Acqua Doria Limited

Acqua Doria

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?	Good

Summary of findings

Overall summary

The inspection site visit took place on 21 May 2018 and was announced to ensure staff we needed to speak with were available. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom may be living with dementia, people with a physical disability and younger adults.

Not everyone using Acqua Doria receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. On the day of the inspection, 23 people received the regulated activity.

The service had a registered manager. A registered manager is a person who has registered with CQC 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.

Processes, policies and staff training were in place to keep people safe from the risk of abuse. Staff had identified and assessed a variety of potential risks to people including from their environment. Where risks were identified, action had been taken to manage them for people's safety. Staff supported people to eat and drink sufficient for their needs.

Processes were in place to investigate and learn from incidents. People were kept safe from the risks of infection. People received their medicines safely from trained and competent staff. Processes were in place to monitor if people had received their medicines as prescribed. The provider operated robust recruitment processes to ensure suitable staff were recruited. There were sufficient staff to meet people's needs and staff underwent relevant pre-employment checks to assess their suitability for their role.

People's needs had been assessed with them and their care was provided in accordance with legislation and good practice guidance. Staff received a thorough induction to their role, to enable them to provide effective care. Staff received on-going professional support in their role, through training, supervisions and professional development. Where required staff accessed additional training to ensure they could meet people's specific care needs. Staff had undertaken palliative care training, to ensure they had the knowledge and skills to support people who required end of life care.

Staff worked both together within the service and across organisations to deliver people's care and treatment. People were well supported by staff with their healthcare needs.

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

People told us they were content and happy with the care and service they received. Staff were instructed to involve people in decisions about the delivery of their day-to-day care. People were provided with information about the service to inform their decision-making. Staff respected people and their homes and strove to uphold their independence wherever possible.

Staff understood people's individuals care needs, their preferences and what was important to them. Staff supported people to pursue their interests where commissioned to provide this type of care. The provider was in the process of introducing electronic care plans, which will increase the responsiveness of the service following changes in people's care needs. Staff worked in partnership with key organisations to ensure the effective provision of people's care.

Staff were passionate about their work and feedback from people about the quality of care provided was very positive. The service had a clear management structure and staff understood what was expected of them. People and staff were engaged and involved with the service. Staff had arranged a Royal Wedding tea party, which people enjoyed. Processes were in place to enable the provider to monitor the quality of the service provided and to identify potential areas for improvement. People were not all aware of the complaints policy, which they had been provided with, but they all felt able to raise any complaints with the office. Any complaints received had been investigated in accordance with the provider's policy.

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.

The provider had systems, processes, polices and staff training in place to protect people from the risk of abuse.

Risks to people had been identified and managed to promote their safety.

There were sufficient staff to complete people's calls. The provider completed pre-employment checks to ensure the suitability of new staff.

Processes and polices were in place to ensure people received their medicines safely from trained staff.

People were protected from the risk of acquiring an infection.

Staff reported any incidents and these were investigated to ensure any required learning took place for people's safety.

Is the service effective?

Good

The service was effective.

Staff assessed people's care needs with them and their care was delivered in accordance with legislation and best practice guidance.

The provider ensured staff had the required skills, training, supervision and monitoring to provide people with effective care.

Staff ensured people were supported to eat and drink enough to maintain a balanced diet.

Staff worked together within the service and across organisations to ensure people received effective care.

People were supported by staff to ensure their healthcare needs were met.

People's consent to their care and treatment had been sought and legal requirements met.

Is the service caring?

Good

The service was caring.

People enjoyed kind, positive relationships with the care staff who provided their care.

Staff supported people to be actively involved in making decisions about their care.

People's privacy and independence were respected and promoted by staff.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People were supported to follow their interests.

The provider was updating their technology in order to ensure the implementation of changes to people's care and the monitoring of their care delivery was timely.

Processes were in place to enable people to make a complaint if they needed to and complaints were investigated.

Staff had undertaken relevant training to enable them to work alongside healthcare professionals to support people at the end of their lives.

Is the service well-led?

Good

The service was well-led.

The provider had a clear vision for the delivery of people's care and promoted a positive, supportive culture.

There was a sound governance framework and staff understood their responsibilities.

People and staff were engaged and involved with the service.

Processes were in place to enable the provider to monitor the

quality of the service provided for people and to identify potential areas for improvement.

The service worked in partnership with other agencies in the provision of people's care.

