

Alina Homecare Ltd

Alina Homecare Lancing

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 took place on 16 and 17 April 2018 and was announced. The provider was given 48 hours' notice as the service provides a domiciliary care service. We wanted to ensure that people were expecting our calls and were available to speak with us.

Alina Homecare – Lancing is a domiciliary care agency. It provides care to people living in their own houses and flats. It provides a service to younger adults and older people and included people who were living with a physical disability, mental health conditions and dementia. The service was also registered to provide care for children aged 0-18 years of age; although at the time of the inspection no children were receiving a service. On the days of inspection there were 27 people who received support with the regulated activity of personal care.

Alina Homecare provides care at home as well as live-in services for people across England. People can fund their own care or have this publically funded. Alina Homecare Lancing was registered in May 2017 and is part of a group of services owned by the provider. The service had a registered manager. A registered manager is a 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they received a service that made a difference to their lives, that positive relationships had developed between them and staff, who took time to get to know them and their preferences. People were treated with respect, their dignity and privacy maintained. The provider, registered manager and staff provided people with compassionate care and some people told us that they viewed staff as friends. One person told us, "They talk to me. They help me not to feel lonely".

People's consent was gained and they were involved in their care, their wishes and preferences were respected and care was person-centred and tailored to their needs. People and relatives told us about a service that was responsive and adapted to changes in their needs and requirements. Efforts had been made to gather information about people's background, their hobbies and interests to provide staff with an insight into people's lives before they started to use the service. Staff were introduced to people prior to offering support and people told us that this made them feel comfortable as they knew who to expect once their visits began.

People told us that they would feel comfortable to raise issues or concerns and that the registered manager was friendly and approachable. People, their relatives and staff were complimentary about the leadership and management of the service. A relative told us, "If I were assessing the managers on a scale of 1 to 10 (10 being excellent), I would give them 10".

It was evident that good quality care and positive experiences were at the heart of the provider's aims and that these were filtered down through staff and embedded in their practice. There were robust quality assurance processes to ensure that people received the quality of service they had a right to expect and that

the service continually improved. People, their relatives and staff told us that they were involved in decisions that affected people's care and the running of the service. That their suggestions and feedback were welcomed and listened to. There was good partnership working with external healthcare professionals to ensure best practice and maintain a coordinated approach to care.

People told us that they felt safe due to the support that they received from staff. One person told us, "I feel safe because I feel I am with friends when carers come. They spend time to chat and listen whilst they do their jobs". Staff had a good understanding of how to support people safely and knew what to do if they had concerns about people's safety. There was a reflective approach to providing care and the provider, registered manager and staff learned from instances to ensure that care continually improved. People were supported to have their medicines safety and on time and were protected from the risk of infection and cross contamination.

People and their relatives felt that staff had appropriate skills and were competent. One person told us, "They are well trained and very professional". People's wishes, abilities and needs were documented and staff were provided with guidance. Staff had a good understanding of the people they supported and people told us that they received care from consistent staff who knew them and their needs well.

One person summed up their thoughts on the service they received, they told us, "If you asked me what do they do well I would say they do everything well".

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 consistently safe

There were sufficient numbers of skilled and experienced staff to ensure people received visits from staff on time and in accordance with their needs.

Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety. The provider and registered manager demonstrated a reflective approach and implemented changes when lessons had been learned from incidents.

People had access to medicines when they required them. There were safe systems in place to manage, store, administer and dispose of medicines.

Is the service effective?

Good ●

The service was consistently effective.

People were asked their consent before being supported. The provider was aware of the law in relation to gaining consent for people who might lack capacity.

People were cared for by staff that had received training and had the skills to meet their needs.

Staff worked with external healthcare professionals to ensure that people received appropriate and coordinated care.

Is the service caring?

Good ●

The service was consistently caring.

People were supported by kind and caring staff who knew their preferences and needs well and who could offer both practical and emotional support.

People were treated with dignity and respect. They were able to make their feelings and needs known and were able to make decisions about their care and treatment.

People's privacy and dignity were maintained and their independence promoted.

Is the service responsive?

The service was consistently responsive.

People received responsive and personalised care to meet their needs.

People were involved in the development of their care plans. These were detailed and provided staff with personalised information about people's care.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback to improve the service provided.

