

Premier Care Services (EG) Limited




Premier Care Services

Inspection report

Felcourt Farm Business Park
Felcourt
East Grinstead
West Sussex
RH19 2LQ
Tel: 01342833101

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Ratings

Overall rating for this service	Outstanding 
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?	Outstanding 

Summary of findings

Overall summary

This inspection was carried out on the 17 and 18 October 2016. Premier Care provides personal care and support for people in their own homes. This includes people that are old and frail, some of whom have disabilities. At the time of our inspection the service provided personal care to approximately 70 people. Other people who used the service were not receiving personal care.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (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. We were supported on the inspection by the registered manager and the deputy manager.

Staff and management were committed to a supportive approach to caring and found ways to make sure that every person using the service were happy and comfortable. The service was a family run business and people and staff felt that they were part of the provider's family. People were treated as individuals whose life and experiences mattered to the staff. One person said "The staff that come here are very friendly people, they are like family to me." The manager and staff went out of their way to ensure that people and their relatives were comforted and looked after in a kind and compassionate manner and treated with dignity and respect. It was clear that staff understood people's needs and how to communicate with people. Staff had supported people to use information which helped them communicate more easily. People and relatives were at the centre of decision making about their care.

The service had a strong, visible person centred culture and is exceptional at helping people to express their views so they understand things from their points of view.

People, their relatives and staff told us the registered manager and all of the senior staff were caring, friendly and approachable. The registered manager took a personal interest in people and knew them well. The registered manager worked in partnership with people's families and outside organisations to improve the care and support people received. The registered manager had systems in place which monitored health and safety and the quality of people's support. The systems were responsive and had led to changes being made. The registered manager was proactive with regard to how people's support could be improved.

People told us they felt safe using the service. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. There were sufficient staff at the service to provide care and support to people. Appropriate recruitment checks were undertaken before staff started work.

Staff understood the risks to people. Staff encouraged and supported people to lead their lives as independently as possible whilst ensuring they were kept safe. People's medicines were managed in a safe way people supported to manage their own medicines.

People received support from staff that knew them really well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. The staff made people feel that they mattered and that they were contributing to their own care.

People had detailed care plans in place which provided guidance for staff about how people liked their care provided. People and families were fully involved in making sure they planned care which suited their needs. People told us staff always respected the way they liked things done and respected their home. Staff received appropriate training and supervision to provide effective care to people.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. No-one receiving support was assessed as lacking capacity but staff members were aware of when someone may need to receive a mental capacity assessment and who to report this to.

Staff supported people's nutritional and hydration needs and people were supported to access any health care they needed. Staff supported people to stay well and they followed the guidance given by health care professionals.

Complaints and concerns were taken seriously and used as an opportunity to improve the service.

The registered manager had informed the CQC of significant events. Records were accurate, well maintained and kept securely.

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.

People told us that they felt safe in their own homes with staff there.

Staff received training and were knowledgeable about safeguarding people.

New staff were recruited and introduced to people before they started caring for them.

People were supported with their medicines.

Risk assessments had been completed that were clear and provided staff with the necessary information to help people remain safe.

Is the service effective?

Good 

The service was effective.

Staff had the skills and knowledge to do their job well. It was important to the organisation that the staff held values in line with the way support was provided.

Staff received appropriate training specific to the needs of people. Staff had appropriate supervisions to support them in their role.

Staff had a clear understanding of the Mental Capacity Act and its principles. This was demonstrated in how people were supported.

People were supported with their healthcare needs, in interacting with medical professionals and in managing appointments. People were supported to eat and drink healthily.

Is the service caring?

Outstanding 

The service was exceptionally caring.

Staff went above and beyond to ensure that people were treated with kindness and compassion.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs. Staff maintained kind and caring relationships with people.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's care and support was reviewed regularly.

People knew how to make a complaint and who to complain to. We saw that complaints were responded to in an appropriate way.

Is the service well-led?

Outstanding ☆

The service was well- led and managers led by example.

There were appropriate systems in place that monitored the safety and quality of the service. No matter how small any areas of improvement were made.

Where people's views were gained this used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

The service worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. They strived for excellence through consultation and reflective practice.

Premier Care Services

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 took place on 17 and 18 October 2016 and was announced. We gave the service 48 hours' notice of the inspection because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. On this inspection there was one inspector.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed the 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 supplied by the registered manager and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

On day one of the inspection, with permission of the person, we visited them in their home to observe care being provided by staff. We also spoke with the person about their experiences of the care being provided.

