Everycare (IOW & Solent) Ltd

Everycare (Isle of Wight)

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

Everycare (Isle of Wight) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people living with dementia, people with a mental health condition, physical and learning disabilities, sensory impairments and younger adults.

At the time of the inspection, the service was providing care and support to 79 people. Each person received a variety of care hours, depending on their level of need. The Care Quality Commission (CQC) only inspect the services being received by people provided with 'personal care'; such as help with tasks related to personal hygiene and eating. Where this is provided, we also take into account any wider social care provided.

Inspection activity started on 26 September 2018 and ended 05 October 2018. This inspection was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure key members of staff would be available.

There was a registered manager in place. 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.

At the previous inspection in March 2016, we rated the service as Good in all key questions areas of Safe, Effective, Caring, Responsive and Well-led. At this inspection, we found the information supported the rating of Good, with the key question of Caring which had improved to a rating of Outstanding.

Staff treated people with utmost kindness, respect, and compassion. Staff had built exceptionally positive relationships with people and knew what mattered most to them.

Staff respected people's dignity and privacy respected at all times and took steps to promote people's independence where possible.

The service went the extra mile to support people to maintain their interests and achieve their goals and wishes.

People felt safe with staff. People were protected from the risks of abuse and staff were trained in recognising and reporting safeguarding concerns. Safeguarding investigations were thorough and identified learning to help prevent a reoccurrence.

Individual and environmental risks to people were managed effectively. Risk assessments identified risks to people and provided clear guidance to staff on how risks should be managed and mitigated.

The service carried out robust recruitment checks before employing a new member of staff to ensure they were suitable to support people in the community.

People's needs were met by staff who were competent, trained and supported appropriate in their role. Staff acted in the best interests of people and followed legislation designed to protect people's rights and freedom.

People were supported to access health professionals and other specialists if they needed them. Procedures were in place to help ensure that people received consistent support when they moved between services.

The service used technology to manage and monitor people's care within the community, and to keep in contact with people's relatives.

People's care was delivery in a personalised manner, in line with their preferences. Care plans contained detailed information to enable staff to provide care and support in a person-centred way.

People knew how to raise concerns, which were listened and positively responded to and were used to make further improvements.

Staff worked in partnership with healthcare professionals to support people at the end of their lives to have a comfortable, dignified and pain-free death.

There were robust quality auditing processes in place. The quality of the service was monitored and appropriate actions were taken when required.

There was a clear vision to deliver person centred care, and enable people to maintain independence in their own homes, which achieved good outcomes for people.

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 a good understanding of safeguarding procedures and people were protected from the risk of abuse.

Risks to people were assessed and risk management plans were in place to keep people safe.

People were supported to take their medicines in a safe and timely manner.

Safe recruitment procedures were followed to ensure sufficient suitable staff were employed by the service.

Accidents and incidents were recorded and dealt with appropriately.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs.

People were supported to access healthcare services when needed.

People's rights were protected in line with the Mental Capacity Act 2005 and staff sought people's consent appropriately.

The service used technology to manage and monitor people's care needs, and to keep in contact with people's relatives.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff treated people in a kind, compassionate and respectful manner.

All staff cared for people in a way that enriched their lives and improved their wellbeing.

People's dignity and privacy was respected at all times.

The service was committed to promoting people's independence.

Is the service responsive?

Good

The service was responsive.

People received care and support in line with their personal preferences.

Care plans contained detailed information to enable staff to provide care and support in a personalised way.

Procedures were in place to ensure people received an effective transition between services.

The provider had arrangements in place to deal with complaints.

Staff were trained appropriately to ensure people received compassionate end of life care.

Is the service well-led?

Good

The service was well-led.

People were happy with the care they received and felt the service was well-led.

People were contacted regularly to ensure that they were happy with the care and support they received, and to discuss any concerns.

The provider was engaged in running the service and there was a positive and open culture.

The service held strong links with the community and held regular charity events which people and their relatives were invited to.

There were auditing processes in place. The quality of the service was monitored and appropriate actions were taken when required.