Good ●

Is the service well-led?

The service was consistently well-led.

There was a positive culture that ensured that people were involved in decisions that affected their lives and support was tailored around their needs and preferences.

Good quality assurance processes ensured the delivery of care and drove improvement. The management team maintained links with other external organisations to share good practice and maintain their knowledge and skills.

People, relatives and staff were consistently complimentary about the leadership and management of the service.

Good ●

Alina Homecare Lancing

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.

The inspection took place on 16 and 17 April 2018 and was announced. The provider was given 48 hours' notice as the service provides a domiciliary care service. We wanted to ensure that people were expecting our calls and were available to speak with us. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service was registered in May 2017 and this was the first comprehensive inspection. The inspection was informed by feedback from questionnaires completed by people using the service, as well as their relatives. The Care Quality Commission sent surveys to five people and five relatives; we received responses from two people and two relatives. Prior to the inspection we looked at information we held, as well as feedback we had received about the service. We also looked at notifications that the provider had submitted. A notification is information about important events which the provider is required to tell us about by law. Prior to the inspection we asked the provider to complete a Provider Information Return (PIR), this is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all of this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 13 people, 10 relatives, four members of staff, the registered manager and a representative from the providers' quality assurance team. Subsequent to the inspection we contacted two healthcare professionals for their feedback. We reviewed a range of records about people's care and how the service was managed. These included the individual care records for five people, medicine administration records (MAR), four staff records, quality assurance audits, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

People and relatives consistently told us that people were safe. One person told us, "I think I am safe because I do not have any worries". Another person told us, "I feel safe because I feel I am with friends when carers come. They spend time to chat and listen whilst they do their jobs".

People were cared for by staff that the provider considered safe to work with them. Potential staff were asked questions at interview which enabled them to demonstrate their values to ensure that these aligned with the providers. Prior to staff's employment commencing, identity and security checks had been completed and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. There was good management oversight and a reflective culture amongst the staff team to ensure that when instances had occurred or care had not gone according to plan, lessons were learned and changes made as a result.

People were treated fairly and equally and were protected from discrimination and harm. One person told us, "I have never been treated unfairly by my carers. They are wonderful". Staff had a good understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. There were safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. People told us they felt comfortable around staff and were confident that if they had concerns they could raise these with staff or the management team. Regular reviews of people's care and communication with management provided a formal platform for people to raise issues and discuss any concerns in relation to their safety.

Risk assessments for people's healthcare needs were in place and regularly reviewed. People were involved in the development of care plans and risk assessments. Each person's care plan had a number of these which were specific to their needs; these identified the hazards, the risks these posed and the measures taken to reduce the risk to the person. Staff were made aware of risks to people's safety through the care plans, meetings and group chat messaging facilities. Risk assessments were stored in people's own homes, as well as in the office. This meant that they were accessible for staff and they were aware of how to support people to fulfil their wishes whilst being aware of the measures to take to assure people's safety. Accidents and incidents that had occurred had been recorded and monitored to identify patterns and trends and relevant action had been taken to reduce the risk of the accident occurring again. For example, risk assessments and care plans had been updated to reflect changes in people's needs or support requirements. Risks associated with the safety of people's home environment as well as any equipment, were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate their homes in the event of an emergency. Equipment was also regularly checked and maintained to ensure that people were supported to use equipment that was safe. Staff's safety was acknowledged and monitored by the provider and registered manager. An electronic call monitoring system enabled the

registered manager to have an oversight of staff's whereabouts when in the community. In addition, it enabled them to monitor if people had received a call and therefore ensure their safety and needs had been met.

People, relatives and staff told us that there was sufficient staff to cover people's visits. Rotas had been designed to ensure that people received visits in accordance with their needs and preferences. For example, for people that required support by a certain time due to their medication or health needs.

People were assisted to take their medicines by trained staff that had their competence regularly assessed. People and relatives told us that people received their medicines on time and were happy with the support that was provided. One person told us, "I couldn't remember to take my pills but they watch me now". People confirmed that if they were experiencing pain that staff would offer them pain relief and records confirmed that this had been provided. Care records documented who was responsible for ensuring that sufficient stocks of medicines were available for people and medication records showed that people had received their medicines on time and in accordance with their needs. These records were collected from people's homes on a monthly basis and audited to identify any errors. Appropriate documentation was in place so that information about people's medicines could be passed to relevant external healthcare professionals if required, such as when people had to attend hospital.

