

Carers at Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 5 and 9 January 2017 and was announced.

Bramley is a domiciliary care agency providing personal care for people in their own homes. There were 140 people using the service at the time of the inspection. Half of the people receiving the service were living with dementia. Services are provided from their main office in Bramley and a satellite office in Chertsey.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had up to date risk assessments for fire, the environment, medication and moving and handling. However, we found some people did not have risk assessments for identified risks of malnutrition, dehydration or pressure sores. However the registered manager took immediate action to improve this and make sure these were in place to guide staff.

There was a risk that people's rights would not be protected because not all staff had good knowledge of the Mental Capacity Act 2005 (MCA) and MCA assessments were not decision specific. However the registered manager took immediate action to improve the form that was used and to arrange further staff training.

People and their relatives told us that they felt safe and staff had a good understanding of how to keep people safe.

There were sufficient staff to meet people's needs. The service used an electronic business management system that records and monitors staffing availability, consistency of carer, travel time and the service being provided to people. The service followed safe recruitment practices.

People benefited from a safe service where staff understood their safeguarding responsibilities. The provider who was the safeguarding lead for the agency.

The provider had developed plans to help ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather.

People's medicines were managed and administered safely. Staff received training every year and a competency check every six months to ensure they were able to support people to take their medicines safely.

People received individualised care from staff who had the skills, knowledge and understanding needed to

carry out their roles. Staff had received induction training which included completing the care certificate and shadowing more experienced staff. Staff received refresher training to help ensure they remained up to date with best practice and training to enable them to meet people's specific needs.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager.

The staff met people's dietary needs and preferences and people's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

People and their relatives told us that staff were caring and they were happy with the care they received, and staff told us they really cared about people and what was important to them.

Staff treated people with dignity and respect, and people were encouraged to be as independent as possible.

When people first received a service they were always introduced to the care staff who were going to support them. People knew which staff were going to provide them with support and when, and the same care workers were provided consistently.

People's views were sought through care reviews and customer surveys.

Care, treatment and support plans were personalised and detailed. People and their relatives were involved in developing them and were in control of their care.

Assessments covered people's needs and captured important person centred information and people's needs were reviewed regularly and as required.

There was a complaints policy in place and people's concerns and complaints responded to in good time

Staff were aware of the visions and values of the agency and were proud to work for the agency.

People and their relatives had opportunities to feedback their views about the quality of the service they received and spot checks were carried out on staff.

Staff were well supported by the management of the service and had regular team meetings.

The provider and registered manager carry out a number of audits. These include audits of medication administration, outcomes of reviews, staff timesheet analysis and training and supervision. All of these were used for monitoring quality and identified shortfalls with action taken.

The registered manager, provider and other staff members were actively involved in key local organisations and promoted awareness of dementia in the local community.

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 had up to date risk assessments for fire, the environment, medication and moving and handling.

People felt safe.

There were sufficient staff to meet people's needs.

Staff understood their safeguarding responsibilities.

The service followed safe recruitment practices.

Peoples medicines were managed and administered safely

Is the service effective?

Good ●

The service was effective.

There was a risk that people's rights would not be protected because not all staff had good knowledge of the Mental Capacity Act 2005 (MCA) but immediate action was taken to improve this

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

Staff received induction and refresher training as well as training to meet people's specific needs.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager.

The staff met people's dietary needs and preferences.

People's health care needs were monitored.

Is the service caring?

Good ●

The service was caring.

Staff were caring and people were happy with the care they

received.

Staff treated people with dignity and respect.

People were encouraged to be independent.

People's views were sought through care reviews and customer surveys.

Is the service responsive?

Good ●

The service was responsive

Care, treatment and support plans were personalised and detailed.

People and their relatives were involved in developing their care plans and were in control of their care.

Assessments covered people's needs and captured important person centred information.

People's needs were reviewed regularly and as required.

Care was provided consistently.

People's concerns and complaints responded to in good time.

Is the service well-led?

Good ●

The service was well led

Staff were aware of the visions and values of the agency and used these in practice.

People and their relatives had opportunities to feedback their views about the quality of the service they received.