During the visit to the office we spoke with the registered manager, and four members of staff. We looked at a sample of three care plans of people who used the service, medicine administration records, three recruitment files for staff, and supervision records for staff. We looked at records that related to the management of the service. These included minutes of staff meetings and audits of the service. After the inspection, with permission, we visited two people in their homes to ask them about their experiences of care. We also conducted telephone calls with two people and two relatives of people who used the service.

The service was last inspected on the 29 and 30 January 2014 and no concerns were identified.

Is the service safe?

Our findings

People said that they felt safe in their homes with the staff from the service. Comments from people included, "They (carers) let themselves in. The door is open for them and I'm quite happy with that", "I feel comfortable with them (carers) here. I am happy for them to know the code to the door", "I feel very safe with them (staff) all. You can trust all of them. In the beginning I was a bit apprehensive about them knowing the key codes but not now" and "I feel safe with the carers here. I can talk to them and I'm not worried about how they would treat me. The door is open; I know who the carer is and when they are coming." Staff told us that they ensured people's key codes were kept safe. The registered manager told us that if they felt the key codes had been compromised they would encourage the person to get them changed.

Relatives told us that it was important for them to know their family member was safe. The relatives we spoke with had no concerns about the safety of their family members with staff. One relative said, "I feel mum is safe. It's so good knowing the carers are going in. I can completely relax." Whilst another said, "I have peace of mind knowing the carers are going in. I have no hesitation or reservation about the carers at all."

Staff understood safeguarding adult procedures and what to do if they suspected any type of abuse. Staff were also aware of how people may feel with staff going into their homes using a key. One member of staff said, "If I had any concerns at all I would speak to my manager. All the policies we need to read are at the office or we can look at them online. We have a whistleblowing policy and if I had any concerns about how carers would treat someone I wouldn't hesitate to use it." Another member of staff said, "I would make sure the person was safe and I would ring the office if I suspected abuse." The registered manager told us that they continually told staff to use the whistleblowing policy if they had concerns about any of the carers. We saw that this was discussed at team meetings. There was a safeguarding adults policy that staff were able to access and staff had received training in safeguarding people.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Comments from people in relation to the staffing levels included, "Even when there is staff sickness or staff are on holiday they always provide a carer. There is quite a load to do here but I never feel rushed by the carers", "I've not had any problems with carers not coming." People said that if carers were going to be late then they will always get a call which gave them reassurance. One person said, "Sometimes they may be running late but they will call and let me know." Another person said, "(The registered manager) will always call if carers are held up. It means I'm not left worrying that someone isn't coming."

The registered manager told us that staffing levels were always met and if a member of staff called in sick or was on leave they would be able to cover the care for people. One member of staff said, "We are never overworked. We get called upon sometimes to cover but that doesn't happen a lot." Another member of staff said, "The rotas are fair, it can sometimes get busy and you might get the odd text to cover calls but it doesn't happen very often."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work for the service. These checks included seeking references from

previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out.

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk assessments included the risks associated with people's homes and risks to the person using the service. For example one person was at risk of falls. Information in the risk assessment required staff to ensure that the floors were clear of obstacles and that they supported the person to mobilise. A plan to manage the risk was in place and was understood by staff. All staff had received training in moving and handling. One person said, "Staff look at the trip hazards. It was suggested I remove a rug as there was a risk that I might fall." Another person said, "Staff have developed a good system of making sure that the floor is dry in the bathroom after I have had a shower which prevents me slipping." The carer that we observed ensured that the person was supported when they moved around their home. Staff had identified that one person had faulty equipment which not suitable to move them safely. Staff at Premier Care took steps to seek more bespoke equipment that enabled the person to remain independent and safe.

The agency did not supply any equipment to people in their own home. This meant people were responsible for ensuring equipment remained safe to use. However; the registered manager told us they supported people to ensure any equipment remained safe to use. They explained they also assisted people to obtain equipment to assist them to move in the home and would help them with household repairs.

The registered manager told us the people who used the service required minimal support with their medicines. They told us staff supported people to order their monthly prescription and collected their medicines for them. Staff maintained a record of people's medicines which included the amount received and when medicines should be taken. All staff had received training in the safe management and administration of medicines. One person said, "I self-medicate but staff always make sure that I have taken my medicine."

In the event of an emergency the service had measures in place to ensure people were kept safe. If there was inclement weather staff would prioritise those people that were isolated or did not have any other support. There were electronic systems in place that secured people's records if staff were unable to access records from the office. Although there had been no incidents and accidents there were systems in place to record this and staff understood what they needed to do in the event an incident occurred.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One told us, "Staff re extremely good. They know what they are doing." Whilst another said, "When they employ new carers they always come with a regular carer to make sure they know what they need to do."