There were suitable procedures to ensure that people were protected from infection and cross-contamination. Staff were provided with personal protective equipment and clothing and people and relatives confirmed that these were used. Unannounced observations which were conducted by the management team also ensured that staff used the equipment provided to assure people's safety. One person told us, "The girls wear uniforms but have aprons and gloves for food handling and other things".

Is the service effective?

Our findings

People and their relatives told us that they had faith in staff's abilities, that staff were well-trained and had the appropriate skills to meet their needs. One person told us, "I was told I could only leave hospital if I had care so I jumped at Alina Homecare. The girls are very good". A relative told us, "Care is tailored to the individual. You cannot fault it. They are all lovely kind girls who are cheerful and compassionate. They are well trained". People and their relatives told us that the service was effective. A relative told us, "My relative is quite frail but staff help and encourage them. I would say Alina's carers have improved my relative's quality of life by 100%. They look forward to staff's visits and trust them".

The provider demonstrated a strong commitment to learning and development. In addition to training that the provider deemed essential, an Alina Homecare Academy had been introduced to provide bespoke, specific learning and development opportunities for staff. This enabled them to have an awareness and knowledge of people's specific health conditions and needs. In addition, a new role known as an Ambassador had been introduced. This entailed an experienced member of staff acting as a point of contact for new staff. Staff that were new to the service were supported to undertake an induction which consisted of shadowing the Ambassador, as well as other existing staff, and familiarising themselves with the provider's policies and procedures. They also had an opportunity to meet people prior to providing support, gained an awareness of the expectations of their role and completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. One member of staff told us, "It helps us to understand what we do at every call and how to make it personal. The training I got was really good. I got to meet every person I was expected to see. I did shadow shifts and it was up to me how long I did those for until I felt confident. It was really effective I thought". There were links with external organisations to provide additional learning and development for staff, such as the local authority and external healthcare professionals. Some staff held diplomas in Health and Social Care and were encouraged to develop within their roles. One person told us, "They are well-trained and very professional". A relative told us, "The young ones seek help from the more experienced carers".

People were cared for by staff that had access to appropriate support and guidance within their roles. Regular unannounced observations of staff's practice as well as supervision meetings took place to enable staff to be provided with feedback about their practice and identify further learning and development needs. Staff told us that these meetings were supportive, however, they also felt comfortable to approach the registered manager at any time.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had a good understanding of MCA. People and their relatives told us that staff asked for people's consent before offering support. People told us that they were provided with choice and able to make decisions with regards to their day-to-day care.

People, when required, had support to shop for and prepare food and drink. They told us that they were able to choose and were supported according to their choices and preferences. One person told us, "They are all excellent, they ask me what I want for breakfast and make it and wash-up". Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently. Care plans provided guidance for staff. For example, one person's care plan advised staff to leave out fresh glasses of drinks so that the person had access to fluids in-between their care visits.

People's needs were assessed when they first started to use the service and regular reviews took place to ensure the guidance provided to staff was current and met people's assessed needs as well as their preferences. People's healthcare needs were met and people, when necessary, were supported to make and attend routine health care appointments to maintain their health. A relative told us, "I always make appointments for GPs dentist, optician etc. But they would do it if necessary and keep me informed". Staff monitored people's health and wellbeing and supported them to access or request referrals to services as and when required. One person was supported to manage a particular health condition. Staff demonstrated an awareness of the signs and symptoms to look for that might indicate the person required additional healthcare support. There was a coordinated approach to people's healthcare. Records showed and people told us that staff supported them according to the recommendations of external healthcare professionals.

Is the service caring?

Our findings

People and their relatives consistently told us that staff were kind and caring, took time to get to know them and that people were treated with kindness and compassion. This was summed up in a comment made by one person who told us, "I used to get strange faces every day but you don't get that with Alina. They are like friends visiting". When staff were asked about the ethos and values of the service, one member of staff told us, "They actually care; you don't feel that it is for the money". Another member of staff told us, "We all care a lot. We're all very compassionate and we go out of our way to make sure people are comfortable and safe. We build trust so that they know we're there to help them".