Staff were spot checked regularly and well supported by the management of the service.

A business continuity plan was in place.

The quality of the service was audited to make improvements.

The registered manager, provider and staff members were actively involved in key local organisations to help them understand and share best practices.

Carers at Home Limited

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 5 and 9 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As part of our inspection we spoke with five people, three relatives, eight staff, a manager, the registered manager and the provider. We also spoke to six people and two relatives who were attending a Dementia Club run by the provider. We reviewed a variety of documents which included the care plans for fifteen people, seven staff files, training records, medicines records, quality assurance monitoring records and various other documentation relevant to the management of the service.

This is the first inspection of this service.

Is the service safe?

Our findings

People and their relatives told us that they felt safe. One person said, "They come to help me in the bath once a week. I definitely feel safe with them," and a third said, "They always make sure the back door is locked for security and check I'm wearing my alarm." A relative said, "I do trust them in the house, I never worry in that respect." Another said, "I think Mum is safe with them. I've no concerns with them."

Staff had a good understanding of how to keep people safe. One staff member said, "We assessed one lady who had no equipment and it wasn't safe. We made the referral to the Occupational Therapist (OT) and got the right aids for her. I also said we required two staff to make sure she was safe and that staff were safe." Another said, "We make sure doors are locked and key safes are secure, that people are wearing their care-line pendants. We have the right equipment and if it needs changing we get it really quickly." And a third said, "We need to be observant, if I see something someone might trip over I'll move it with their permission." And, "Before I leave I always make sure everything they need is near them, the cooker has been turned off and the house is secure." A fourth said, "If I wasn't confident doing something I wouldn't put people at risk. I'd say I couldn't do it, or ask for help."

People had up to date risk assessments for fire, the environment, medication and moving and handling. However, we found some people did not have risk assessments for identified risks of malnutrition, dehydration or pressure sores. We spoke to the provider about this and following the inspection they told us they had immediately completed risk assessments, and plan to review and update all care plans by the end of January 2017

There were sufficient staff to meet people's needs. The registered manager said, "We never take on new referrals unless we have the staffing capacity to do so". The service used an electronic business management system that records and monitors staffing availability, consistency of carer, travel time and the service being provided to people. Records on this demonstrated that all care visits took place. A survey completed in December 2016 reported staff were 100% time staying the allocated time.

People benefited from a safe service where staff understood their safeguarding responsibilities. One staff member said, "If I suspected abuse I'd report to the manager or use the whistle-blowing line. We cover safeguarding adults and children in the training in case people have children in the house when we're there." Another said, "If I noticed anything I'd report it straight away to the manager or to social services." A third said, "If I suspected abuse it would depend on the severity and urgency. I would contact the duty on-call. If it had a criminal element I would contact the police. I would try and ensure the immediate safety of the individual."

The provider who was the safeguarding lead for the agency had given to all staff a 'Quick guide for staff/volunteers to responding and reporting abuse'. This provided clear guidelines to staff with contact numbers for the local 'Multi-Agency Safeguarding Hub' and a whistleblowing helpline.

The provider had developed plans to help ensure that people's care would not be interrupted in the event of

an emergency, such as loss of utilities or severe weather. The service had a business continuity plan that was electronically accessible. People had been given priority scores around times and frequency of visits.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Peoples medicine were managed and administered safely. A staff member said, "I always check the MAR sheet and the client visit record to make sure that nothing has changed". The care records that care staff completed every time a person received care had a prompt on them for staff to check they had administered the person's medicines. The provider audited the Medicines Administration Records (MAR) every month. If there were any gaps staff received a one to one to discuss this. This had happened to 14 staff in the last year. If necessary staff were re-trained. This had happened to eight staff in the past year. The records we looked at contained no gaps.

A staff member said, "I have had medication training. They assess that you know what you are doing". Staff received training every year and a competency check every six months to ensure they were able to support people to take their medicines safely.

Is the service effective?

