

Amberley Care Limited

Amberley Care

Inspection report

22 Watkin Road
Hedge End
Southampton
Hampshire
SO30 2TD

Date of inspection visit:
16 January 2017
17 January 2017

Tel: 01489788160
Website: www.amberleycare.co.uk

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 took place on the 16 and 17 January 2017 and was announced. The provider was given 48 hours' notice because the location is a domiciliary care service and so we needed to be sure key staff would be available at the office.

Amberley Care is a domiciliary care agency that provides personal care, sitting or respite care and domestic services to people in their own homes, some of whom will be living with dementia. The service operates in the Hedge End, West End, Botley and Eastleigh areas. There were 58 people receiving a personal care service at the time of our inspection. A small number of people had their care and support commissioned, on their behalf, by the local authority. The remaining people had arranged their care direct with Amberley Care and were referred to by the service as private clients. Most people did not have complex needs and the service did not currently take on care packages that required two care workers to manage the person's needs.

The service had a registered manager. 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 told us, without exception, they were supported by staff who were kind and caring. Staff displayed a genuine desire to enhance people's wellbeing and to developing positive relationships with the people they cared for. Care staff understood the importance of promoting people's independence and supporting them to retain as much control as possible. People were treated with respect and the support they received helped to maintain their dignity.

People spoke positively about how well organised the service was and about the quality of care they received. Without exception, they told us they would recommend the service to others. The registered manager had fostered an open and transparent culture within the service. They were passionate about the service and had a clear vision for its future. They acted as a good role model for the staff team and championed the importance of person centred care.

People felt safe when being supported by the care workers. Risk assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them.

Medicines were managed safely. Staff had received training in safeguarding adults and had a good understanding of the signs of abuse and neglect and of how to report any concerns they might have about people.

There were sufficient numbers of care workers available to meet people's needs. People told us their care workers arrived on time and stayed for the correct length of time. People were very pleased with the consistency of care they received and told us they were usually supported by a small team of carers who

were familiar with their needs.

Staff undertook a range of training and had regular supervision and an annual appraisal. This helped to ensure staff performed their role effectively and understood their responsibilities.

Where necessary people were supported appropriately with their nutritional needs. There was evidence staff liaised with health and social care professionals involved in people's care if their health or support needs changed.

Staff were provided with the information they needed to meet people's needs in a person centred manner. This helped staff to develop their relationship with the person and provide responsive care.

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care provided was readily available to people using the service.

There were systems in place to assess and monitor the quality of the service and drive improvements.

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.

Arrangements were in place to help ensure that people received their medicines as prescribed.

People were protected from harm. People felt safe and secure when receiving support and risk assessments were completed to assess any risks to people who received a service and to the care workers who supported them.

There were sufficient numbers of care workers available to provide people's care and appropriate recruitment checks took place before staff started working for the service.

Is the service effective?

Good 

The service was effective.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015.

Staff undertook a range of training and had regular supervision and an annual appraisal. This helped to ensure staff performed their role effectively.

People were supported with their health and nutritional needs.

Is the service caring?

Outstanding 

The service was very caring.

People told us, without exception, they were supported by staff who were kind and caring. Staff displayed a genuine desire to enhance people's wellbeing and to developing positive relationships with the people they cared for.

Care staff understood the importance of promoting people's independence and supporting them to retain as much control as possible.

People were treated with respect and the support they received

helped to maintain their dignity.

Is the service responsive?

The service was responsive.

Staff were provided with the information they needed to meet people's needs in a responsive and person centred manner.

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care provided was readily available to people using the service.

Good ●

Is the service well-led?

The service was well led.

People and staff spoke highly about the registered manager and about how well organised the service was.

There were quality assurance processes in place to help to ensure the service was delivered to a consistently good standard.

Good ●

Amberley Care

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 was an announced inspection which took place over two days on 16 and 17 January 2017. 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 has used this type of service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with 11 people who used the service by telephone. We also visited five people in their home where we were able to speak with them and their relatives about their views about the care and support being delivered. We spoke with the registered manager, the office manager, an office administrator, one senior care worker and five care workers. We viewed the care and support records for four people, the recruitment, training and supervision records for four staff and other records relating to the management of the service such as staff rotas, audits and policies.

Following the inspection we received feedback from two health and social care professionals about the care provided by Amberley Care.

Amberley Care was last inspected in November 2013 when no concerns were found in the areas inspected.