The registered manager and staff spoke fondly of the people that they supported and people were treated with respect. Staff's caring nature was demonstrated through a comment made by one member of staff, who told us about an emergency that had occurred at a person's home. They told us, "I tried to make them comfortable, after I had called the ambulance I laid on the floor with them as I didn't want them to be scared or lonely". People and their relatives, if appropriate, were fully involved in discussions about their care and able to choose how much support they received and how they preferred to be supported. Regular reviews ensured that people and their relatives were able to raise issues and offer feedback. Records showed that changes had been made to people's care as a result of their feedback and people and relatives confirmed that the registered manager and staff were responsive to their needs. Results from a recent satisfaction survey had been analysed. The provider operated a 'You said, We did' way of responding to people's comments. Records showed that one person had commented that they would sometimes like their care delivered more slowly and would like staff to better promote their independence. In response, the registered manager had reviewed all rotas and travel time to ensure that staff had sufficient time to travel in-between calls and were therefore able to ensure they stayed the full allotted time. In addition, conversations with some people's social workers had taken place to determine if their allocated hours needed to be reviewed and increased. The provider had sent their response to people, informing them of what they had done in relation to potentially increasing the length of visits. It stated, 'Where we feel there is not enough time to deliver your care in a dignified way, this extra time will help us to work with you in a re-abling way and therefore promote your independence'.

Efforts were made to glean information about people's backgrounds, interests and hobbies. Care plans contained detailed information to ensure that staff were provided with guidance to enable them to have an understanding of people's interests and needs and ensure that the support they provided was in accordance with people's wishes. Care plans ensured that consideration was made for people's social and emotional needs. One person's care plan advised staff to take time to sit and talk with the person. People confirmed that staff stayed for their allocated time and took time to get to know them and engage in conversations. People's independence was encouraged. Care plans documented people's skills and abilities, enabling people to continue to do as much as they could do for themselves. One person told us, "The staff are good, we work together".

The registered manager understood the importance of encouraging positive relationships between people and staff and ensured that staff were introduced to people prior to their visits starting. This demonstrated

respect for people and ensured that people were able to meet staff before receiving any support from them. Emphasis was placed on the importance of ensuring that staff and people shared similar interests so that positive relationships could develop. This was demonstrated within the positive comments people provided in relation to the staff that supported them. People told us that they looked forward to their visits from staff and that they were provided with both practical and emotional support. One person told us, "They talk to me. They help me not to feel lonely". Another person told us, "Nothing is too much trouble; they will even bring things in from the shop". Relatives told us that the support their loved ones received provided them with peace of mind. Comments from relatives included, "Alina carers are really helpful and understanding. My life is now easier, it is emotional relief I receive from them" and "I feel so much more relaxed since my mother transferred to Alina Care. I was emotionally drained before".

Staff were reminded of the importance of supporting people in a dignified and respectful way. Training in relation to this had been provided and was regularly updated. Staff's practice was monitored through unannounced observations and feedback was gained from people to ensure that they were treated with dignity and respect. One person told us, "They attend to all my personal care in a dignified way. I am not embarrassed". Another person told us, "They ensure my dignity and respect by the discreet way they attend to my personal care". A relative told us, "They maintain my relative's dignity by ensuring they are fresh, clean and well turned out". Information held about people was kept confidential, records were stored in locked cupboards and offices. Meetings, where staff shared information about people, were held in private offices to ensure confidentiality was maintained.

People were supported to maintain contact with those that were important to them. One person, who had a condition which affected their cognitive ability, had a care plan that advised staff to remind them about regular meetings with their group of friends so that they knew when the meetings took place and were reminded about attending. People's diversity was respected and staff adapted their approach to meet people's needs and preferences. Staff told us that equality and diversity was a fundamental part of the training provided to staff and that people's needs would always be accommodated and catered for. Care plans considered people's religious and spiritual needs and measures had been taken to ensure that people, with different faiths, had access to places of worship.

Is the service responsive?

Our findings

People and relatives spoke about a personalised service that was responsive to their individual needs. A relative told us, "Their responses are good. They are efficient with paperwork and I am impressed with their flexibility and how they adjust to immediate needs".