Acqua Doria

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 site visit took place on 21 May 2018 and was announced. We gave the service 48 hours' notice of the inspection activity to ensure staff we needed to speak with were available and to enable the service to inform people the inspection was taking place and that they may be contacted. Inspection activity started on 18 May 2018 and ended on 21 May 2018. We made telephone calls to people on 18 May 2018 and visited the office location on 21 May 2018 to speak with the registered manager and staff; and to review care records and policies and procedures.

The inspection team included one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of caring for older people.

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

Prior to the inspection, we requested feedback on the service from a commissioner of the service. During the inspection, we spoke with nine people, four care staff, a co-ordinator, the deputy manager and the registered manager.

We reviewed records, which included four people's care plans and four staff recruitment and supervision records, and records relating to the management of the service.

This was the first inspection of this service since it has registered at this location.

Good

Is the service safe?

Our findings

People told us they felt confident and safe in their home with care staff. Their personal property and privacy was always respected by staff. Their comments included, "Never an issue they are completely trust worthy when looking after me." "They are very reliable; they are here around the same time each day." "It is usually the same group of girls who are all very nice" and "[Care staff] passes me my box [of pills] and with a glass of water, makes sure I am OK."

Staff had undertaken training on how to safeguard vulnerable adults and were required to update this annually. Staff were able to describe the purpose of safeguarding and understood their role in keeping people safe from the risk of abuse. They knew where to access the safeguarding policy and relevant numbers as required. Staff had access to body maps so they could document any mark or injury to a person's skin, in order to provide a contemporaneous record. Where staff had to enter people's homes using a key safe, people's written consent had been sought and the entry information was stored securely. Staff completed financial transition forms where they supported people with their finances to ensure there was a record. People were able to identify staff by their uniforms and identity badges, for their safety. A person told us, "I know who they are because of the uniforms they wear." Processes, policies and staff training were in place to keep people safe from the risk of abuse.

Staff were aware of the provider's whistleblowing policy and knew how to report any concerns outside of the service. Whistleblowing is when a staff member reports certain types of wrongdoing in the work place in the public interest, when doing so they are legally protected. Staff understood how to raise any concerns about practices at the service.

Staff had identified and assessed a variety of potential risks to people including risks from their environment. Risks to people from: choking, self-neglect, transfers, hoisting, falls, skin integrity and dehydration had been identified and relevant measures were in place to protect them. For example, if people were at risk from their skin breaking down, staff were instructed to monitor this and report any concerns to the office. Where required staff applied topical creams to people's skin to protect them. Staff had identified those at greater risk from fire, and referred them to the local fire brigade for advice and guidance to reduce the risks to them from fire. Where people wore a 'lifeline' to summon assistance if required, staff were instructed to ensure people were wearing them before they left them so they could summon assistance.

Staff received both theory and practical moving and handling training prior to providing people's care, which they updated annually. People's care plans provided staff with guidance about how to manage people's moving and handling needs safely. For example, in relation to the number of staff required and the equipment to use. Staffing rosters showed that where people required two staff to transfer them safely, this level of care had been provided. Processes were in place to ensure people could be transferred safely.

People had been asked about their preferred times for calls before their package commenced and these times were provided where practicable. People signed their consent to the agreed days, times and the

number of staff required to provide their care, which demonstrated this had been discussed and agreed with them.

The service covered two geographical areas and staff were allocated as far as practicable to one of them, to ensure people received continuity of care from staff. Some staff had been required to work across the two areas to cover recent staffing vacancies whilst recruitment took place. The registered manager had not committed to taking on new packages of care in the interim to ensure there was sufficient capacity to meet existing people's care requirements. People told us staff were punctual overall and that they were informed beforehand if there was a time or staff change.

Staff told us and records confirmed that relevant pre-employment checks had been completed prior to them commencing work. A Disclosure and Barring Service (DBS) check had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Two references had been provided, applicant's identity had been checked, a full employment history obtained and a health declaration to demonstrate the applicant's fitness to work. The provider operated robust recruitment processes to ensure suitable staff were recruited.

The registered manager told us staff underwent face-to-face medicines training, including an assessment of their competence, which records confirmed. Regular checks were then made upon staff's medicines administration skills during 'spot checks' of their practice. Staff had access to relevant policies to provide them with guidance on the safe management of medicines.

People's records documented whether they required support from staff to take their medicines or if they could self-medicate. There was a record of people's prescribed medicines and the arrangements in place for their supply from the pharmacy.

