

My Carer Ltd

My Carer

Inspection report

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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?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This announced inspection took place on 5 May 2017. My Carer is a domiciliary care agency providing support and care to people in their own homes throughout the Wantage and Faringdon area of Oxfordshire. At the time of our inspection My Carer was providing services to 68 people.

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

We received some extremely positive feedback about the service. People, their relatives and healthcare professionals told us the quality of the care and support provided by My Carer surpassed all their expectations.

People received safe care from staff who had been appropriately trained to protect people and identify signs of abuse. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing. Robust recruitment procedures helped to ensure only suitable staff were employed at the service.

Risks were assessed, managed and reviewed to help ensure people's safety. Staff were deployed appropriately and capacity of staffing hours was closely monitored. People were assisted with their medicines safely and told us they received them on time.

The provider valued their staff team and endeavoured to take steps to retain and develop staff to their full potential. They believed this was the key to delivering high quality, consistent care. A number of measures had been employed to recognise the contribution staff made and this was appreciated by staff who told us they felt valued and respected.

People's rights were recognised, respected and promoted. Staff had a good understanding of the Mental Capacity Act 2005 and we saw people's consent was sought routinely. Staff were knowledgeable about the rights of people to make their own choices. This was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

Staff supported people to choose food they liked and to eat healthily. People received enough food and fluids to remain healthy and staff monitored this when required. People had adapted equipment to help them eat independently, if they needed it. People had detailed plans to help staff and health professionals provide the care and support they needed to remain healthy and manage any existing health conditions.

People were involved in developing and reviewing their care plans. Where people required support with their food and drink, medicines or personal care, the level of support they needed was identified and

assessed. The aim of this procedure was to promote people's independence by enabling them to do as much for themselves as possible without making them feel burdened. People received personalised care, tailored to their individual needs.

People and relatives were delighted with the kindness and thoughtfulness of staff which exceeded their expectations of how they would be cared for and supported. People explained how staff went over and above what they expected from them and they couldn't ask for anything more. People told us the support they received significantly improved their well-being.

People we talked to consistently referred to the registered managers and staff as kind and caring people. They told us they valued their relationships with the staff who supported them and the support provided often exceeded what they had requested.

The service was extremely responsive to people's needs and wishes even if the support people needed proved to exceed their contracted hours. People told us that staff went over and above the call of duty and people said this made a great difference to their lives.

People felt consulted and listened to about how their care would be delivered. Care plans were personalised and centred on people's preferences, views and experiences as well as their care and support needs. People's histories, family relationships and religious and cultural needs were taken into account while preparing their care plans. People's care and support were planned in such a way as to facilitate working towards their aims and ambitions. The provider recognised people's achievements and encouraged them to always make headway by setting new targets whenever their care was reviewed.

People were able to express their opinions and were encouraged and supported to have their voice heard. People were fully involved in planning and reviewing their care and support needs. There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to.

The registered managers led their team by example, showing strong, inclusive and innovative leadership that focused on enhancing the service and creating positive outcomes for people. There were systems in place to monitor the quality of the service and staff reflected on their practice to identify and implement changes when required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities to protect people.

Risks to people's well-being were assessed, managed and regularly reviewed.

Medicines were administered safely.

Is the service effective?

Good 

The service was effective.

Staff were well trained and supported through regular supervision.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People received support with their dietary needs in line with their choice and health requirements. People were supported to access healthcare professionals when they needed to.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People told us they were treated with utmost kindness and compassion and their privacy and dignity were always respected.

Staff we spoke with valued their relationships with people they supported and regularly went the extra mile. People told us the support they received from staff improved their well-being.

Care staff respected people's individuality and encouraged them to maintain their independence to live the lives they wanted.

Is the service responsive?

Outstanding 

The responsiveness of the service was outstanding.

People's care and support were personalised and designed to promote quality of life and to meet their needs and preferences. People received support to set and achieve goals for themselves.

The service went the extra mile in providing people with a wide range of activities to prevent social isolation. People told us they were delighted by the events organised by the service.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

The service was well-led.

The management had produced outstanding characteristics in the caring and responsive domains.

People, their families and staff told us they thought the service was very well-led.

The provider's philosophy, vision and values were shared by all staff, which resulted in a culture that valued people's individual experiences and abilities.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

Good ●

My Carer

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 checked 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 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that representatives of the management and staff would be in the office to meet us.