Everycare (Isle of Wight)

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 was announced; we gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

Inspection activity started on 26 September 2018 and ended 5 October 2018. It included home visits to people using the service; telephone conversations with people using the service and their relatives and telephone conversations with staff. We visited the office location on 26 September 2018 and 2 October 2018 to see the registered manager and to review care records, policies and quality assurance processes.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the information in the PIR, along with other records we held about the service including notifications. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with nine people who used the service and four relatives by telephone. We visited and spoke with four people in their homes. We spoke with the registered manager, client manager and seven care staff. We looked at care records for eight people. We also reviewed records about how the service was managed, including staff training and recruitment records. Following the inspection, we received feedback from three social care professionals about the service.

Good

Is the service safe?

Our findings

People told us they felt safe. People's comments included, "I always feel safe when my care workers come. They talk to me and make me feel at ease" and, "The care workers are always welcoming. I am safe and comfortable in their presence." A relative said, "We are very happy with the care workers. [My relative] has never complained and they always feel safe."

People were protected from the risk of abuse by staff who demonstrated a comprehensive knowledge and understanding of how to identify signs of abuse. Staff were clear about whom they would report their concerns to and had confidence that concerns would be actioned immediately by the registered manager or senior office team. Staff participated in annual safeguarding training and all staff were up-to-date with this element of their training. Staff were aware of agencies they could go to outside the organisation if they felt their concerns were not being handled appropriately by the registered manager. The provider had a whistleblowing policy and staff were aware of it and how to access the policy if they needed to.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. Where people had specific medical conditions, a risk assessment was in place which contained a full explanation of the risks associated with the medical condition. This included common signs and symptoms for staff to recognise and clear information on how to manage the risk. For example, one person's care plan contained a risk assessment which identified that they were taking blood thinning medicine. This recognised the additional risks to the person if they fell, due to the effects of the medicine and provided staff with clear guidance on what actions to take if the person had an injury. Other potential risks to people had also been considered and recorded within their care plans, including nutrition and hydration, and skin integrity.

Environmental risk assessments had been completed appropriately to ensure each risk identified within people's homes was managed effectively. For example, where people lived alone and were dependent on others to support them with their safety and security, a risk assessment was in place to guide staff on action to take to minimise risk. This included for example; checking doors and windows, and scrambling the numbers on a key safe.

There were appropriate systems in place to protect people by the prevention and control of infection. Staff had attended infection control training and confirmed they had access to personal protective equipment (PPE), including disposable gloves, aprons and shoe covers. An up to date infection control policy was in place, which provided staff with information relating to infection control. This included; PPE, handwashing, disposal of clinical waste and information on infectious diseases.

Where people were supported to take their medicines, this was managed safely by suitably trained staff. One person said, "They do give me my tablets, this is done correctly." Another person said, "I take the medication myself, but the care workers check that I do this."
People's care plans contained clear information regarding who was responsible for ordering, managing and administering people's medicines. We saw that records of medicine administrations were completed fully

and confirmed that people received their medicines as prescribed. A daily medication audit was in place to ensure that people received their medicines in a timely and safe manner.

There were robust staff recruitment procedures in place. Appropriate arrangements were in place to ensure that staff were suitable to be employed at the service. Staff recruitment records for six members of staff showed that the provider had operated thorough recruitment checks in line with their policies and procedures to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the completion of Disclosure and Barring Service (DBS) checks, which would identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. There was a formal approach to interviews with records kept demonstrating why applicants had been employed and staff files included application forms, references and health declarations.

Office staff produced a weekly rota for each person's care calls, which they received a copy of in advance. This allowed people to know which staff member was due to complete a particular care call. A relative told us, "They try their best to keep us the same care workers. On the odd occasions they need to change, but we are ok with this." Staff were assigned a specific geographical area to work within and this meant that people received care from a regular group of care staff. Absence and sickness were covered by existing care staff in the same area, or by a member of the office team who had been trained appropriately to deliver care and support.

A report form was used by the registered manager and senior office team to record concerns, accidents and incidents. The report form detailed the concerned raised and described actions taken where relevant. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service.