Where staff administered people's medicines they followed and completed a pre-printed medicine administration record (MAR), these were then returned to the office every four weeks for checking for completeness. The provider's recent introduction of a new electronic care planning system meant staff now also had to tick on their phones if they had completed the task of administering people's medicine, which the provider could instantly monitor and identify if this had not taken place. When the system has become fully embedded, the MAR sheets will also be completed electronically, enabling instant verification of whether people have received each of their medicines. Processes were in place to monitor if people had received their medicines as prescribed.

Processes were in place to protect people from the risk of acquiring an infection. People's care plans provided guidance about how infection control risks to the person should be managed. Staff had undertaken training in infection control and food hygiene as they prepared some people's meals for them. Staff told us there were plentiful supplies of personal protective equipment (PPE) at the office and we observed staff collect fresh stocks. Staff's adherence to the infection control guidance was monitored both through 'spot checks' of their practice and people were asked if staff wore the PPE provided at their reviews. People were kept safe from the risks of infection.

Although there had not been any serious incidents resulting in harm to people. Staff understood what they should report and any incidents that had occurred had been reported to the office, as per their care plan guidance, investigated and relevant action taken. With the introduction of the provider's new electronic records system; staff were now able to upload any incidents directly from the person's house, to enable office staff to review the incident immediately. Staff told us that when incidents occurred they were informed, so they were aware of any changes to people's care, in order to reduce the risk of repetition.

Good

Is the service effective?

Our findings

People told us staff were well trained and good at the care they provided. Their comments included, "I do think they are well trained as they seem to cope with any situation." "They are well trained and soon understand my daily needs and talk me through what they are able to do for me." "[Care staff] does like to fuss over me and make things I like to eat." "I am offered options to eat and drink and nothing is a problem, I like that." "They always ask me first before doing anything I think they are very considerate when looking after me for which I am grateful" and "I am asked on each visit lots of questions regarding my daily health and my requirements for the day or week."

People received an initial assessment of their care needs, which was completed by staff, across two visits with them and their representatives, where they wished them to be present. This ensured people were not rushed with their assessment. Staff had been required to undertake training to enable them to understand and promote people's equality and diversity when completing their assessments.

The registered manager ensured they kept themselves up to date with current legislation, guidance and good practice. They had access to guidance provided by the National Institute for Care Excellence and received regular updates from relevant professional bodies. They recognised that an increasing number of the people staff cared for were immobile and therefore at greater risk from the development of pressure ulcers. To address this identified potential risk for people, tissue viability training had been arranged for staff to increase their understanding in this area.

Staff completed an induction to their role and 'shadowed' more senior staff to aid their learning. Those who were new to care also underwent the Skills for Care, 'Care Certificate'. This is a set of standards that social care staff work towards in their daily working life. It is the minimum standards that should be covered as part of the induction training of new staff. Once staff had completed their induction, they worked alongside a colleague providing care to those who required a 'double up' care call, until the registered manager was satisfied they were ready to provide people's care on their own. Staff received a thorough induction, to enable them to provide effective care.

Staff were required by the provider to undertake and regularly refresh a range of training, to ensure their skills and knowledge remained current. A staff member told us, "The training is fantastic. It is all face to face."

Staff told us they had been well supported by the provider with their professional development. A staff member said, "They are supportive. They help you progress if you want to." Records demonstrated that seven of the 13 staff, including the two senior care staff held a professional qualification in health and social care.

Staff told us and records confirmed they received regular supervisions and 'spot checks' of their work with people. This involved a practical observation of staff providing people's care, with the person's agreement. Staff were assessed on a range of aspects of the provision of the person's care and the person was asked for

their feedback on the quality of the care provided. Processes were in place to monitor staff's practice and people's input into this process was sought.

Staff supported people to eat and drink sufficient for their needs. People's nutrition and fluid needs had been assessed and their dietary preferences noted, in addition to any foods they needed to avoid and why. Their care plans documented what food and drink staff were to provide people at each visit and if required what should be left for them between visits to ensure they had access to food and drink. People were asked about the quality of the meals staff provided at their reviews.

Staff worked both together within the service and across organisations to deliver people's care and treatment. Staff shared information with relevant agencies where required and authorised to do so, to ensure people received the care they required. Staff told us that if people needed additional time for their care call they reported this to the office to see if this could be arranged with the commissioning authority or the person. Staff also worked across organisations, they completed people's pre-admission assessments in hospital if required prior to their discharge to the community. They liaised with other agencies to ensure people's care was in place prior to their discharge. Staff also told us, "We try to sort transport for people for appointments if required."