Our findings

There was a risk that people's rights would not be protected because not all staff had good knowledge of the Mental Capacity Act 2005 (MCA) and MCA assessments were not decision specific. The 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 asked staff about their understanding of the MCA. One staff member said, "It's about decisions for example going to the shops. If it's realistic that's ok. If not then to check with the office." Another said, "It's about dementia, and they forget. It wouldn't be my decision. I would talk to the district nurses." MCA assessments had been completed for each person and had assessed that each person had capacity. However, these were not decision specific and most were not dated. A staff member said, "I have not had MCA training. I have done some MCA assessments using the forms (the provider) has devised."

We spoke to the provider about this during the inspection. The provider immediately changed the forms they used to make it clear that MCA assessments were to be carried out for specific decisions. Following the inspection the provider sent us an action plan detailing what training they were going to provide to staff to increase their knowledge. This included extensive on line training as well as tailored face to face training for those staff who learnt better this way. The provider intends to have everyone re-trained by the end of February 2017.

Some staff did have a good understanding of the MCA. One said, "It's about ensuring people have a right to choose and direct their life. I shouldn't assume people can't make choices. My role is to help people make those choices. People with dementia can still make choices like what to wear and to eat. They can choose from a few things." Staff had been given credit card sized guides on the MCA to carry round with them. The provider had reminded staff to keep these with them in a team meeting in October 2016.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One person said, "Their staff are well chosen. They choose very good staff." The provider said, "When recruiting staff I'm looking for common sense, good spoken English, someone cheerful and caring. They might be the only person they see all day"

Staff had received induction training which included completing the care certificate and shadowing more experienced staff. The Care Certificate is a nationally agreed framework which sets a basic standard for the skills staff need to have in order to support people safely. One staff member said, "We did the work for the care certificate in the induction training. Everything is explained really well and it's all face to face which I think is much better than e-learning. I shadowed other staff for a few weeks to get to know people". Another said, "I shadowed someone who was very good for two days, then she observed me to assess how I was doing. I had a personal development meeting with my manager and we both agreed I was confident and competent in my role." The registered manager said, "New carers shadow for as long as they want until they feel happy and confident."

Staff received refresher training to help ensure they remained up to date with best practice. One staff member said, "In February I did safeguarding, moving and handling and food hygiene training. I do these yearly". Another staff member said, "I have had fire safety, safeguarding, first aid and medicines training. I have moving and handling booked and am doing dignity and equality training next week". Records demonstrated that staff received regular refresher training and that they had their knowledge checked at the end of the training.

Staff also received other training to enable them to meet people's specific needs. One staff member said, "I feel confident with the training offered. I can ask if I require further training nine times out of ten it is arranged. I did extensive training on dementia and have had information sessions on specific conditions." Another said, "I can always ask if I want more training." A third said, "I have received PEG training." PEG's are feeding tubes which are placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach. Records demonstrated that eight staff had received PEG training.

Staff told us about the dementia training they had received. One said, "It effects the way you work with people, makes you understand the need to show empathy. With one person who gets her words muddled I'll ask them to show me what they want and reassure them I'm there to help." Another said, "The dementia training helps you be person centred, see the person not the disease. You understand more about people's frustration and depression. You have to treat them as a person and someone's family. We try to take the pressure off them and give reassurance."

The provider employs a full time trainer who provides face to face training. In the last year they had provided specific training on diabetes, Parkinson, and end of life care. Some staff had difficulty supporting someone whose behaviour challenged them. The trainer had organised positive behaviour support training to give staff tools they could use to de-escalate situations and keep the person and themselves safe. The trainer had recently implemented on-line assessment for all staff which included the areas covered by the care certificate so that they could plan and give personal training to staff members.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager. One staff member said, "I have regular one to ones and my work is checked. If I'm not happy with something or not sure about what to do all I have to do is ask and I get the support." Another said, "I have monthly one to one supervision. One of the leaders comes out and assesses how I'm working. I have annual appraisal. I had it a couple of months ago with (the registered manager). We covered how I do my job, how well I'm doing it and my training." A third said, "I have an appraisal. They look at whether I'm happy, the tasks I excel at. I'm given an opportunity to say what I want to say and how I feel. I can always ask for more training."

