

Awarding Care Ltd

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

Summary of findings

Overall summary

About the service

Awarding Care Ltd service is a domiciliary care service, registered to provide personal care to people living in their own homes. At the time of this inspection the service was providing personal care to 178 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received good care and support from dedicated staff who consistently demonstrated strong caring values that were embedded throughout the service. People, their relatives and external professionals spoke highly about the service.

People felt safe. Staff understood their safeguarding responsibilities and promoted people's wellbeing. People's personal safety was well managed and there was a range of risk assessments in place. Incidents and accidents were fully investigated, and actions were taken to prevent recurrence. Staff followed infection control and prevention procedures. Excellent systems and processes were in place for the safe management of medicines and people received their medicines as prescribed.

People were fully involved in the assessments of their needs and personalisation of their care plans. Care was planned and delivered to meet people's needs, legislation and best practice guidance.

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

People and their relatives were included and supported to take decisions about how their needs were met. People's views and concerns were listened to, people and relatives used a range of ways to give feedback, which the service always acted on.

People were cared for by staff who were safely recruited, well trained and very knowledgeable of the people they supported. Staff were consistently responsive to people's individual needs and choices. Staff were always kind and compassionate, maintained privacy and treated people with upmost dignity and respect.

The service and staff worked hard to prevent social isolation by giving up their own time, making financial contributions and actively fundraising, to promote well-being, social stimulation, activities and outings, free of charge to people using this service.

Highly effective systems were in place to monitor the quality of the care provided and to promote the continuous improvement of the service. The enthusiasm and commitment of the provider, registered

manager and team to develop and improve the service, was evident in their commitment and dedication. The management and staff worked in partnership with external health and social care organisations, building positive relationships to benefit people's health and wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Outstanding ☆

Awarding Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 06 November 2019 and ended on 10 December 2019. We visited the office location on 06 November 2019.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who use the service, to ask about the care provided and nine relatives of people who used the service. We also spoke with the registered manager, the deputy manager, auditing officer, one team leader and seven care assistants and received feedback from the local authority commissioning service and quality improvement team.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at nine staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with the service and their staff. One person said, "They help me getting sorted and staying safe."
- Staff were well informed about keeping people safe. They had been trained in safeguarding and whistleblowing and knew how to recognise and report concerns. Staff we spoke to were very knowledgeable about signs of abuse and the appropriate action to take. One staff member told us, "If I see signs of neglect or abuse, I go to the manager and report it right away."
- The registered manager understood their responsibilities to keep people safe and told us, "New staff are trained in signs of abuse and safeguarding, on appointment, and have an annual refresher." Training records confirmed this.
- There were established methods for ensuring staff safeguarding knowledge was up to date, staff received information about abuse and safeguarding through staff meetings, supervision meetings and within their carer information pack. The `policy of the month` periodically covered abuse, safeguarding and whistleblowing. Staff we spoke to, and minutes of meetings we saw, confirmed this.

Assessing risk, safety monitoring and management

- People were fully involved in discussions about how risks to their health and safety should be managed. One relative told us, "[person's name] is safe she's had no falls or accidents. Yes, they checked for all the risks when it was first set up, [person's name] leg was so bad they were very careful. They've avoided accidents." Another relative told us, "They keep me in the picture, they make notes, she has not had any accidents with them and they don't miss any calls."
- Processes were in place to protect people from avoidable harm. We saw a range of risk assessments that had been completed as part of the service start up process, for example falls prevention, moving and handling, communication and sensory loss.
- Staff talked confidently about how the service identified and managed risk. One staff member told us, "I complete risk assessments, I feel confident, I have been trained and well supported by the managers, nothing is too much trouble." One staff member said, "We have access to risk assessments for all our clients."
- The provider told us, "If staff see any changes in people they can alert us immediately via the electronic system, the information automatically registers on the persons record and alerts us to the change." We viewed the system and saw that this was being used by staff and actioned by the auditing officer. For example, one staff member had used the system to alert a change in a person's behaviour, the alert was electronically signed by the care worker and a family member. This resulted in a member of the management team contacting the person and their family within an hour, to assess the situation and set up a review. This meant people received a timely response to changes in circumstances and conditions,

enabling services to remain effective and meet assessed care needs safely.