Staff supported people to access healthcare services. Staff told us they liaised with a range of health and social care professionals upon people's behalf, which records confirmed. They also supported people with their healthcare appointments. A person told us, "Yes I cannot go on my own so [care staff] come with me" and another person said, "I am unable to leave the house so the doctor visits me but it is nice to have someone here as well." People were well supported by staff with their healthcare needs.

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. We checked whether the service was working within the principles of the MCA.

People had been consulted about the content of their care plans and had signed their agreement to their content where able. People told us staff also sought their verbal consent when providing their day-to-day care. A person said, "[Care staff] always explains what she is doing or about to do and asks my opinion before doing anything."

The service sought information at people's initial assessment regards whether they had a Lasting Power of Attorney (LPoA) in place and whether this was for health and welfare or finances or both and requested to see the documents to assure themselves of its content. A LPoA is a legal document that enables a person to appoint one or more people to help them to make decisions in the event they can no longer make decisions for themselves. Where people lacked the capacity to consent to the provision of their care, a MCA assessment had been completed and documented and a best interest decision made for the person in consultation with relevant others. Staff told us they had completed training in the MCA 2005, which records confirmed and understood its application in relation to their work with people.

Good

Is the service caring?

Our findings

People told us they were content and happy with the care and service they received from the care staff, we only received positive feedback. All staff were reported to be very interactive, friendly and polite. People's comments included, "Always so patient and helpful, they are very kind." "[Care staff] comes in and straight away asks, How are you? What can I get for you? Do you need me to do anything?" "[Care staff] is not a stranger in my home but feels part of the family." "Sometimes, I do not feel like getting out of bed but [care staff] encourages me to be positive" and "They do respect me and my privacy I feel happy and confident in all they do."

The registered manager told us that when they recruited staff they always asked themselves, "If I was having care would I want them [the applicant] providing my care?" They took care to recruit staff who they perceived would provide people with 'good' care. A person confirmed, "I was not very happy at first, I was worried with strangers in my home but felt immediately at ease with their confident, caring and friendly nature." Staff confirmed they formed positive relationships with people and interacted with them as they provided their care. One staff member told us, "With all of them we have a chat."

People told us their care was provided in an unhurried manner. A person commented, "They take their time to talk to me usually about the weather or what they have planned at the weekend." Another said, "It is very good that [care staff] always has time to natter and discuss things." A third person told us, "I really look forward to [care staff] coming as I have no one else to talk to until my [relative] visits." People's care was delivered at their pace and was not rushed, staff had time for people.

People's feedback on the care staff and their approach was continually sought by the provider through their care reviews, staff 'spot checks' and during the annual survey. Feedback from the survey demonstrated that people were happy with the staff who visited them and enjoyed their visits. They felt that care staff were caring and respected them. People's written comments included, "I wouldn't know what to do without them" and "They have been excellent." People enjoyed kind, positive relationships with the care staff who provided their care and processes were in place to monitor the quality of these interactions for people.

Staff were instructed in people's care plans to consult them about the delivery of their care, for example, "Ask me what I would like to wear today." A person confirmed, "I am offered options to eat and drink and nothing is a problem, I like that." Staff also told us, "We give people choices such as meals." The provider had also noted if people required an advocate to represent their views and advocacy information was available for people if needed.

People were provided with a copy of the provider's service user guide. This supplied details of how to contact the service both in office hours and in an emergency, the philosophy of care, details of the services provided, aims and objectives, and the quality assurance processes. It also explicitly stated the standards of care people could expect from their staff. People were provided with relevant information about the service to enable them to make informed decisions.

Staff understood and respected the fact they were visitors in people's homes and were instructed to leave them, 'clean and tidy.' A staff member told us, "You must acknowledge you are in the person's home and learn how they want things done." Staff were able to tell us about the measures they took to ensure people's privacy and dignity were upheld during the provision of their personal care, such as, covering people and ensuring the curtains were closed. A person confirmed, "When using the shower they [care staff] watch over me but in a nice way and do not encroach on my privacy" and another person told us "I feel respected at all times."

People's ability to undertake daily tasks had been assessed in order to understand whether the person could undertake them independently or whether they required the support of staff. This ensured staff understood what people could do for themselves. There was guidance for staff about how to enable people to maintain their independence with different aspects of their lives. For example, a person's care plan stated in relation to personal care, "I will wash my own hands and face." Staff confirmed, "We promote people's independence by letting them decide." Staff supported people to maintain their independence wherever possible.