The staff met people's dietary needs and preferences. Everyone had a care plan for nutrition and hydration that contained details of people's food and drink preferences and their dietary requirements. If required, food and fluid intake was monitored. People who needed PEG feeding were supported by trained staff. The provider told us "if time permits we will sit with clients while they eat, recognising that eating is a social occasion and some people will eat better if not alone".

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. A person said, "I was very impressed with them yesterday. The one who came said she wasn't happy with the red patch on my groin. I knew it was sore, but hadn't thought much of it but she was right. She's recommended I go to the doctor. I went this morning and I have an ulcer there. I was very impressed with that." A relative said, "Mum's arthritis has got worse so she

can't grip as well to help her stand up. They've (the agency) arranged for a reassessment on Tuesday to see what equipment she needs." A staff member said, "I noticed she had a terrible sore on her bottom. She said she didn't want anything done but I told her I would have to let the GP know, it's my duty. I made an urgent referral to the district nurse yesterday and she's seeing her today." Another staff member said, "You need to be observant over people's health. Look for signs of chest infections, or any sores and report them straight away." Peoples care records showed staff were acting upon concerns and obtaining advice from and referring to GP's, district nurses, occupational therapists and pharmacists.

Is the service caring?

Our findings

People and their relatives told us that staff were caring and they were happy with the care they received. One person said, "I'm very happy with them. The girls are so good, so kind and helpful. We go way back. They are so interesting to talk to. I really look forward to them coming." Another said, "They're all very caring. They always offer to make a cup of tea and ask if there's anything I need help with. It's only ever little things like opening jars but they're very willing." A third said, "I feel as though I'm loved as a person, right from their buoyant arrival, their smiles and their sense of humour. If I say anything they will take notice," and a fourth said, "I was hesitant about having them but now I look forward to hearing the key turning in the door." A relative said, "They're brilliant. They always come in with a smile and make you feel comfortable. My wife blinks to communicate and I see her doing this with them and they understand. I think they're all polite and considerate. If they arrive early they wait in the car rather than disturb you. They all very decent".

Staff told us they really cared about people and what was important to them. One said, "I always knock on the door and shout as I'm going in. People are generally pleased to see you. I always ask what they want help with. Most people want to chat and that's important to them." Another said, "People look for you to be caring so they know if they can trust you. Things like making the time to sit and have a cup of tea with them. It can be the highlight of someone's day and it builds up trust." A third said, "It's the little things that people worry about that we can help them with. They might be worrying about how they will get to a hospital appointment, so I'll help them arrange transport or put a calendar on their wall to remind them of appointments." We were also told, "(name of staff member) takes a full Christmas dinner to people who are on their own on Christmas day so nobody feels they have been left out." A staff member who had been supporting a person who had died the previous weekend told us, "I went out in my own time to see the person and support the family." An email to the provider stated 'at the end of my mother's life (staff members name) was a faithful and amazing person to have around. She was an amazing comfort and we would have not coped without her. She gave of herself beyond the care of duty even sitting with my mother when she died.'

Staff treated people with dignity and respect. One staff member said, "I always give people the flannel for personal care so they can do as much for themselves as they can. When people are washing personal bits, I'll turn away but keep talking so they don't feel uncomfortable. I keep people covered as much as possible; people don't want to feel exposed." And, "I always ask people if they want to be called Mr or Mrs or their first name, how they want to be addressed." A second said, "It's important not to expose too much flesh with personal care and give people privacy when they're using the toilet."

People were encouraged to be as independent as possible. One person said, "I try to do as much for myself as possible and they help with that, they don't take over." A staff member said, "When supporting someone with a shower or wash I encourage them to wash the parts they can," and another said, "One lady asked me to sew a button on for her husband but I could tell she wanted to do it herself. I encouraged her, it took her an hour but she was over the moon she'd been able to do it for him. It gave her so much satisfaction." A third said, "One lady has an hours support every day to go for a walk. She has memory problems so if she needs any shopping we write a list so she can refer to it and be independent."

When people first receive a service they are always introduced to the care staff who are going to support them. One person said, "I never have a stranger here. Someone always comes from the office to introduce them and show them where things are and what to do." A staff member said, "Any new clients you get on your roster are introduced to you. They will talk you through the ropes." The registered manager said, "no client would open the door to a complete stranger."