Following an assessment of people's needs, care plans had been devised that contained specific information about people's skills, abilities and needs in relation to their physical, mental, emotional and social well-being. People were involved in the development of care plans to ensure that they were person-centred and reflected the person's wishes and aspirations. Following the initial two weeks of receiving the service people were contacted for their feedback to ensure that the care they had received met their needs. People told us that they were involved in decisions that affected their care and could approach staff and management at any time if they had any concerns or wanted to make changes to the support that they received. One person told us, "They write everything down in a file at the end of a visit. My daughter talks about my care plan now and again with the manager".

People's preferences and life histories provided staff with information to enable them to develop and build relationships with people. Staff had a good understanding of people's preferences and needs and people told us that they had had confidence that staff knew them and their needs well. Regular care plan reviews provided a forum for people to make their feelings known. People told us and records confirmed, that people were able to speak freely and air their views and concerns without the worry of any repercussions to their care. People's care plans were reviewed following these meetings or when changes occurred, to ensure that their care was current and that up-to-date guidance was available to assist staff to deliver effective and responsive care.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. The registered manager ensured people's communication needs had been identified and met. People's care plans contained information on the most appropriate way of communicating with people. People were cared for in a way that was specific to them. Staff adapted their approach to meet people's needs. One person required additional support to communicate their needs to staff and alternative methods were used to promote effective communication, such as the use of hand gestures, alphabet and communication sheets as well as electronic communication. Information for people and their relatives, if required, could be created in such a way so as to meet their needs, for example, in accessible formats to help them understand the care available to them.

Some people had personal alarms that enabled them to call a 24-hour emergency response centre for help should they have an accident when alone. This provided people with a means of calling for assistance when needed and meant that people could independently remain in their own homes. Care plans reminded staff of the importance of ensuring that people had their personal alarm pendants before leaving people's homes. In addition, people told us that the registered manager and staff were responsive to their needs

should they need any urgent assistance or if there were changes in their support requirements. A relative told us, "When my relative fell they could be on the floor for hours but now they have an alarm button. Last time paramedics came and the carers let me know. I live a distance away so I have peace of mind as well".

People were informed of their right to make a complaint when they first used the service. A complaint that had been made had been dealt with in accordance with the provider's policy and demonstrated that the provider was transparent and open with people who used the service. The management team and staff demonstrated a reflective approach to their practice and were constantly reviewing how they worked and learned from instances. For example, changes had been made to the way in which new visits were scheduled on the rota so as to avoid disruption to people. People told us that they knew how to make a complaint and would feel comfortable doing so. When talking about discussing issues with the registered manager, one person told us, "I can talk to them anytime".

If people required support at the end of their lives, the service was involved as part of a multi-team approach with other external healthcare professionals. This ensured that people, where possible and in accordance with their wishes, were able to remain in their own home at the end of their lives. Staff told us and records confirmed that the registered manager and staff worked well with external healthcare professionals to ensure people received a coordinated approach to care that met their needs.

Is the service well-led?

Our findings

People, their relatives and staff were positive about the leadership and management of the service. Staff told us that management at all levels were approachable and fully invested to ensure that people received a good quality service.

Alina Homecare provides care at home as well as live-in services for people across England. People can fund their own care or have this publically funded. Alina Homecare Lancing was registered in May 2017 and is part of a group of services owned by the provider. The service had a registered manager. A registered manager is a '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. The management team consisted of the registered manager and a field care supervisor. Regular support was also received from the area manager and the provider's quality assurance team. The management team were experienced and this helped ensure that staff felt supported and equipped to support people effectively. Staff told us and observations showed, that the management were accessible and approachable. This ensured that both people and staff knew who to approach if they had any queries or concerns.

The provider's mission was to 'Make life easier' for every person that used their service. The registered manager ensured that this was embedded in staff's practice. People were fully involved in devising the type of care and support they required and were treated with compassion, dignity, equality and respect. Part of the review of people's care asked if the care that they received had made their lives easier. Comments in relation to this question were overwhelmingly positive. This further demonstrated that the provider, registered manager and staff were passionate about providing care that was effective and made a difference to people's lives.