Staffing and recruitment

- People told us there were enough staff to meet their needs. The registered manager explained that they used an electronic planning and scheduling system. This enabled them to ensure there were enough staff and that people received regular staff that knew their needs. Rostering records confirmed this.
- The registered manager told us, "We work in partnership with employability schemes to support people back into the workplace, we provide assistance such as mock interviews, to build and support confidence." This provided an opportunity for the registered manager to get to know perspective candidates prior to employment and create a pool of suitable new staff.
- The registered manager was operating a safe recruitment process to ensure staff were safe to work with the people they supported. All staff had disclosure and barring service checks (DBS) and two references prior to commencing employment. Recruitment records confirmed this. One staff member told us, "I had an interview, references and a DBS check prior to starting."

Using medicines safely

- People's medicines were managed safely, and people received their medicines as prescribed. People told us that medication was administered on time, without mistakes and recorded.
- Staff had been trained in medicine management and as part of the spot check process the auditing officer had regularly checked their competency. Records confirmed this.
- There was an effective method of maintaining accurate medication administration records (MAR). The registered manager explained, "MAR's are electronic, and staff must complete the record before the system will let them log out of the call." The electronic MAR matched the information in the medication care plan. One staff member told us, "I have had medication training, the MAR is electronic, it's called an E MAR, it won't let you forget to do it because you can't log out until it's done." The auditing officer said, "I check E MAR records daily, if there are any discrepancies between the care plan and record I deal with it that day. The records confirmed there had only been one discrepancy in the last six months."

Preventing and controlling infection

- People were protected from the risk of infection because staff used personal protective equipment, including gloves, aprons, arm protectors and masks. Staff had received training and were knowledgeable about infection control, records confirmed this. One relative told us, "Yes they use gloves and an apron, it's good hygiene." A staff member told us, "I use gloves and aprons at all times, the office has got everything you need."

Learning lessons when things go wrong

- The service was proactive in reviewing accidents, incidents and safeguarding trends. Where things had gone wrong, the registered manager fully investigated and where possible involved the person, their relatives and staff, when considering appropriate preventative actions. The registered manager shared with staff, information on lessons learned, during supervisions and staff meetings as part of the preventative actions.
- One relative who had experienced something going wrong told us, "They dealt with it well, they responded well. Yes, they take things seriously and I haven't had any problems since."
- The registered manager advised there had been one missed visit in the past year. The registered manager told us, "Following this event we met with the provider of the electronic operating system to discuss this, a change was then made to the system and calls now flag up if staff do not arrive and scan in, within the agreed time scale, we have not had another one since."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good and peoples feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had an inclusive, robust and comprehensive approach to assessing people's needs and planning and delivering their care. The service had a specific team of well trained and knowledgeable staff who had responsibilities for assessing needs and preparing care plans.
- The provider had invested in an effective electronic management system that enabled people's needs, choices, preferences to be recorded and matched with compatible staff. This meant that people's choices and preferences could be seen by staff at every visit and people were cared for by staff they knew well and got on with. This had enabled staff to have excellent knowledge of people's choices and preferences and to build up strong and effective working relationships with people. One person told us, "They are all locals and you can have conversations about local things, that is quite a distinctive thing." Another person told us, "This service is much better than I expected, nothing is too much trouble and they do much more than I expected." Relatives made comments including, "Staff are absolutely brilliant [person's name] thinks the world of them, I am happy with the ones that come", "She seems happy with them, very much so", "They are friendly and chatty and [person's name] loves them", "They are like friends, but professionals." One staff member told us, "I always make sure what they want, their wishes and desires."
- People were able to have computer access to their own rota information within the electronic operating system. This meant that people, or their relatives where permission had been given, were able to see who would be delivering their care at each visit. People and their relatives could also check that any requested changes to visits, had been carried out. This gave people and their relatives reassurance and confidence that the service had been planned for the right time and with staff they knew. Relatives could also reassure themselves that calls had taken place. One relative told us, "It's all very good, it's on my phone, [staff name] helped me set it up, I can see who is coming, if the person changes it comes up on my phone." Another person told us, "It's very useful, it is nice to know who is coming, with my last company there were so many different carers, since we had Awarding Care they are the same. Its great they're fantastic."