Good

Is the service responsive?

Our findings

People told us, they, their spouse or family member had on-going discussions with staff regarding their care plans. Their comments included, "Yes it is very good and comprehensive and I do play my part because it has to be what I want and am happy with." "I take an active part in discussing my care requirements with the help of [relative] and the carers." "Each time she [care staff] visits we discuss my requirements for the day or week." "I am unable to leave my home but all my needs are well catered for" and "I know who to talk with and would make a complaint if it became necessary."

Staff received a briefing before they provided care to new people and there was a copy of people's individualised care plan in their home, which staff had read to inform themselves about the person's care needs. People told us they had been involved in their care planning, and they signed their consent to confirm that they had been involved and that they had made their wishes clear. People then received a review of their care plan every three months, during which they were asked what issues they wanted to discuss.

People's records documented their preferred term of address for staff. They also contained a biography of the person, detailing their; history, family, living arrangements, what the person wanted from their care and the areas within which they were independent. This informed care staff about people as individuals, and provided information for staff to use to initiate conversations with them. People's preferences about the delivery of their care had also been noted. For example, how they wanted staff to assist them to present themselves and their preferred products to use for personal care. There was a record of people's daily routine, the time they liked to get up and go to bed to enable the planning of their care, whilst taking into account their preferences. People's care plans identified who was important to them in their life and their level of contact. Staff demonstrated a sound knowledge of individuals care needs, their preferences and who was important to them.

People's recreational needs had been noted and where the service was commissioned to support people to meet these, staff confirmed they did so. Staff told us they took people shopping and to the garden centre for example.

Where people lived with specific health conditions, staff providing their care had received training on how to meet the person's individual care needs and there was also written guidance to inform staff about how the person's care needed to be provided. Staff also told us how they supported people with their physiotherapy exercises where required. Some people lived with dementia and care staff had either attended or were booked to attend a dementia training course to enable them to understand how to support people effectively. Other people had emotional support needs and these had been noted for staff. Staff were able to meet people's individual care needs.

The registered manager told us that they were able to provide care for people at short notice in an emergency and gave an example of where they had done so. The service was able to provide support to people following hospital discharge for as long as required. A person told us, "I needed care after leaving

hospital. I can speak highly of them" and "When asked they always change or discuss things with me with no fuss." Staff confirmed extra care calls could be provided for people where required.

The provider was in the process of introducing electronic care plans for people. This meant that when the system was fully operational, staff would have access to people's care plans electronically and any changes to their care provision or medicine requirements could be uploaded as they occurred. The new information would then be instantly accessible to staff working in the community, instead of staff being informed and then the documentation updated and taken to people's homes. In addition, the new system enabled the provider to instantly monitor what aspects of practical care had been delivered to people at each visit, in terms of for example, their personal care, nutrition, hydration and medicines administration. Care staff could not log out of the person's care call until they had completed all of their care planned for that visit. The provider had invested in upgrading their technology to ensure people received timely and responsive care and support.

The service ensured that people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's disabilities and sensory losses had been noted with their requirements to ensure they could access information. People's records noted if they had any hearing or sight loss or any communication needs and how these should be met for the person. For example, a person's care plan noted that although they could communicate verbally, they required staff to give them time to respond. Another person required clear verbal instructions from staff. The registered manager told us they could provide information for people in braille if required or in other languages. They also had pictorial information available for people if needed.

The provider's service user guide was issued to people upon commencement of the service and informed people of how they could make a complaint and the process for investigating any complaints received. There were also details provided for people regarding their rights if they were not satisfied with the actions taken to resolve their complaint, such as speaking to Social Services or the Local Government Ombudsmen, depending on how their care was funded. Staff understood their role in enabling people to make a complaint if they wished. Most people spoken with were unaware of the provider's complaints policy but still felt able to communicate with the office if they had any concerns or complaints or wished to contribute to the way the service was provided to them. When complaints had been received, they had been investigated in accordance with the provider's policy and relevant actions had been taken for people.

The district nursing team had responsibility for meeting people's clinical needs at the end of their life. Care staff had undertaken palliative care training, to ensure they had the knowledge and skills to support people who required end of life care. Where people had decided to have a 'do not attempt cardio-pulmonary resuscitation' form in place, the provider had ensured there was a copy on people's records to inform staff. Training had also been arranged to ensure staff were familiar with the new Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). This process creates personalised recommendations for a person's clinical care in a future emergency. Staff had undertaken relevant training to enable them to work alongside healthcare professionals to support people at the end of their lives.