An appropriate business continuity plan was in place, which detailed key actions to take in response to adverse events, such as staff shortage or severe weather conditions. An on-call system was operated outside of normal working hours, which people and care staff could use in an emergency.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person said, "I know the care workers are always doing training at the office. This is reflected when they do tasks for me, tasks are certainly done correctly." Another person said, "I have no issues about the training and skills [of staff], the care workers are good. The new care workers come and shadow the experienced ones."

The registered manager had introduced a new induction plan for new care staff joining the service, which consisted of a structured two-week schedule. During their induction, staff completed regular 'shadow' shifts alongside experienced care staff on a morning shift and followed this up with classroom training each afternoon in the office, to discuss specific areas of care they had observed. Staff who were new to the service were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular refresher training in all key subjects, such as fire safety and moving and handling. Staff were complimentary about the training they received and told us they found training sessions beneficial to their role. One staff member told us about how they had requested to complete training in a specific area of falls management, which the registered manager had put them forward for straight away. A care staff newsletter contained information about training opportunities and we saw that staff were regularly encouraged to take part in training courses outside of those deemed mandatory by the provider.

Staff were supported through 'spot checks', which involved senior staff observing care staff whilst they were supporting people in their homes. Observations were recorded and fed back to staff to allow them to learn and improve their practice. Observations were also fed into staff supervisions. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support. Staff who had been employed by the service for longer than 12 months also received a 'staff development plan', which provided an annual appraisal of their employment with Everycare. This gave staff and senior management an opportunity to discuss their performance and development needs. We saw records of supervisions and appraisals in staff files, which evidenced where staff needed to develop their skills and included an action plan if additional training was required.

People were supported to maintain good health and had access to appropriate healthcare services when required. Where concerns were noted in people's health, we saw that professionals, including doctors and district nurses, were consulted appropriately and in a timely manner. For example, we saw a report form stating that a carer had notified the office when a person had refused to take their medicine. The office staff responded by contacting the person's family and their doctor, with their consent, to obtain advice. On another occasion, a person had mentioned to care staff they felt unwell with specific symptoms, which staff recognised as a potential illness and took action appropriately.

People's care plans contained detailed information about their medical history and how this affected their

daily lives, including where they had experienced an injury in the past. Information was also available in care plans about specific illnesses and conditions, which explained it's cause, symptoms and treatment. This information helped staff to understand how people's medical conditions impacted their abilities and highlighted the best way to support them.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met appropriately. One person said, "The food is pre-packed and the care workers serve it for me" and another person said, "My food comes from [a food company], the care workers then warm this up for me." People's care plans contained specific information about people's nutrition and hydration needs, including their likes, dislikes and preferences of how their liked their food cooked and served.

The Mental Capacity Act 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. We checked whether the service was working within the principles of the Act. Staff demonstrated a good understanding of the principles surrounding the Mental Capacity Act 2005 and how to apply this in everyday practice. Staff gave good examples of seeking consent prior to providing or supporting people with their personal care. Most people using the service had the capacity to make decisions about their care and support, however where they did not, records showed that decisions made on their behalf in their best interest and with the support of people who had the legal authority to make those decisions.

The service used technology to record people's care records and observations electronically via a computerised system. This included information about people's medicines, personal care and what they had eaten and drank whilst care staff were present.. The system was monitored by the senior office team and care staff used a secure application on a mobile phone to record people's care notes whilst they were in the community. If a specific care task was missed, there was a strict procedure in place for electronic alerts to be sent to the office team, who could follow this up as appropriate. People's relatives had limited access to the system to be able to view their family member's care records if they wished. The registered manager told us about how technology was also used to stay in touch with people's relatives and provide a communication link. For example, some people had relatives who lived abroad and the service kept in contact with them where appropriate via email and video calls, to update them about their loved one and the care they received.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives told us they received a high standard of care and support from care staff who were consistently caring, compassionate and kind. People's comments included; "They are caring and very gentle. I cannot see properly so they take time to do things", "I find them lovely, they are so nice to talk to and always ask if there is anything they can do for me" and "They are polite and respectful. They do the tasks with a smile." A relative told us, "I am more than happy. [The staff] are absolutely excellent."