People were supported by staff that had undergone a thorough induction programme which gave them the skills to care for people effectively. Staff told us they were not asked to work alone until they had received all required training and they felt confident in their role. One member of staff told us, "The training is good. I also learn a lot from other carers." Another member of staff said, "I did a lot of shadowing until I was sure about what I was doing." They told us that they also did all the service mandatory training before they provided care to people.

Staff received training appropriate to the needs of the people who used the agency. This included dysphagia (difficulty in swallowing) and Parkinsons. There were people who used the service that were living with Parkinsons and the provider was committed to raising awareness of the condition by keeping staff up to date with current guidance. Staff were kept up to date with the required service mandatory training which included areas specific to the people who they provided care to. The training included health and safety, infection control, stress management, continence promotion, depression, dementia care, nutrition and assessment of people's needs. Staff told us that the training provided was effective and helped them in their roles. One member of staff told us, "Training is good. We are encouraged to do the care certificate." We confirmed this from the staff training records.

We saw that staff's competencies were assessed regularly and recorded. Spot checks by the senior staff were undertaken on staff at people's homes. This was to ensure that care was being delivered appropriately. People confirmed that this took place. Staff also confirmed that they had one to one meetings with their managers. Things discussed included any additional training needs and feedback on how staff were performing. One member of staff said, "We come into the office to see the manager for one to ones regularly and as often as you need them. You get reminders about training." The registered manager told us that staff would not be signed off to work independently until they were satisfied that they were competent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had received training and had a good understanding of the principles of MCA. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. One member of staff said, "People can make their

own decisions, if I was unsure about this I would just ring the manager." Another member of staff said, "If I felt people lacked capacity I would ask for a formal assessment to be done (around their capacity to make the decision)." The registered manager told us that no one being supported by the service lacked the mental capacity to make day-to-day decisions.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. People told us that staff would support them to make appointments to see their GP and if necessary take them to the appointment. The registered manager told us that community health care professionals would leave guidance for staff to follow, for example, in relation to wound care and catheter care. One person said, "Staff are always reminding me about contacting my GP if I need to." One member of staff told us, "If I thought someone did not look well I would ring the office for advice."

Where needed staff supported people with their food and drink. One person told us, "I buy ready meals and staff are more than willing to prepare it all." Another person said, "They (staff) do the cooking and they cook very well" whilst another said, "They (staff) prepare breakfast and tea; I'm very happy with the way it's done." Another said, "The carers are always reminding me to drink." People told us that staff always made sure they had food and drink available to them before they left the home. We saw this in practice; one member of staff asked a person what they were having for lunch that day and asked if they needed anything preparing. The carer brought the person a cup of tea and offered them biscuits. One member of staff said, "If we need to we will prepare meals for people. I always check that their food is fresh and replace it if I need to."

Is the service caring?

Our findings

People were able to build positive and caring relationships with the management team and the staff who supported them. Without exception people were complimentary about the caring nature of the staff. Comments from people included, "The staff that come here are very friendly people, they are like family to me", "I love them all, they are a grand bunch and I couldn't fault them. They are fantastic. At the beginning I was a new client, since then they have almost become my family", "The carers don't have an attitude that I'm a silly old bugger, I really miss them when they are not here." Relatives also shared this view of staff. Comments included, "(The deputy) was so nice with us as was (The registered manager). It was just so evident that the client came first. They were so sweet with (the family member)", "They (the staff) are so caring, nothing is too much trouble. They come and have a chat with dad."

The registered manager (who was also the provider) showed compassion for the people they provided care for. They employed staff with the right skills and values and many had worked for the agency for a number of years. These staff showed kindness and consideration towards the people that they cared for. When asked how they showed people that they cared one member of staff said, "I make sure my smile reaches my eye." One person said, "Staff bubble over, they never come in miserable. The person said that this meant a lot to them. Another member of staff said, "I'm sympathetic to people's needs." We saw this in practice when we observed care being delivered by one member of staff. The member of staff showed concern about the person's health. They said, "Did you have a good nights sleep? Have you got anything nice planned for the weekend?" The member of staff listened with interest to the responses that the person gave.