Staff support; Induction, training, skills and experience

- People told us they received their care from staff who were well trained and knowledgeable of their needs. Staff received induction and refresher training and records confirmed this. A person told us, "They are well trained they know their job." A relative told us, "I would recommend them, they seem well enough trained."
- Staff told us that they received different methods of training including, face to face, on line, on the job and knowledge update sessions in staff meetings and supervisions. There was a policy of the month initiative, which was used to ensure staff had a good understanding of the organisational policies and procedures. Training records confirmed this.
- Staff received regular supervision and appraisals. Staff told us that supervision meetings were planned,

they had input to the meeting agenda and always felt motivated and supported. One staff member said, "I have supervision meetings every two to three months, we always discuss safeguarding, there is an agenda and I can raise things, I once asked for more traveling time, I explained why and got it."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff ensured they had enough to eat and drink. One person told us, "They do my breakfast and a cuppa, it's my choice and it's nicely presented, they tidy up after." Another person told us, "Any food is well presented it's nice food and [staff name] will do things nicely. [staff name] is a cook who does it really well." A staff member told us, "We tell them what is in the fridge and they can choose, sometimes the family have left something for us to heat up."
- We saw that care plans gave information about people's preferences and choices for meals. Where particular equipment was required, this was clearly identified, for example one care plan referred to a specific beaker, special grip cutlery and a non-slip mat, this meant that people's independence with eating was promoted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received excellent outcomes, staff were supporting people by working in partnership with other agencies such as District Nursing and the GP service.
- We heard from people and relatives, staff communicated well regarding changes in conditions and wellbeing. One person told us, "They alert me if they think I need the Doctor, they will call them for me." A relative told us, "They alerted us that [persons name] was chesty and I got it checked out." Another relative told us, "They do alert me of any possible health issues they spot, and they are good that way."

Ensuring consent to care and treatment in line with law and guidance

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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were asked for their consent before receiving care and support. The service sought people's permission and documented it, as part of the care planning process. Staff sought permission at each visit. This practice was checked as part of the spot check process, for example one spot check record stated, "Consent given for full body wash."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us of a strong person-centred culture. People received care from staff who developed positive, caring and compassionate relationships with them. One person told us, "They are nice with us all." One relative told us, "The staff are polite and cheerful, they are like friends but with respect and not cheeky." Another relative told us, "They treat us both lovely." A staff member said, "I make sure that I am kind."
- All levels of staff within the service recognised and embraced people's diversity. There were policies and training in place to support diversity. The service had two LGBT champions. One staff member told us, "My eyes are opened to how difficult things were for people in the LGBT community between 1920's and 1960's. This means they can feel uncomfortable with staff coming into their homes to give personal care. We respect their views and see them as who they want to be. I wear an `LGBT aware` badge, this can give people a sense of relief and helps us to build up the trust between us."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in day to day decisions and regular reviews about their care and records confirmed this. One relative told us, "I can easily get in touch and they ring me and come out and check, they are continually monitoring, I have no complaints."
- The registered manager informed us people and their relatives were contacted after the first week of service and then every six months or earlier if there are concerns, changes in circumstances or a person had been admitted and then discharged from hospital. Care plans and review records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's privacy, dignity and independence. One person said, "My own wash is done by me in part, they then wash other parts I can't reach, respecting my privacy and safety." Another person told us, "They treat me with dignity and we chat, and they respect my independence." One relative told us, "The personal care is good, and it is done with dignity." Another relative told us, "They do [person's name] wash with dignity and they stay patient, there is no rushing".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were empowered to have as much control and independence as possible. We saw that care plans were personalised to the individual and clearly set out people's choices and preferences in how they wanted to be supported. One person told us about the care plan process, "Yes, they were pleasant, listened and got it. It was all agreeable and all ok and they involved me."
- The registered manager explained that prior to the start of services a care plan was developed, including a range of assessments, choices and preferences, in consultation with the person and their family. Records confirmed this. This meant people had choices and preferences in how their needs were met. We saw, as part of this initial assessment process, the service gathered specific information about people to enable staff and people to have meaningful conversations. This information was available for staff, in people's homes.
- The registered manager explained each new service user received an induction to the service, which included a discussion on call times, review of current equipment and an opportunity to discuss any other issues or actions that may be required to personalise the service. Services were reviewed six monthly or sooner if there was a change of circumstances.
- The auditing officer checked care delivery notes against care plans, on a continual rolling basis, to check if choices and preferences were being delivered as agreed. We saw that this information fed into service reviews and was discussed with staff during supervision meetings. This meant that people's needs were consistently met in keeping with their choices and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in a way that suited them. For example, we saw a statement of purpose that had been translated into Polish, this had been prepared to the same standard as the English version, in terms of the overall layout of the document. We also saw a pictorial version of the complaint's procedure. The registered manager said, "We always provide the information in a way that suits the person." This meant people were given information in a way they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was innovative and hard working to go that extra mile to find opportunities for people to go out into the community. For those that could not they brought events that were going on in the outside