Without exception, all interactions we observed between people and staff were positive and supportive. Staff clearly knew people well and were aware of what was important to them. Staff spoke with people in a calm and patient manner to provide emotional support where needed. For example, we heard a person speaking with a staff member about their relative who was in hospital. The person appeared anxious and worried about this, which the staff member recognised and discussed with the person in a reassuring manner. Furthermore, the staff member offered to complete a domestic task which the person's relative usually completed and we saw this was appreciated by the person. They told us, "[The care staff] are brilliant. Anything that I need doing, they do it." Before staff left a person's home, they took the time to make sure they were OK and asked them if there was anything else they needed, such as drinks or snacks. A person told us, "They are so thoughtful, they always make sure I have the bits I need."

Staff were passionate about improving people's wellbeing and went the extra mile to enhance their lives. The registered manager told us about a scheme they had introduced to choose a selection of people using the service and explore their aspirations and wishes. For example, one person, who was cared for in bed, had expressed a wish to go to a local animal sanctuary, but could not do so due to their mobility. Staff recognised how important this was for the person and contacted the sanctuary to arrange for the animals to visit the person within their own home. The registered manager told us how happy this had made the person and how important it was for them to support their love of animals. Another person, who enjoyed arts and crafts, had stopped going to their local art group in the community due to a change in their needs. Staff recognised the person's enjoyment this activity had brought them and responded by incorporating art and crafts into the person's care routine within their own home. Over time, staff discovered more of the person's interests, including cooking. We were told the person now enjoys cooking regularly with fresh ingredients, which staff arranged for the person with the help of their family. The registered manager explained how this has hugely boosted the person's confidence and self-worth. Office staff had worked alongside care staff in the community to record the achievements of people's wishes on an individual 'wish board', which we saw on display at Everycare's offices. The boards had positive quotes from people in response to their 'wishes' that had been achieved, as well as photos. For example, we saw a picture of a person who staff had supported to 'brighten up' their flat with coloured furnishings. The photo showed the person smiling and laughing whilst sat on a colourful, patterned duvet on their bed.

People told us staff always stayed for the amount of time allocated, so as to ensure care tasks had been completed and to meet the person's needs. People also commented that staff were mostly on time, however if a member of staff was running late, the office contacted the person to let them know or make other arrangements. One person commented, "They [staff] have never missed a call. They are mostly on

time unless there is an emergency, but they do call us if this happens." Another person said, "The care workers are very punctual, they stay for the full length of time. I have no issues of concern at all."Where people had expressed a preference over the gender of staff that completed their personal care, this was respected and the registered manager took action to ensure that staff rotas were updated with people's choice.

The service ensured that people were exposed to relevant rewards and incentives that may be beneficial to their day to day lives, by offering them an "incentive pack". This consisted of various sources of information which staff discussed with people when they started using the service, such as specialist equipment, utility discounts and official schemes to ensure people were safe within their own home. The service had also considered people's safety whilst living in their own homes by publishing relevant articles and information in a regular service user newsletter. For example, this included key information about the risks of door-to-door or over the telephone scams, and who to contact if people needed advice.

Where people were identified as particularly vulnerable or at risk due to illness or a change in their circumstances, the service conducted 'welfare checks' to ensure that people were safe and their needs were met effectively during this time. The welfare checks were carried out by the registered manager or a member of the senior care team, in addition to the person's normal care calls. For example, the registered manager told us about one person who was reaching the end of their life and did not want to use the heating utilities in their home. With the person's permission, the service responded to this by bringing temporary heaters into their home and carrying out regular welfare checks.