Is the service safe?

Our findings

People told us they felt safe when being supported by the care workers. One person said, "I feel very safe, they are lovely". Another person said, "They check I'm safe with the shower, that I am drinking water and check I've got my lifeline on".

Risk assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. For example people's care plans contained a risk assessment which considered a range of personal risks. For example, people had risk assessments regarding their medicines, moving and handling needs and infection control risks. A health care professional told us that although risk assessments were in place, staff were not overly risk adverse. They said, "They [Staff] have spent a long time keeping [the person] independent for as long as they could taking into account safety". The risk assessments also included information such as the safety of electrical and gas appliances equipment and potential fire risks. Each staff member carried a thermometer which allowed them to check the temperature of the hot water before assisting people with baths or showers. This helped to prevent the risk of scalding. We did note the current risk assessment documentation did not record whether people had a history of, or were at risk of, falls. We spoke with the registered manager about this; they took immediate action to update their risk assessment documentation to ensure this reflected whether people were at risk of falling and any remedial actions were needed to mitigate this risk. Significant accidents and incidents had been documented and investigated to help ensure lessons were learnt and to reduce the risk of similar incidents happening again. We did note that the registered manager would benefit from having more robust systems in place to document and monitor minor incidents such as falls. We discussed this with the registered manager who took immediate action to improve how such incidents were recorded.

People were happy with the support they received with their medicines. Staff received training to manage medicines safely. Many people were able to administer their own medicines, but some required staff to do this for them. Where this was the case, staff had documented the person's current medicines on a medicines administration record (MAR) which included their date of birth and information about any allergies they might have. In line with the provider's policy, medicines were stored in a pharmacy filled compliance aid. Each time a care worker administered medicines, they recorded on the MAR that the contents of the compliance aid had been administered. We reviewed five people's medicines recording sheets and found these had been completed accurately. Staff were clear that if a person declined to take a medicine, this would be reported to the office so that relevant medical advice could be sought. We did note that staff would benefit from having more detailed guidance about the administration of topical medicines or creams and the disposal of medicines. The registered manager took action to ensure this was put in place and that their medicines policy was updated to ensure this reflected best practice guidance.

The provider had a safeguarding policy and information about the types of abuse and the contact details for reporting any concerns were readily available within the service. The registered manager told us that team meetings and supervisions were also used as opportunities to ensure that staff understood their responsibilities to report any concerns they might have about people's wellbeing. Staff had completed annual training in safeguarding adults and were able to tell us clearly how they would respond if they had

any safeguarding concerns about people's safety. Arrangements were in place to protect people from the risk of financial abuse. Staff were not allowed to have access to people's banking pin numbers and when a care worker undertook shopping on behalf of a person, a log of the transaction was maintained in a receipt book. Where staff needed to use key safes to gain access to people's homes, the key safe codes were kept securely and only shared on a need to know basis. Staff were aware of the whistle-blowing procedures and were clear they could raise any concerns with the registered manager. One care worker said, "Whistle-blowing is when you are concerned about abuse or wrong doing and you report it to the manager or to social services if the concerns are about the manager". Staff were also aware of other organisations with which they could share concerns about poor practice or abuse.

The service had an emergency telephone line that operated out of hours which people could call if there was a problem with their care. Staff were also able to access this to seek advice or support from a senior manager in the event of encountering problems or concerns when visiting people in their home. A care worker told us they had contacted the on call recently as they had not been able to get a response at one person's house. They told us the on call staff manager had responded straight away and advised them to go to a neighbour who held a key for the property. Once inside they found that the person had fallen and were able to call the emergency services to support the person. A business continuity plan was in place and provided contingency plans for a range of events which might affect the safe running of the business and therefore impact on people's care. This helped to ensure people and staff were supported to deliver safe care and support in people's own homes.