world into people's homes, during their care sessions, through monthly themed days. Staff went over and above, they contributed with their time to help on the days out and provided the fancy dress and props on the themed days. The service also contributed and organised fund raising. This meant that all the activities were provided free of charge.

- On themed days, care staff delivered the service wearing fancy dress and bringing relevant props into people's homes for people to use. People were advised in advance of each event and were assisted to join in if they wanted to. Themes included Christmas jumper day, children in need, Halloween, wearing green for mental health awareness day, wearing rainbow colours to celebrate LGBT awareness day and celebrating the start of summer wearing on the beach outfits. One person told us, "It's something different to look forward to, it puts a smile on my face. You can see pictures of it afterwards and have it put on the company's face book page if you want to." We saw many pictures of people happily joining in, wearing themed clothing and using the props provided. This initiative provided a talking point for people, as well as helping keep people up to date with topical events and orientate them with the time of year, in a fun and inclusive way, making care sessions enjoyable and positively impacting on well-being.
- The registered manager and staff took a personal interest in people and their families and embraced their cultures and beliefs. People received cards celebrating their own religious events, such as Christmas or Diwali and everyone received a birthday card.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint, and either their regular carer would be able to resolve it, if not they were confident the registered manager would effectively deal with it. One person told us, "I've had no complaints, never, no need, I would recommend them absolutely." Another person told us, "I've had no complaints, they ask me when they call."
- The registered manager advised the complaints procedure was explained to people and their relatives at the service induction meeting. There was a complaints policy and procedure in place and a record of complaints, their outcomes and any required actions.
- A key stakeholder told us that there had been no concerns and attributed this to the oversight the management team had of the service and their proactive approach to delivering a quality service.

End of life care and support

- Care planning included people's end of life wishes and choices, where this was appropriate. End of life care was not being delivered at the time of inspection. The registered manager informed us that where this category of care is required, staff work in partnership with the district nursing team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- We heard from people, relatives and staff of a positive and open person-centred culture, where everyone was able to speak freely, raising concerns and issues in the knowledge that these would be addressed. One person told us, "I can get them [Staff] ok, but it has not really been needed yet." Another person told us, "It's always working well, and I can get the office if I need like a change of time, like I do from time to time." One relative told us, "We have good communications, I can get the office, I know a couple of the seniors and I can speak with the gaffer, but all of them are pleasant."
- A morning update meeting called `Flash` was held by the registered manager for the office care team. Staff reflected on the previous twenty hours and checked there was not outstanding actions. Staff scheduling requirements were also discussed. This meant staff were aware of the teams' performance and goals for the day rather than just their own. This created a strong team approach to achieving excellent outcomes for those using the service.
- There was a staff shout out board located in the office. We saw both operational and office staff had used this to put up information about compliments and comments from people, relatives and staff. This motivated the overall team to work together, provide a consistently reliable and effective service, as well as celebrate success.
- The provider and registered manager demonstrated an exceptional willingness and commitment to invest time and effort in working with external agencies, not only to improve outcomes for people using this service, but also those using the services of other agencies including health care.
- There were impressive working relations between the service and the local authority. The service worked in partnership with the local authority Quality Team in Sandwell, who had attended Awarding Care's training courses for their continuous personal development. (CPD). The local authority said, "Awarding care always actively engaged and equally have always reciprocated the support to the quality team, by inviting us to attend their training for providers and sharing new information and initiatives."
- We saw that the service had been proactive in approaching the local authority quality team for bespoke training for staff, as well as guidance and advice. This led to a joint initiative to raise awareness, for carers of people from the LGBT community, of the issues they may face when receiving a care service. The provider opened this event up to all care providers, both health and social care, across Sandwell and several neighbouring authorities, as well as a representative from an awarding organisation for the provision of vocational qualifications.
- The provider told us, "The LGBT event was a massive success and identified the current struggle in health and social care provision, in supporting the wellbeing of this community." The local authority quality team