People told us staff treated them with a high degree of dignity and respect. One person said, "They are very good. They listen, talk and chat with me. They do give me respect and dignity." A relative commented, "[My relative] really looks forward to seeing the care workers, he is cared for in bed, but they always give him the utmost dignity." When staff spoke about people with us, they spoke in a respectful manner and displayed genuine affection. Language used in people's care plans was respectful and it was clear that this respectful culture was embedded throughout the service. When we visited people in their homes, we saw that staff knocked on doors and waited for a response if someone was in a different room, before they entered. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. This included ensuring doors and curtained were closed and making sure people were covered. One staff member said, "I always close the doors and curtains, make sure there is no one else in the room and ask the person if they are comfortable before I start any care."

People were encouraged to remain as independent as possible in line with their abilities. One person told us, "They really do give me independence and they complete tasks gently with care." Staff were knowledgeable of people's abilities and were committed to ensuring their independence was promoted. One staff member said, "I always ask them if they want me to help them wash, or if they want to wash themselves. I don't just take over." Information in people's care plans clearly highlighted where people were able to do things for themselves, or where they may need assistance from staff. For example, one person's care plan stated, "Carers are to assist only by taking the medication from the safe in which it is kept and giving the blister pack to [the person] to pop the pills out themselves. They will then take the medication independently." Another said, "I need help to wash my back and lower parts of my body. I am able to participate in the upper parts and my face." These records helped to ensure that people received the care they required in line with their needs, wishes and preferences.

People's cultural and diversity needs were explored during pre-admission assessments. These were further developed in people's care plans over time, with the person and their relative's involvement where appropriate. People's care plans contained a section on 'religious and cultural preferences', which

described what they required to follow their faith or culture. We saw that people had been supported by the service to maintain their faith. For example, the registered manager told us about one person who was no longer able to attend their local church due to mobility issues, but had expressed their wish to maintain this area of their life. The registered manager responded by contacting the local church and the person's family member to arrange for a regular service to be held in the person's home. Another person was supported by the service to express their sexuality and the registered manager had worked closely with other community organisations to ensure the person was protected from discrimination within their local area.

People's communication needs and abilities were considered by the service to ensure they were able to understand and be actively involved in their care. For example, the registered manager told us about correspondence and information that was produced into large print for a person who required information in a larger print. Care plans contained a communication methods section, which clearly detailed how people wished to be supported in the area, including their use of body language to express themselves.

The registered manager was aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. They are independent people who spend time getting to know the people they are supporting to help make decisions that they believe the person would want. Care records confirmed that advocates had previously been used to support people and the registered manager knew where and when to contact them.

People's care plans and other personal information were kept confidential to ensure only people who were authorised could view them. People's information was stored securely at the office in a paper format and in an electronic format. Office staff made sure that when they moved away from their desks, documents with confidential information on them were turned face down and computer screens were locked.

Good

Is the service responsive?

Our findings

People received care that was personalised and staff demonstrated a good awareness and understanding of people's individual needs. One person said, "I do get cared for well, I haven't got any complaints." Another person said, "They [staff] do know what they are doing, they do things right for me."

People's care and support needs were considered carefully at their initial assessment when they started using the service, to ensure that people's needs could be met appropriately. A social care professional commented, "Everycare have in the past taken on some complex support packages that other providers have either discharged or refused to help with. Even if they cannot sustain the support indefinitely, they have been willing to help in the interim." As part of the assessment process, relatives were involved where appropriate to ensure staff had an insight into people's personal history, their individual preferences and interests. Information of this type helps to ensure people receive consistent support and maintain their skills and independence levels.

Care plans were well-organised, reflective of people's needs and provided comprehensive information to enable staff to deliver care and support in a personalised way. The care plans were developed to take account of the outcomes to be achieved in each aspect of people's care. A social care professional commented, "Everyone's support plan is tailored to try and meet outcomes. There appears to be lots of person centred information, including what is important to the person." Care plans were centred on the needs of each person and included information about their medical history, their preferred daily routine and how they wished to receive care and support. For example, one section describing a person's dressing needs stated, "I require the carers to assist me with dressing and undressing. The support I require is dependent on my choice of clothes on the day and I am able to request the necessary assistance." Care plans and related risk assessments were reviewed regularly to ensure they reflected people's changing needs. As well as reviewing each area of the care plan, the review also took into account key aspects of people's care delivery in the community, such as care staff arriving on time, staying for the full length of the call and wearing appropriate PPE.