There were sufficient numbers of staff to maintain the schedule of care visits and meet people's needs. This helped to ensure that people were not placed at risk due to care visits being missed or cancelled. The staffing levels also ensured people received good continuity of care from a team of regular care workers who were familiar with their needs. Staff told us their workload was manageable and that their schedule allowed them to arrive with people on time and stay for the correct length of time. We looked at a sample of care workers daily schedules for the week of our inspection. These factored in an element of travelling time between each visit. This helped to ensure that staff had sufficient time to complete each call and travel to the next person without being late. Each of the people we spoke with were happy with the consistency and timing of their care visits. One person told us their care visits were "More or less the same time, after 9.30 am which I like". Another said, "I have two different carers and they stay for the time I need...we sometimes have five minutes for a little chat". Where calls were late, people told us they were mostly informed of this. For example, one person said, "Sometimes it [their care visit] has been a bit late but it has been with good reason". None of the people we spoke with received a schedule telling them the timing of their visit or which care worker would be supporting them. However, no-one saw this as being problematic due to the ongoing consistency of their care. For example, one person said, "They come roughly about the same time every day; it doesn't worry me [not getting a schedule] because they are all very good". The registered manager told us recruiting more care workers was an ongoing challenge, however they said they would only accept new packages of care when it was safe to do so and when this could be provided at a time that was in keeping with the person's wishes.

Appropriate recruitment checks took place before staff started working at the service. Records showed staff completed an application form and had a formal competency based interview as part of their recruitment. The manager had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post.

Is the service effective?

Our findings

People told us they received effective care. One person said, "They know what they have to do, they stick to the care plan, if I want anything different, they do it for me". Another said, "They are all very efficient and capable". A third person told us, "They are extremely good, they do what I want...I have nothing but praise". A social care professional told us, "The care is very good". They explained how there had been some challenges with regards to one person accepting care, however they felt the service had managed this "Professionally...sensibly and with sensitivity". A social care professional said, "We have always had good feedback [about the service] from clients and family, we never have problems with missed calls".

New staff completed an induction programme during which they learnt about the organisations policies and procedures and completed a range of essential training. Where the new member of staff was an experienced care worker, the registered manager asked that they complete a self-assessment tool which helped to identify whether they had any additional training needs. Inexperienced new workers would be supported to complete the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. New staff also had an observation of their practice and opportunities to shadow more experienced staff before they started to work independently. One care worker said, "I went out with a senior carer on two occasions, but if you needed more it was available to you". This helped to ensure that staff demonstrated acceptable levels of competence before they were allowed to work unsupervised.

Staff received regular supervision. This was done either by a formal one to one sessions or observation of the care workers practice. Staff also had an annual appraisal of their practice which explored the staff member's performance and training needs. Supervision and appraisals are important as they help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff felt well supported and understood their role and responsibilities. One care worker told us how the registered manager had been nurturing and helped them to understand their role. They told us this had made them a "Stronger carer" and "Able to pass on my experiences to other care workers".

People felt their care workers had the training, skills and knowledge to manage their care effectively. Staff completed training in a range of areas which included moving and handling, medicines management, infection control and emergency first aid. Staff also completed additional training relevant to the needs of people they were supporting. For example, staff had completed training in caring for people with dual sensory loss and those living with dementia. Staff were supported and encouraged to undertake nationally recognised qualifications in health and social care to advance their learning and development. Staff felt the training programme offered was adequate. One staff member said, "We do training at least once a month, we did moving and handling last month, if there is something you are rusty on, you can just ask and they will provide a refresher".

Where people were able to make decisions about how their care and support was provided, they were empowered and encouraged to do so. People were asked to sign consent forms regarding areas such as agreeing to assistance with personal care and to having their medicines administered. Care plans were

written in a manner that encouraged people to express their choices about how they would like their care to be provided. For example, care plans said, 'Please ask [the person] if they would like assistance' and 'Offer a choice of sandwich filling'. Staff were clear that people's wishes about how they liked their care and support to be provided would be respected. One care worker said, "I always say what I am going to do and get their permission, ask if there is a way they want me to do it".

The registered manager told us that if a person's capacity to consent to their care and support was in doubt a mental capacity assessment would be undertaken. The Mental Capacity Act (MCA) 2005 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. Staff had a good understanding of the principles of the MCA 2005. One care worker said, "You should always assume people can make their own decisions and act in their best interests without limiting their rights and choices". A social care professional told us staff had awareness that people had the right to make unwise decisions, but that this did not detract from their commitment to help keep people safe and protect them from self-neglect.