The registered manager told us that they expected staff to stay with the person for the duration of the call regardless of whether they had completed their tasks. They said that it was important for the person who may not have seen anyone all day for staff to spend some social time with people. Each person we spoke with confirmed that this was the case. One person said, "Staff will sit and chat with me for a while, that is the bit I look forward to the most. It's the anticipation of them coming to chat with me."

People and relatives valued their relationships with the staff team and feel that they often go 'the extra mile' for them, when providing care and support. People gave us examples of how staff did things for them that they felt went beyond what was expected. One person told us, "One carer brought me some chocolate that they know I like and another carer sent me a postcard from their holiday. They knew how much that would mean to me". Another person said, "One carer wraps me up nice and warm, like your own family would. It stops me feeling lonely knowing the carers are coming." Whilst another said, "One carer knows I love animals and when she has time she brings her pup here. When I'm out and I see the carers they always stop to talk to me. I appreciate that very much." Another person said, "Staff always give kitchen sides a clean which they don't have to do, and fill my salt and pepper pots without asking. It's the little things." One relative said, "Staff do everything, they make an effort and spend time chatting. Staff go beyond the call of duty."

One member of staff told us that they had to call an ambulance for a person they had visited. They said that when off duty they went back to the person's home to make sure they were ok and took their washing home

to do for them. Another member of staff told us that one person liked the socks that the member of staff wore. They said that it became a regular thing for them to buy the person fun socks for them to wear which the person really appreciated.

People said that staff were always respectful and treated them with dignity. Comments from people included, "It just comes naturally to them (staff), they always treat me with respect. They always ask if I want my curtains closed (when giving personal care)"; "They (staff) always know what I would like. They are always so considerate. When I first met them they asked me what I would like to be called, I appreciated that", "Staff always wipe their feet before they come in. They are all nice. It shows me that they have a heart." We saw that staff spoke with people in a respectful, caring manner. When personal care was being delivered we observed the member of staff take the person into the bedroom and pull the door closed to protect their dignity. The registered manager told us that some people privately funded their care but that they were on a tight budget. They told us that to maintain some people's dignity they (the registered manager) would purchase continence products for them.

People were supported to remain independent in their own homes. We observed one member of staff asking the person if they wanted to do their buttons up on their cardigan or if they needed help. The member of staff did not assume the person needed things done but asked the person if they were able to do it. This person told us, "Staff help me with my independence; staff know that I want to be as independent as possible. I put my clothes out ready for staff." Another person told us, "Staff ask me what I want to eat but also encourage me to cook which is good for me" whilst another said, "They (staff) listen to me. They work with me to do things. They are here to see that I can cope. I struggle to stand on my own but they stand and wait and give me reassurance which is what I prefer."

People and relatives said they felt involved in the planning of their care. Where care plans were reviewed this was done in consultation with the person and the family where appropriate. People said that staff always asked them about how they wanted their care to be provided. One person told us, "They came and visited me before they provided care. They (the registered manager) asked what I wanted. What time I wanted the carers to come and what I felt I needed." The registered manager said that it was important to involve relatives where appropriate. One relative had asked that the care plan in the home had sensitive information removed to maintain the family member's dignity when friends and relatives visited their home. The registered manager respected this and said that they would tell staff to visit the office to review the full care plan before they visited the person. One relative told us, "They always involve me when they are reviewing dad's care."

It was clear from observations and discussions that staff knew people very well. We saw one member of staff engage with a person and it was clear that they knew all about their family and the things that they liked to do. They chatted about restaurants that they had both visited and the member of staff gave recommendations to the person about where they might like to visit. Some people were unable to verbally communicate however staff understood from the signs that people were using what people wanted. Staff had developed a communications book for one person that was in their home. This helped the person communicate with people they knew, staff and particularly new staff.

People's care records confirmed that staff had taken time to gather the outcomes and goals that people wanted to achieve, for example to remain living in their own home. These were then taken into consideration when planning all aspects of their care. The management and staff team were determined and committed to enabling people and their relatives to live their lives as they wished and found ways to overcome obstacles. One relative wanted to return to work however their family member needed to go to regular health care appointments. The registered manager ensured that there was a member of staff

available to take the person to appointments so that the relative could return to work.

Is the service responsive?

Our findings

People told us that before they started using the service an assessment of their needs was undertaken. One person said, "The manager came to visit me to make sure they were able to provide the care that I needed" whilst another told us "My son organised my care with the manager, we all met first to look at what was needed." Another person said, "They asked me what I wanted beforehand."