People, relatives and staff told us that the service was well-led. Staff told us that the service was managed in such a way that ensured that they were appropriately supported and had access to resources to enable them to provide effective care. One person told us, "The manager drops in sometimes to see if everything is going well". Another person told us, "She comes to visit now and again". A relative told us, "They are very good. Things are well thought out by the manager". Positive comments continued from staff. Staff told us that they were involved and kept informed of any changes within the organisation and that they felt valued. One member of staff told us, "They are all very good. I see the dynamics; they all have their roles to play and they do it really well. No-one is over-stretched which means we can go to them and they won't leave us stranded". Another member of staff told us, "They're lovely; I can go to them about anything. I am happy with how it is organised. If there are changes I am told straight away. If I have a problem I can speak to them and they'll assist me straight away".

The provider and registered manager continually strived to improve the service that was delivered. There were robust quality assurance processes in place and a good oversight of the service to ensure that the systems and processes that were used worked well and ensured that people received a service they had a right to expect. An electronic call monitoring system enabled the registered manager and provider to monitor the time and duration of people's visits. This ensured that people received their visits on time and

that any late or potential missed visits could be identified immediately and appropriate action taken to ensure that people received a visit from staff. The provider monitored the system across all of their services and there was healthy competition between services to ensure that people's visits took place at the appropriate times. People told us that they always received a call and that if staff were running late that they would be kept informed. One person told us, "I do not watch the clock. Timing is not important to me, but they are rarely late and they don't rush things". A relative told us, "They come four times a day and never miss a call. They are willing to spend time with my relative and that is why I think they are in safe hands and I would tell them if anything changed".

Regular audits were conducted by the registered manager and the provider's quality assurance team. Action plans were devised following the audits that provided the registered manager and staff with clear actions to complete to ensure that the quality of service was to the appropriate standard. Records showed that audits had been completed and when minor areas for improvement were required, these had been recognised and appropriate action taken. In addition, regular unannounced observations of staff's practice were conducted by members of the management team. These provided an opportunity to improve practice and ensure that people received support that was in accordance with their needs and preferences. There was a reflective culture within the service and it was evident that the provider and registered manager used instances as a chance to learn and develop the service and the care that people received.

The provider was committed to ensuring that people received a good quality service. Posters were displayed within the office reminding staff what 'good' care looked like. The registered manager had introduced two initiatives to improve staff's knowledge and confidence as well as promote effective communication between the dispersed staff team. A group chat facility had been implemented that enabled staff to communicate with one another when in the community. Staff told us that they valued this resource as it meant that they could ask each other questions and seek advice, as well as advise colleagues if there were changes in people's needs. This group chat was monitored by the registered manager and other on-call managers to ensure that, when required, staff were provided with timely support and guidance.

The registered manager had recognised that staff were required to retain information about procedures and legislation that was relevant to their roles. To support staff the registered manager had devised small prompt cards which could be attached to staff's identification lanyards and therefore provide an 'aide memoire' for staff to use. These cards provided guidance on first-aid, processes to follow if staff had concerns about people's safety as well as legislation about gaining consent and people's capacity to make decisions.

The provider and registered manager valued staff. Staff told us that they felt appreciated and supported and that when they made suggestions these were respected and listened to. One member of staff told us, "The management here are here to help you as they know the difference you're making". Records demonstrated that the provider was open and transparent with staff, regardless of their roles. Regular staff meetings, at all levels, took place to monitor the service being delivered, share information and promote best practice. Staff had access to regular one-to-one meetings with their managers and told us that they could approach management at any time if they had any concerns or needed further support. Staff were provided with regular feedback on their practice to enable them to reflect on and develop their knowledge and skills. The provider demonstrated a caring approach with regards to staff's well-being and staff had access to an employee assistance programme.

The provider demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. One person told us, "Everyone is honest and truthful with me. They never let me down". A

relative told us, "We keep in touch with Alina by email or telephone. Communication between us is good".

Records showed that people had been informed, within reviews of their care and telephone meetings, of changes that were occurring and had been involved in planning and contributing to any changes that were going to occur. Other records showed that people and their relatives or representatives, if appropriate, were informed if people's health needs or condition had changed. The provider was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred at the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. There were good links with external healthcare professionals to promote best practice and ensure that people received coordinated care.

Comments made by people and relatives summed up how they felt about the service, one person told us, "If you asked me what do they do well, I would say they do everything well". A relative told us, "If I were assessing the managers on a scale of 1 to 10 (10 being excellent), I would give them 10".