People were supported to eat and drink well. One person said, "They come to see that I'm drinking plenty of water". A number of people using the service, required support with meal preparation and maintaining good nutrition. Often this involved the care worker making a light lunch or snack or heating a frozen or pre-prepared meal brought by family or delivered by a meals service. People's preferences in relation to food and any special dietary requirements were recorded in their care plans and staff were able to describe to us the importance of protecting people from the risk of poor nutrition or hydration. One care worker said, "We keep an eye on what they are eating, if there is anyone we are worried about, we would let the office know. In the summer, we make sure people have extra cold drinks". Another care worker said, "[person] will just ask for toast, so we try and encourage them to have beans as well, they will usually say oh go on then". Where people were known to be at risk of not eating well, food or fluids charts were put in place so that this could be monitored and concerns raised with relevant professionals.

People were supported to maintain good health. There was evidence that staff recognised when people were feeling unwell and sought medical advice on their behalf. For example, one person told us how staff had noticed she had a rash. They contacted the surgery and following a doctor's visit, the person was diagnosed with shingles. Another person said, "One day I had something on my shoulder she [the care worker] dealt with it". Staff had also referred people to other healthcare professionals such as the falls prevention team. A health care professional told us, "The agency have worked hard with health professionals to support with witnessing and prompting of insulin management. . .If they haven't been able to get hold of me, they have rung the surgery if concerned".

Is the service caring?

Our findings

Everyone we spoke with, without exception, told us they were supported by staff who were kind, compassionate and caring. One person said, "They are all beautiful, definitely caring". Another person told us, "My view is very high, I can't say more than that, I can't say anything wrong". A third person said, "In my view I don't know how they manage to get the right sort of people, they seem to be a blend of their own, lovely people...more like family, it makes their day as well as yours".

The service had received a number of recent compliments. Many of these commented on the caring nature of the staff. For example, one read, "We would like to thank all the carers for the love and kindness they showed" and another, 'The girls are so nice and so helpful and cheerful...we always have a good laugh, keep up the good work you do'. A relative had commented that the care workers were 'Very important' to their father.

Staff displayed a genuine desire to enhance people's wellbeing and to developing positive relationships with them. One care worker told us, "I like to have a chat with the clients, it helps them to feel comfortable, they could be my parents, I want them to be treated well". Another care worker said, "Sometimes, [the person] is so pleased to see us, they get the giggles". Wherever possible, the registered manager matched staff with people which meant they were supported by staff that were more likely to have a natural rapport with them and understand their personality. For example, the registered manager was aware which people preferred bubbly care workers and those that responded better when their support was provided with a more simple approach. A care worker gave us an example of how their approach was so important. They said "A lady was quite reluctant to receive care, now we have a wonderful rapport, I didn't push her, I used gentle persuasion and gained her trust".

Our observations indicated that people felt at ease with their care workers and had developed positive relationships with them. It was clear that people valued the time spent with their care workers and that this helped them to feel valued. Many of the people we spoke with referred to their care workers as friends. For example, one person said, "I look forward to them coming...they are more like friends". Another person said, They are very careful, they knew I wasn't used to having care, so they say, is this ok, they are very good, not overpowering, excellent, they don't make you feel like you are getting helpless, they are more like a friend".

The registered manager was passionate about the service and promoted a caring ethos within the service. Staff were encouraged to develop positive caring relationships with people and with one another. A number of staff told us how the registered manager had supported them through difficult times which they greatly appreciated. The registered manager acted as a good role model for the staff team and championed the importance of person centred care, this helped to ensure that all of the staff we spoke with had a clear understanding of person-centred care and were motivated to provide high quality care and to achieve positive outcomes for the people they cared for. Staff spoke of the importance of not just supporting people with the practical tasks, but of meeting their emotional needs too. For example, the registered manager explained how staff support had helped one person develop their confidence and start to enjoy new

experiences. One person told us, "When I have upsets they have been there for me". A relative had written to the service to say, 'I just wanted to thank you for all the support and care that you gave [the person], particularly on her last day. I will always be grateful for the hours that you were able to spend talking to her and making her more comfortable'.

Care staff understood the importance of promoting people's independence and supporting them to retain as much control as possible. One person told us, "They let me try to do things where I can; I have time to think for myself". A care worker told us how one person new to the service had been very anxious about accepting care. They told us how they reassured the person they were there to assist them and "Not to take over". A second care worker said, "I always ask people if they would like to do their care themselves, you shouldn't take that away from them".