People's views were sought through care reviews and customer surveys. People are asked to complete a 'Start of Service Questionnaire' three months after the service start. This includes the information received before the start of service, the initial assessment, their involvement in the care planning, whether the care being provided is meeting the person's needs and their satisfaction with the staff. Regular customer surveys are also completed with any concerns acted upon to improve the service.

The agency provided a weekly drop in service for people living with dementia in the lounge of a sheltered housing scheme. This is open to people using the service as well as members of the local community and is free of charge. The agency provides transport to those who wish to attend. A person said, "It's something to look forward to each week." Table games are available as well as 'tea and a chat'. People who attended clearly enjoyed the group and actively chatted about the roles they had in the armed forces. This group also had a Christmas lunch in the village café.

Is the service responsive?

Our findings

Care, treatment and support plans were personalised and detailed. Records contained information on people's health needs and practical tasks that they required support with and person centred information about people such as their wishes, preferences and backgrounds. Guidance for staff was very specific to people's individual needs.

People and their relatives were involved in developing their care plans and were in control of their care. One person said, "It's only been a few weeks but I've been very impressed with them. They learnt very quickly what I liked and I can change things if I want to. I'm in control." Another said, "They do everything exactly how I want them to, do just what they're meant to do. I'm very happy with them." A relative said, "They do what's in the care plan we agreed." A staff member said, "When people are assessed they say what they want in their care plan and we follow that." Another staff member said, "We had a new client this week. We helped her have a wash then clean her teeth. She said she didn't like it like that and wanted her teeth done first so the next night that's what we did. Those details are important, they're important to me so they will be for everybody."

Assessments covered people's needs and captured important person centred information. One person said, "The assessment was very thorough, I was able to say exactly what I wanted". A relative said, "They did an assessment and we were all there."

People's needs were reviewed regularly and as required. One relative said, "The care plans changed quite a bit over the years. They always update things." The registered manager said, "Care plans are reviewed when circumstances change or carers alert us that someone's needs have changed. We always do an initial review after three months then after that we agree how often they are reviewed with the client but they can always request a review."

People knew which staff were going to provide them with support and when. One person said, "They send me a roster so I know who's coming and when." A relative said, "We get rotas emailed."

People told us the staff arrive on time and if they are going to be late they always let me know. One person said, "They're very good, very reliable. If they're going to be late they will always call." Another said, "They ring if they're going to be late. It's always a good reason." A relative said, "I'm pretty pleased with punctuality. Mostly they'll phone if they're held up. They've never missed coming."

The same care workers were provided consistently. One person said, "I always get the same carer." A relative said, "We've had one carer for nine years, others have come and gone but the consistency is good." A staff member said, "We usually have consistency through the day, so if we go to someone in the morning we'll be with them again at lunchtime."

The provider rosters travel time for staff to ensure people get their allocated support time and staff do not arrive late. One staff member said, "They try to keep calls close together so we have enough travel time."

If there are concerns that people have too much or too little time for their support staff record this on time sheets and then the registered manager will ask social service to re-assess the person's needs. One staff member said, "We normally have enough time but if we don't think we do we document what we're doing and the office will get it increased." Another staff member said, "If we need more time we record it and tell the manager and they will ask for more time. It happens really quickly."

There was a complaints policy in place which stated that part of their process was to send out satisfaction questionnaires and where anyone expressed dissatisfaction they would speak to them to see what could be improved. We saw this happened, one relative had commented that when staff were on annual leave the staff covering did not always stay the allocated time. An apology was given and a message sent to coordinators that staff covering should be booked in for a shadow shift prior to working with the person.

People's concerns and complaints were responded to in good time. One person said, "Things are a bit more settled now and I'm getting the same carer. There was a bit of swapping about a while ago so I told the office I didn't like it they have sent the same one since." Another said, "I've only had a slight difficulty with one of them, nothing serious. I rang the office and they just said they wouldn't send them again. They talked to admin and it was changed to a different person." A staff member said, "If anyone made a complaint to me I would take it seriously. Listen to them, tell the manager, record everything and investigate it." Another said, "If anyone complained I would make sure it was passed to the right person and reassure them." A third said, "No-one has ever complained to me. I'd report it if they did and help in any way I could."