Procedures were in place to ensure that people received an effective transition between services if required. People's care plans contained an emergency information pack, which detailed key information for paramedics and hospital staff if they needed to be admitted at short notice. This included important medical information, such as allergies and medical conditions, as well as guidance notes as to how the person was supported on a day to day basis in all aspects of their care. Furthermore, when people were discharged back into the community, a robust process was in place to review all areas of a person's care plan, to ensure that appropriate care was provided if their needs had changed.

People told us they were involved in the development of their care plans and they were aware of what was in them. A copy of people's care plans and associated care documents were kept in a dedicated file within people's homes, so that they or their relatives could view them at any time. A home file check list was completed in line with people's care plan review, which ensured that all documents were up to date and matched information as kept at the office.

Arrangements were in place to deal with complaints and investigate them thoroughly. A complaints policy and template were available in people's home file to use if required. People and their relatives told us they felt able to raise concerns; one person said, "I am aware of the complaints policy, but I have had no reason to raise a complaint." We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the provider's policy. The registered manager described how they used complaints to help identify learning and to improve the service.

Where people had expressed a preference, their end of life wishes were recorded, such as funeral arrangements and whether they wished to be resuscitated. The registered manager explained that if someone received end of life care, staff worked with people's families to ensure flexibility in their care calls, such as adapting times they visited to give pain relief. The registered manager also told us about instances in the past where staff had provided care and support for people who were in hospital and the local hospice, in order to provide consistency. The service had strong links with a local hospice, who had provided training and guidance for staff including a specialised training course for palliative care where people were living with dementia.

Staff supported people's wishes at the end of their life and took steps to ensure they received the most compassionate and comfortable care possible. For example, the registered manager spoke with us about one person who was reaching the end of their life and their pet had passed away. Staff noticed the impact this had for the person on their health and mood and with their permission, decided to raise funds to purchase two pet budgies for the person. The registered manager commented how much of a difference this had made to the person's happiness in the final weeks before they passed away.

Good

Is the service well-led?

Our findings

People and their relatives gave positive feedback about the service and told us they were happy with the care and support they received. One person said, "I do feel the service is well run. We are content and satisfied with the company." Another person commented, "The service is good. I can recommend it."

Staff had an active involvement in the develop of the service and told us they enjoyed their jobs. However, some staff expressed they found it difficult to communicate with the office staff at times. One staff member commented, "Sometimes I think there is a lack of communication in the office, it depends. Sometimes things get done, other times you won't hear anything back." Another staff member commented, "I don't think staff are kept in the loop enough." However, other care staff spoke positively of the leadership of the service; they said, "Everyone is lovely, the office is always helpful. I've got no problems" and, "It's a good place to work, they are really supportive." As care staff did not routinely visit the office, we saw that the registered manager had taken steps to improve communication with staff. For example, using an electronic system to send global messages to all staff, which they received via email or text message. This ensured that staff were kept up to date with changes in people's care routines. A newsletter was also produced by the office team, which provided information about changes in staff, upcoming events and training opportunities.

The office team kept in contact with people regularly by telephone, to ensure that people were happy with the care they received and to answer any queries. People told us that although they did not have a large amount of contact with the registered manager, they appreciated having a telephone call from a member of the office team, which allowed them to raise any concerns if needed. One person said, "If I requested [the registered manager] to come and see me, they would." Another person told us, "Sometimes management will do the calls when they are short staffed and they call usually every month to check how I feel." A monthly newsletter was used to inform people of key information and updates about the service. For example, information about social clubs, changes in care staff and upcoming events. In addition, where staff changes occurred only within specific care rounds, the service sent a letter to people whom this effected, to ensure that they were aware of the change and could plan for any re-arrangements.