People were treated with respect and the support they received helped to maintain their dignity. One person said, "They are very good, very caring, they treat me with respect". Staff described how they ensured curtains were drawn before assisting with personal care and that people were offered a dressing gown to wear between their bedroom and bathroom. People's care plans reflected the importance of maintaining people's dignity. For example, one person's plan said, 'Please ensure we respect [the person's] dignity at all times by ensuring she is covered with a towel'. Staff were mindful of people's privacy. A staff member told us how even though people had key safes, they still knocked before entering people's houses and respected any wishes the person might have regarding this. This was confirmed by one person who told us, "They respect me and my husband, they never just walk in".

People were supported to express their views and were involved in decisions about their care. Care plans were drafted in consultation with the person and their relatives and reflected their wishes, whether this was about how they wanted care staff to manage their personal care or how they like their tea or their preferred sandwich filling. Care plans contained signed consent forms which confirmed that the person had been involved in planning their care and that their views and preferences had been taken into account. This was confirmed by the people and relatives we spoke with.

The service had held an open day in the summer of 2016 to which people and their relatives had been invited. We were told the day had been a great success and an opportunity for people, many of whom lived alone or were at risk of social isolation having an opportunity to meet one another and enjoy a lunch. It was also an opportunity for people and their relatives to meet the registered manager and learn more about how the service operated.

Is the service responsive?

Our findings

People received care that was responsive to their needs and which was provided by a regular team of care workers who knew them well. One person told us, "They [the care worker] know what to do so she just gets on with it". Another person said, "They always say do you want your usual shower? I'm very pleased with them". Staff confirmed that people received a good consistency of care which allowed them to get to know people well and meet their needs in a person centred manner. For example, one care worker said, "People get consistent care, it's nice to be able to say, 'see you tomorrow morning', they know our days off". Another care worker said, "I have my own round, the clients like that consistency...it helps the clients get the best treatment".

Prior to care starting the registered manager visited people so that an initial assessment could be undertaken to identify their support needs and obtain the information needed to develop a plan of care that outlined how those needs were to be met. The initial assessments allowed the registered manager to understand what the person wanted and needed from their support and to reach a judgement about whether the service could meet these needs safely and the amount of time that would be required to do this to a good standard. A health care professional told us they were "Impressed" that the registered manager completed the initial assessments as this helped to ensure that she knew each of the people using the service.

Staff used the initial assessments to develop a basic care plan which covered a range of areas including the person's health care needs, the support they required with medicines or continence and their nutritional and sensory needs. The care plans included a person centred plan. This provided information about the people and things that were important to the person, their personal history and communication needs. For example, we saw that one person enjoyed listening to violin music and liked to swim on a weekly basis. Staff told us this information was important and enabled them to connect with people and to deliver individualised care to each person using the service. Care plans included detailed information about the tasks that were to be completed at each visit. One care worker said, "The care plans helps us to know what the person likes to be known as, how they like their sandwiches or like their tea, they are detailed".

Contact sheets were completed by staff at each visit and detailed the support that had been provided. These records suggested that the care being delivered was in line with the person's care plan. Senior care workers were responsible for ensuring that care plans and risk assessments were kept up to date and reflected people's current needs. A social care professional told us, "The care plans are always up to date and accurate and we have not had any concerns that staff are not following care plans or any issues with the care calls".

Staff told us that the consistency of care provided allowed them to recognise and be responsive to people's changing needs. One care worker said, "Because I see them [People] every day, I know them, if they are unwell, I notice it straightaway". Where necessary arrangements were made for staff to stay with a person longer, if for example, they were unwell or had fallen. In these situations, the office staff called subsequent clients to advise them their care worker was running late or arranged a replacement. Staff recognised when

people might need their care visits adapting or additional support put in place and in response either contacted adult services to arrange this or arranged an increase in care directly with the person. One person told us how, following a fall, staff had quickly arranged for their care to be increased from once a day to four times a day. They told us that without this they would not have been able to cope or return to their home from hospital so quickly. People told us the service was flexible and that additional calls could be requested or the timing of the call brought forward for example. One person said, "I rang up one day to ask if I could be done earlier, they said, certainly, and obliged by sending someone at 8.30am". Another person said, "If I say I've got anywhere to go, they make a big effort [to be flexible]".

There were arrangements in place for people to give feedback about the service they received. Reassessments or reviews were undertaken during which people were asked whether they were happy with the service, whether their care workers followed the care plan and whether they were treated with dignity and respect. The reassessments we viewed were all positive about the care being provided. A social care professional told us that staff, "Always have an open line of communication with us and engage well in reviews".