The complaints procedure within the service user guide detailed how people could complain with timescales for responses. No-one had complained in 2016. The agency had received four complaints in 2015. All had been investigated and an apology given.

Is the service well-led?

Our findings

Staff were aware of the visions and values of the agency. One staff member said, "The visions and values of the service were covered in the induction and I think this runs through the organisation. It's about maintaining people's independence, supporting their needs and treating them as individuals. The company are very caring to their staff and clients. If anything needs changing to suit people they'll do it." Another said, "I've worked here for three years and they've been the best of my life. They are a lovely organisation, good team work, good training and good feedback. They care about every single person as an individual and every client is valued. It's like a family and they (the managers) really understand the job. They check all the time that people are happy with their care."

Staff told us that they were proud to work for the agency. One staff member said, "The service looks after clients well. I'm proud of who I work for." A second said, "They support clients brilliantly. They go above and beyond to make sure people are happy and have the care they need." A third said, "They are very good. I have a couple of friends in other agencies. They don't come anywhere near this one". A fourth said, "I have recommended the use of the agency. I feel it's person-centred and it's about the client. My colleagues have the same attitude. We do it because we want to".

People and their relatives had opportunities to feedback their views about the quality of the service they received. The agency regularly telephoned people. One person said, "I don't often have to call the office but they call me to check on things." Another said, "The office has been out to visit two or three times already to check everything". A relative said, "After all these years I know most of them in the office. I know (the registered manager) really well." The agency also sent out regular customer surveys and used the responses to improve the service.

The registered manager carried out spot checks on staff whilst they provided care to people. One staff member said, "We have unannounced spot checks. They observe your practice, safety and communication. We get written and verbal feedback on what they've seen." Another said, "I've had two spot checks. It was a bit nerve racking but it was really nice to get positive feedback, it gave me confidence." The spot checks included a check on whether staff were working in a person centred way, communication, privacy and dignity, confidentiality, health and safety, fluid and nutrition and understanding their role.

Staff were well supported by the management of the service. One staff member said, "The managers are all good. If you have any problems or need any training they will always help you. You're never made to feel as though a question is stupid. We all work as a team and there is always someone on the end of the phone." Another said, "You can turn to your managers if you have a problem they're there immediately. They're all very approachable. If you call out of hours they get back to you straight away." A third said, "(The registered manager) is a good mentor and is always around if I need anything."

Staff had regular quarterly team meetings. One staff member said, "We talk about clients, training and any concerns. We can make suggestions and these were listened to." Another said, "We have regular meetings. If we suggest things it's taken on board. Nothing is ignored." A third said, "I have the opportunity to voice my

opinion. It's nice to get information on other approaches if I have a problem". The agendas included updates on people receiving the service, medication audits, equipment availability, MCA, safeguarding, professional boundaries and reminders about confidentiality.

A business continuity plan was in place. It listed people's roles and responsibilities and contact details. It covered possible failings such as IT, staff sickness, and bad weather. For bad weather it said which people should be prioritised, identified who could be reached on foot, who would need access by a 4x4 vehicle, and which agencies to ask for help.

The provider and registered manager carry out a number of audits. These include audits of medication administration, outcomes of reviews, staff timesheet analysis and training and supervision. All of these were used for monitoring quality and identifying shortfalls and the action taken.

The registered manager, provider and other staff members were actively involved in key local organisations. The provider is a director of a local care association. A staff member said, "I was encouraged to visit another provider to take part in the care certificate training to get ideas and they then reciprocated. It was so useful to be a participant as I could get feedback from others about what was useful and how it worked." The provider said, "I take an active role in promoting best practice in domiciliary care in Surrey, advising other care companies and negotiating with the local authority. In doing so I see best industry practice which when implemented benefits Bramley". The registered manager attends Homecare meetings with the local authority. They had been helping to identify concerns with hospital discharge information and had designed a form to use to create a smoother process for people.

The provider promoted awareness of dementia in the local community and to local businesses. They offered free training courses and advice.