Good

Is the service well-led?

Our findings

People felt management and staff were reliable and good; they felt it was a well-operated service. They told us it was a service of happy staff who enjoyed their work and engagement with the people they cared for. Their comments included, "They are reliable, unlike previous companies and they seem to care more." "Very good and very professional." "I think the staff and management is very good, nothing is too much trouble." "It's a good service with great staff." "They really do care and help me a lot."

The provider published their philosophy of care in their service user guide. The aims and objectives for the service were clearly stated. They aimed to provide personalised and outstanding care, tailored to people's needs and wishes. Staff confirmed they learnt about the provider's purpose during their induction to the service. Staff were passionate about their work and feedback from people about the quality of care was very positive.

The provider who was also the registered manager had previously operated the service until 2015 when it closed and then re-opened it again in 2017, when seven of their previous staff had returned to work for them again. A staff member confirmed, "As soon as I heard [registered manager] had opened again I was back." This demonstrated staff's keenness and motivation to work for the provider. Staff were positive about working for them, their comments included, "I like it here," "All staff pull together" and "It's lovely to work for this company, as it is small, we all know each other, it's a team."

The registered manager told us staff were chosen for their manner, personality and approach to care in addition to their experience and knowledge. They knew each of the care staff well and their strengths and weaknesses. This meant they knew not only who would be suitable to work with each person but staff's abilities and how they could best be deployed to provide people's care.

There was a clearly defined management structure to manage the service for people. In addition to the registered manager, there was a deputy manager, a co-coordinator and two senior care staff, a third senior care staff was in the process of being appointed. The registered manager was experienced and had a good understanding of their responsibilities. They had been working with the staff team to ensure that all calls were covered whilst staffing recruitment was completed. Staff also told us the management team had supported them to deliver people's care calls in the snow. They liked the registered manager and had confidence in them. Their comments included, "[registered manager] is really approachable."

People's views on the service were regularly sought through their reviews and their feedback given at staff's 'spot checks.' People and staff had also been asked to complete the annual survey in May 2018 and staff were still in the process of sending in their forms. Eighteen of the 26 people sent a questionnaire had returned their form. The results had been collated to share with people and showed that 79% of people rated the service as excellent and 21% as good. The registered manager had identified a couple of comments from people in relation to the consistency of calls. In response, they had increased their monitoring of call times. Results from the recent survey had been used to identify potential areas for improvement for people.

Staff told us they had regular staff meetings and that the last one had been off-site and combined with a lunch for staff, which they appreciated. Staff told us, "Definitely we can speak out and we are listened to." The registered manager valued their staff and told us, "If they are good staff I want to hold onto them." The registered manager recognised the stress of care staff's role and the need to promote their mental health, in order to enable them to focus effectively on the delivery of people's care. They had paid staff to attend 'Mindfulness' training, which is a recognised tool to promote mental well-being. They had also funded staff to attend yoga to enable them to relax. They understood the impact that negative staff stress could have upon the delivery of people's care and had taken measures to address this for them. The provider valued their staff and understood their importance in relation to people's experience of the care provided.

People had recently been invited to attend a tea party to celebrate the Royal Wedding and this had been held in a local community venue and attended by 21 people and the local Mayor. The photographs demonstrated the amount of effort staff had made for people who clearly enjoyed the event. People were able to meet and mingle with each other and the whole staff team, enabling them to chat with management informally. Transport had been hired to enable people who used wheelchairs to attend. The proceeds from a raffle held at the party had been donated to a charity, to support local people. The registered manager planned to arrange another party for people at Christmas. This event provided people with an opportunity to get out and celebrate the Royal Wedding with others and raised awareness of the service whilst fundraising for the community.

The registered manager maintained 'trackers,' to monitor people's care plans and staffing. This enabled them for example, to monitor if people had received their scheduled reviews as planned, and if they were at risk of malnutrition or dehydration and therefore required additional monitoring. The staffing trackers enabled them to audit if staff's required pre-employment checks had been completed, if staff had up to date car insurance to transport people safely, staff training and if staff had received regular supervisions and spot checks of their work as required. In addition, checks had been made upon, staff's completion of people's daily logbooks and medicine administration records, for completeness.

Where people were referred to the service from Social Services, the service had obtained a copy of the person's assessment to inform their care planning. There was good liaison with other agencies and a commissioner of the service told us, 'I've found them very helpful' and 'They provide good feedback and communication.' There was evidence staff had provided relevant agencies with updates about people's care where required.