The registered manager told us that when they received the initial call about providing care they would go and visit the person and invite the relatives if appropriate. They said that they would be clear about what they could and could not offer. They said from that conversation with the person they would know whether they could provide what the person wanted. They said that the initial care plan would be flexible in terms of when staff arrived at the home to enable the person to settle in with the routine that best suited them. They said that from there they would develop the full care plan and would ensure (as much as they could) that the same staff visited the person. They said that this would give continuity of care. This was confirmed with the people that we spoke with.

Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. There were detailed care records which outlined individual's care and support. For example, personal care, medicine, health, dietary needs, emotional needs and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. On the day of the inspection one person was returning to home from hospital and we heard the registered manager arranging for the person to be visited to assess their changing needs. Staff always ensured that relatives were kept informed of any changes to their family member. One relative said, "They (staff) phone me all the time even when things haven't change."

Staff told us that they would ensure that any care provided was written in the person's notes. They said that if there had been a significant change to the person's needs they would call the office. The office would then ensure that all staff were contacted and informed of the changes. One person told us that when they returned from hospital (and their needs had changed) staff were aware of these changes. The registered manager told us that staff were informed of changes either by phone, in person when they came to the office or by care note electronic system that staff could access remotely and securely. Staff confirmed this to us.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. We saw this in one person's home when we visited them. People and relatives said that they would not hesitate in making a complaint if needed. One person told us, "If I was unhappy I would complain." They told us that they had brought something to the attention of the registered manager and this was dealt with straight away. When asked if they would be comfortable making a complaint they said, "If there was anything I was unhappy with, you (The CQC) wouldn't be the first to know, they (the service) would." There had been two complaints since our last inspection and these had been investigated thoroughly and people and their relatives were satisfied with their responses. One relative had complained about the lunch that had not been provided to their family member. The registered manager compensated the person for this.

Is the service well-led?

Our findings

The service had a culture which was positive, open and inclusive. The people who used the service were at the heart of everything they did. It was clear throughout the inspection that the registered manager and all senior staff that worked at the service were passionate about delivering good quality care. They impressed upon us that each person using the service were treated as if they were family. This was evident to us when we spoke to people and relatives. Comments from people included, "I am more than pleased with Premier Care and what they do for me", "I love (the registered manager), she always asks me what else can I do to help, she is very caring", "The care I get means everything to me, I couldn't cope without them. There is nothing to improve upon. They are all dedicated"; "I would rate the service as outstanding. They couldn't make me feel more comfortable if they tried." Relatives said, "The manager is very good. When you call they are ready to talk to you there and then. We have good relationships with them" and "They are all very professional. I'm so happy with Premier Care. They are not process driven."

One person started using the service at short notice as a private customer. The Local Authority were unable to fund them and they may have to move to another Local Authority area where another agency would be funded. The registered manager did not feel that moving to another care provider would be in the best interests of the person and an agreement was reached that the service would reduce their costs for this person. The registered manager told us "We didn't hesitate and agreed to continue to look after (the person) on the old pricing and (the person) is loving her care and still has the continuity she requires."

Premier Care had 48 clients that were on a 'Council Managed Budget.' A new framework agreement came into force in August 2015 and all of the clients wanted to transfer to Direct Payment. The registered manager told us that some people did not understand what was needed. The deputy manager received phone calls from people asking for help and advice and they were helped through the transition to ensure people understood and transferred over with minimal disruption. This was confirmed with people that we spoke with.

Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels.

People's views about the quality of the service they received were important to the registered manager. The registered manager or deputy manager either met with each person or called them each week to check they were satisfied with the support they received and with the staff who visited them. Additional training had been provided for staff when one person raised some concerns about the support they received. They told us that they reviewed this with the member of staff and made a decision to put another carer in place whilst the member of staff received additional training. People confirmed that they were contacted or visited regularly and asked their views on the care. The registered manager told us that they were on-call 24 hours a day and that if they were needed they would be available for them. When the registered manager went on holiday they would pay staff to be on-call in the event that they were needed.

Staff understood their role, what was expected of them, were happy in their work, were motivated and had

confidence in the way the service is managed. There were systems in place to make sure high standards of care were delivered. The PIR stated 'Our mission statement was developed with staff, people who use our service and their families and it is underpinned by a set of values which include: honesty, involvement, compassion, dignity, independence, respect, equality and safety.' The staff were able to describe the values and we saw that they used them in practice through the way they cared for and spoke to and about people. One member of staff told us, "This is a holistic, caring, family orientated organisation."

