionals and staff. All three surveys had yielded positive responses from those completing them. We saw all results from people and relatives were stated as 'extremely satisfied', 'satisfied' or 'neutral'.

There were no negative responses to any of the questions they had been asked, including areas which covered safety, staff attitude and communication. Healthcare professionals and staff had been similarly positive in response to their questions about how the service delivered people's care and working conditions. Staff also attended regular staff meetings where they had the opportunity to discuss the service and to contribute to future plans for improvements.

In addition to gathering people and relatives' views formally, the registered managers were proactive in building positive relationships with people they supported and their families. The week prior to our inspection the registered manager had met with a relative twice for a coffee to discuss the care package and the service provided. The registered manager explained that it had been helpful to meet outside of the family home, in a relaxed way to chat about how the service could better meet the person's needs and to quickly resolve any queries or concerns the relative may have. We spoke with this relative who spoke highly of the way the registered manager had communicated with them throughout the process of arranging the package of care.