told us, "Awarding Care's knowledge, support and engagement with this event was invaluable, without it, the day would not have been the great success it was, receiving excellent feedback from learners both from Sandwell and other boroughs."

- The provider has been working in partnership with other key stake holders and to establish the context of a new level 2 qualification in LGBT inclusion in the work place and Health and Social Care, which will be ready to use in February 2020. This qualification will help to improve people's knowledge and outcomes for people from the LGBT community.
- We saw that the registered manager had developed a contingency plan, in conjunction with people, relatives and staff, to ensure people were safe during poor weather conditions such as snow. Staff were relocated into the areas where they lived to enable a walking service. Peoples service and number of calls received were reassessed, based on risk. The plan included a communication process to ensure commissioners, people, relatives, staff and other health care professionals were aware of the contingency plan and services in place. This meant individual resources could be pooled with other health and social care professionals to ensure people's needs were met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour responsibilities, to be open and honest with people when something goes wrong. There had been no incidents requiring a duty of candour response, at the time of this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clearly defined structure to the management team. Everyone was clear about their roles and responsibilities and how they integrated with the rest of the team. Staff throughout the organisation understood their role in monitoring the service and identifying areas for improvement.
- There was a highly effective governance system to monitor compliance with regulatory requirements, monitor performance and risk, as well as identify areas for potential improvement. A full-time auditing officer operated the governance system, she explained, "I go through everything on a rotational basis to ensure nothing is missed. I cross reference the planning documents with the actual service delivery to make sure that people are receiving the service we agreed with them."
- The monitoring system recorded the geographical location in which tags were scanned by care staff. (Tags are small devices that use radio frequencies to transfer data). This meant office care staff had access to real time information so could immediately take appropriate action if a call was likely to be late or too early. This ensured people received their care and support at the time they needed it. Records showed that calls were being monitored and were on time.
- For staff to receive people's medication information on their handsets, they needed to be recorded on the monitoring system as being competent. This added an additional safety check to ensure only those trained and competence checked, would administer medication.
- Actions for improvement were shared with all levels of staff, at management meetings, supervision meetings and staff meetings. This enabled people to receive consistently high-quality personal care. For example, sourcing specialist training to meet specific needs. A key stake holder told us, "It is always a pleasure to work with Awarding Care, it is evident they all have a person-centred ethos to the support that they provide, constantly exploring new approaches to care."
- The registered manager further enhanced quality of care and drove improvements by encouraging staff within lead roles. There were a number of champions working on improvements, for example safeguarding, moving and handling, infection control and LGBT. The registered manager was very supportive of the champions and encouraged them to embrace their roles, for example one LGBT champion was part of an

external working group for the development for the new LGBT qualification.

- The registered manager's achievements in health and social care was recognised at the West Midlands Care Association Awards in 2018, where the registered manager achieved runner up for the excellence award.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were actively consulted about their views on the service. Regular surveys were completed, the most recent survey showed that 82 people had responded. People had taken part by filling in a form, over the phone, or in person. The registered manager explained that where required the forms were translated into other languages or into a pictorial format. One relative told us, "We take part in the survey two or three times a year, what service they provide is properly in place, I couldn't suggest anything better." We saw that where people had offered feedback on areas for improvement, for example the planned visit time, this was immediately acted upon.
- People and their relatives received information about any changes in the service via regular news letters.