The registered manager was supported by a senior office team, which consisted of a client manager, staff and training manager, care co-ordinator and two senior team leaders, who regularly visited people in the community to support care staff. The office team were well organised and worked closely with the registered manager and care staff in the community. The registered manager told us a daily handover was held with staff in the office to establish the plans and priorities for the day and to review any ongoing concerns. The registered manager also worked closely with the provider, who took an active involvement in the general running and decisions of the service. The registered manager said of the provider, "We have very different professional skills. We may not always agree, but we always come to an agreement for the benefit of our clients. He gives me the empowerment to move forward."

People were given the opportunity to be involved and have their say in various events within the service. For example, people had been sent forms to nominate care staff as part of a care staff awards event and were

invited to attend the presentation of the awards, along with their friends and relatives. The senior management team had worked tirelessly to organise and co-ordinate charity events in the community. We saw photos of an event held earlier in the year to raise money for a local homeless charity, which staff told us was a huge success. People and their relatives were invited to the event, along with staff members and health and social are professionals. The registered manager told us, "I wanted to highlight to staff how quickly people can become homeless, including the people we support. We are not just a care agency, we want to support other people too." We saw and article and photos in a recent newsletter, thanking people for their contributions and attendance to the events. Furthermore, we saw posters on display for the next event being organised for Christmas. The registered manager told us this would be raising money for the local hospice, as chosen by people using the service.

The registered manager described the values of the service as those of supporting staff, allowing people to have independence and safety within their own home and ensuring people's choices are respected and listened to. They commented, "I want to be there to support, action, deliver and solve what is going on. I like to think outside of the box." There was an open and transparent culture within the service. The provider's performance rating from their last inspection was displayed in the lobby area of the office. People and their relatives were welcomed any time into the office if they wished to discuss any issues with the senior team. There were good working relationships with external professionals and the provider notified CQC of all significant events. A duty of candour policy had been developed, and was being followed, to help ensure staff acted in an open and honest way when accidents occurred.

Staff were supported by the registered manager and office team to be flexible with their working pattern in order to suit their personal commitments, which were respected. For example, one staff member was taking time off work to visit their family abroad on a sabbatical break. The registered manager and office team focused on achieving a high sense of working morale amongst care staff by holding regular team building and social events, and making sure staff were aware of compliments they received from the people they supported. One staff member said, "I received a card in the post saying that a client had given really good feedback about me, I was shocked. It was nice it was to be noticed and to be told."

An appropriate quality assurance system was in place. This included auditing aspects of the service, such as timeliness of care calls, medicines and care planning. The audits demonstrated that where concerns had been noted, actions were taken in a timely manner. Policies and procedures viewed were appropriate for the type of service and were accessible to people and staff members if required.

The registered manager told us that surveys had previously been used to gain people's feedback about the service, however many people did not complete them and advised they would prefer to speak with someone. The registered manager responded to this by introducing telephone calls, which they or a member of the office team aimed to complete once a fortnight, in order to discuss people's care package. We saw records of telephone calls to people, which evidenced where concerns were raised, actions were followed up in a timely and effective manner.

The service worked in partnership with the local authority, healthcare professionals and social services to help ensure that people received effective and safe care. Healthcare professionals described the positive relationships they had built with the registered manager and staff members for the benefit of the people using the service. One social care professional stated, "Their staff seem professional, [the office team] respond promptly to my queries and are patient as I try to solve theirs." Another commented, "[The registered manager] will move things around to be flexible and work with us. She does try hard and I have no doubt she does so for the right reason." The registered manager was committed to ensuring consistency in people's care delivery by sharing information effectively as appropriate. For example, health and social care

professionals were invited to individual case meetings to discuss people's care needs and promote cross partnership working, particularly where people transitioned between service.

The service had also built relationships with a number of health and social care professionals for the benefit of staff training purposes. For example, during the days of the inspection, staff received training in the Mental Capacity Act 2005 from a social care professional who specialised in this area. Other training links and opportunities included fluid thickening, continence care and tissue viability. The service had introduced a 'champions' scheme, which allowed staff to take a lead on a certain subject, such as falls prevention, dementia and palliative care. The registered manager commented, "I want to be able to give [staff] the skills and knowledge to develop an area to lead on for others."