All staff received formal supervision and the people who used the service fed back on the performance of the staff on a regular basis. Supervisions were an opportunity for staff to spend time with a member of the management team to discuss their work and highlight any training or development needs. There was also a chance for any poor practice or concerns to be addressed. The registered manager gave us examples where they had used their disciplinary procedures to address issues where the staff member's standards had fallen below what was expected by the agency. There was a management structure which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was also the provider as they were the owner of the service. They were supported by a deputy manager and team of care staff. The provider set up an in house bespoke training room to help the staff with their manual handling practical training, areas that are covered are hoisting, handling belts, glide sheets, hoist slings and transfer boards. Staff appreciated having more hands on training in these areas.

In addition to calls and visits to people questionnaires were also sent to people and relatives to complete. Without exception all the questionnaires completed had detail of what action had been taken by the registered manager in areas they felt could be improved upon. For example one person had fed back that they wanted the same carer. The registered manager called and arranged a visit with the person to discuss this with them. They were given assurances that where possible the same member of staff would attend. People told us that they would usually have the same carer which they liked. One relative asked that their family member's fridge was checked for out of date food. Staff told us that they were asked by the registered manager to address this and people we spoke with said that staff did this. We saw that the relative had been contacted to reassure them this would be done. Staff were also updated via the electronic system of any concerns that the registered manager had. Another person wrote that the carers sometimes are later than normal which they understood, but on Mondays they wanted an early call as they went out on that day. The registered manager called to discuss this with the person and put in place with the care staff that the morning call on Monday needed to be early and we saw that this was happening.

The service had a variety of up to date policies and procedures which ensured all staff were kept informed of the agencies expectations and legal requirements. Policies were well written and informative; where appropriate they gave contact details to enable staff to seek further advice. Staff were able to attend meetings at the service to be updated on policies. The registered manager told us, "We don't have big team meetings, we do smaller groups. Staff will sign to say that they have read and understood any policies. I am always in touch with staff." Staff confirmed that this happened and that they understood and worked to the policies.

The registered manager had systems in place to ensure that staff were valued and congratulated for their performance. Any thank you cards and letters from people and family members were shared around for staff to see. Comments on the cards included, 'Thank you so much for all your kindness'. 'Thank you so much for caring for my mother' and 'Thank you for your teams continuing kindness and care' Staff told us that they felt valued and appreciated. Where staff had been having personal issues the manager supported them in every way they could. Comments from staff included, "They (management) treat us like a family. I feel very at home here. If we have any issues we can just come and chat to the manager", "There is good management here, it's very supportive. As well as work stuff you can speak to them about personal stuff. They are very

accommodating to our needs as well", "She (the registered manager) knows us well. We are not just payroll numbers. They trust us and I feel empowered. They really are so supportive"; "We get thanked all the time. We are not just a number and get treated as individuals." The PIR stated 'We have a good leadership. The registered manager down to the Senior Carer's in charge of all aspects of our service delivery. Managers understand the need to be consistent, led by example and be available to staff for guidance and support. This provides staff with constructive feedback and clear lines of accountability. As such managers are accountable for the actions of their staff.' Our findings supported this statement.

We saw evidence of staff being supported and their well-being looked after by the registered manager. One member of staff was unable to use their car. The service paid for a hire car for the member of staff so that they were still able to work.

Steps were taken by the provider to drive improvements and to provide the best possible quality of care to enhance people's lives. They worked with external organisations to help with this. Most recently the provider had joined the local Parkinson's awareness group. The provider regularly attended cancer research community morning events held by other organisations to help support people who were at the end of their lives. The providers are members of West Sussex Learning and Development, Surrey Information Point, Shop 4 Support, Connect to Support and Dementia Friends organisation who send round dementia specialists to talk to staff about dementia and to give them a better understanding of how people lives may be living with dementia. One health care professional said, "You are so lucky to have an agency that can respond so quickly (to people's needs) and have staff that can attend at short notice to assist people." They said that it was rare to experience such a well organised agency.

The service worked in partnership with key organisations to support care provision, service development and joined- up care. The registered manager had organised visits from a member of the local fire brigade to attend clients houses to discuss having smoke and carbon monoxide detectors fitted free of charge. This showed that the provider had taken steps to provide care that was outside the scope of the area of their responsibilities to keep people safe.

Quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by all staff. There were a number of systems in place to make sure the service assessed and monitored its delivery of care. Various audits were carried out such as care note audits, care plan audits and, medicine audits. The registered manager would discuss any shortfalls with staff and record this in the event that this needed to be raised again. The records that were kept at the service were comprehensive, well ordered and easy to navigate.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.