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care provided was included in the service user guide people received when they first started using the service. People had good relationships with the office staff and felt comfortable calling them with any concerns. For example, one person said, "They are always approachable if anything is needed". Another said, "If I have a problem, I've only got to contact the office". One person told us they had once needed to raise a concern about a care worker. They said, "You can't like everybody, but the office responded well and they didn't send her again".

Is the service well-led?

Our findings

The service had a registered manager who was also the registered provider or owner. People spoke highly about them and of how well organised the service was and about the quality of care they received. They told us staff communicated effectively with them in a friendly and professional manner. All of the people we spoke with said they would recommend the service to other people seeking a care service. One person said, "Yes I would recommend them...they are nice people to have in the house". Another person said, "I think they are a great care company, I have always given a good recommendation". Staff also spoke positively about the service and its leadership. One care worker said, "It's the best place I have ever worked, its brilliant, we are all close". Another care worker said, "They are one of the best managers I have worked for... you're not just a name or number, you're a team member or a friend". A health care professional told us, "[the registered manager] is on top of everything...definitely approachable, never had a problem getting through, they have out of hours as well, yes, I would definitely recommend where appropriate". A social care professional told us the management team were "Friendly and knowledgeable and always act appropriately when concerns have been raised".

The registered manager had fostered an open and transparent culture within the service. Staff told us the registered manager was approachable and effective and tried to address any concerns they might have. One care worker said, "Amberley care are very supportive, it's a very friendly office, you can come in and speak about anything, they know everything, very professional". Another care worker told us, "They [the registered manager] are supportive, you can chat with them, get their opinion". Team meetings were held and were an opportunity to discuss matters such as concerns about the service users and general working practices. One care worker said that team meetings were good opportunities to "Meet with their colleagues, talk about problems and to learn". All of the staff we spoke with said morale amongst the staff team was good with one care worker saying, "I definitely enjoy coming to work".

The registered manager was passionate about the service and had a clear vision for its future. It was important to them that the service did not grow too large but retained its strong emphasis on providing a person centred service where people and their support needs were at the heart of the service. We saw evidence which demonstrated that the registered manager prioritised people's needs, their care and support above just focusing on business revenue. The registered manager told us, "We actually care, I don't just see it as a business, they [people] mean something to me...the carers that come here, stay as they know we care...If the carers know the clients well, they will spot if someone is not well". The registered manager was clearly proud of her staff team who she described as "Exceptional". She said "They are a good team if it wasn't for them I would probably get complaints". Staff were thanked for their hard work at team meetings and an initiative called 'Champion of the Month' was being introduced allowing the senior staff to identify and reward staff who had performed well or gone 'above and beyond'.

The registered manager demonstrated a 'hands on' approach, working alongside their staff team on a daily basis and undertaking the assessments of potential new clients. This helped to ensure they knew each person using the service and understood their needs. They acted as a good role model for the staff team and were clearly respected by the whole staff team. A senior member of staff told us, "She [the registered

manager] is my rock, what I have learnt from her...she has amazing determination".

There were systems in place to monitor and review the quality of the service and to drive improvements. People and staff were sent annual questionnaires. We reviewed the feedback from the most recent survey undertaken in December 2016. 53 questionnaires had been returned by people and each of these gave consistently positive feedback. Examples of the feedback included, 'Thank you, we have noticed a big change with [the person] in the past six months, she is more confident, chatty and seems to have come alive again' and 'They have never failed to supply a carer, any issues have been promptly dealt with, I would like to take this opportunity to commend them in every way'. The staff survey was equally positive and it was clear that staff enjoyed their job and felt well supported, motivated and had confidence in the management of the service. Senior care workers undertook regular spot checks of care workers to ensure they were delivering appropriate care, wearing the correct uniform and following best practice. Senior care workers were also responsible for completing random checks of care plans to ensure these were up to date, included all of the relevant consent forms and that reviews were taking place on a regular basis. When care records were returned from people's homes, these were checked to ensure that care workers were completing these correctly or that there were no gaps in medicine administration records.

The registered manager attended the local Skills for Care networking group for registered managers. This demonstrated a commitment to continuing professional development and sharing of knowledge and best practice. They also sought advice and support as necessary from care consultants if there were areas where they felt they needed additional knowledge. Throughout the inspection they were responsive to feedback and took immediate action to address areas where the inspection found systems or processes could be more robust. They had developed a service improvement plan which laid out the actions needed to ensure that the service continued to develop and improve in the future.