The inspection team consisted of an 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 service.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is information about important events which the provider is required to send us by law. We contacted the local authority commissioners and healthcare professionals who stayed in touch with the service to obtain their views about the service. We received written feedback from two health care professionals.

During our inspection visit we spoke with 11 people supported by the service and three family members. We also went to the office of My Carer to speak about the service with some individuals concerned. They included one of the registered managers, three staff members providing care in the community and one person who used the service. We also received comments from ten people after the inspection visit who wished to express their praise of the service for the exceptionally high standards of support provided.

We reviewed four people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People received a service from staff who ensured their safety and protected them from harm. People told us they felt safe and comfortable with the staff that supported them. One person said, "I always feel safe with them". Another person told us, "Yes, I feel safe. They are pretty good". One person's relative said, "Yes, he feels safe. He never complains or seems worried about anything".

People were protected from the risks of abuse because systems were in place to ensure people understood their rights and felt able to raise any concerns about their care. Staff had a clear understanding of safeguarding and protecting people from abuse, which had been achieved through training, policies and procedures. A member of staff told us, "If I had any concerns, I would report this to my managers. If they didn't act, I would report this further to social services or to the Care Quality Commission (CQC)".

Risk assessments were completed in relation to all aspects of the care provided and the home environment. This helped to ensure the safety of both the person receiving the service and the staff providing it. Risks such as those related to medicines, moving around the home and specific health conditions were also assessed. Detailed guidance was incorporated into people's care plans to enable staff to minimise and manage any identified risks.

People were protected from the risk of being cared for by unsuitable staff. Recruitment processes were thorough. References were sought in relation to conduct in previous employment and a disclosure and barring service (DBS) criminal record check was completed for each applicant. A DBS check ensures there are no criminal records which may prevent a prospective member of staff from working with vulnerable people. Other checks included establishing proof of identity and gaining a full employment history.

There were sufficient numbers of staff to meet people's individual needs. People told us they were supported by consistent care staff team and said this was important to them as they had got to know them well. One person told us, "I have my regular carers, which is nice".

People told us that regular staff visited them, arriving at the agreed times and staying for the full length of their visit. People also said they were always informed if there was a delay in a member of staff arriving for any reason, which they appreciated. One person remarked, "I can't fault them at all. They are pretty accurate with the timekeeping and staff are friendly. They let me know if they are going to be late". Another person told us, "They are mostly on time. They give me a ring if they are running late".

There was a system for accidents and incidents to be reported and recorded. When necessary, these were investigated and reviewed to identify trends. This meant action could be taken to reduce the risk of further incidences. Some risks were reduced due to staff constantly monitoring people's safety and due to the use of electronic equipment. For example, people who smoked had fire alarms installed in their homes and staff regularly checked if these worked properly.

People's medicines were managed safely. Where people required assistance with medicines, a clear risk

assessment had been carried out and there was a plan in place to indicate how and when assistance was required. This plan also detailed the level of assistance to be offered, for example, some people needed only a prompt or reminder to take medicines while others needed full assistance. Staff received training, observed other staff members and completed a full and comprehensive competency assessment before being able to give medication. Staff were observed and their competencies in the administration of medicines were checked by one of the senior members of staff during routine spot checks.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed risks of such events as fire or bad weather conditions.

Is the service effective?

Our findings

People received effective care because they were supported by experienced and appropriately trained staff who had a good understanding of their needs. People consistently told us staff were perfectly aware of their needs, and emphasized how happy they were with the care and support they received. One person told us, "They are amazing. Very understanding, very caring. They understand everything I have got wrong with me. They don't push me, they let me take my time". One person's relative said, "They definitely have a good understanding of my needs. I think they are the best company. With these girls I have no worries about leaving him with them".

Health professionals repeatedly described the service as professional, caring, efficient and consistent. The healthcare professionals remarked that the service had a very good reputation and was the homecare service they always turned to when they required support for their clients. We were told this was because staff displayed the right competencies, knowledge, skills, experience and attitudes and could be relied on to provide an excellent service.

Training was provided for staff on a continuing basis whereby they refreshed their knowledge and skills in topics such as moving and handling, food hygiene, dementia and safeguarding. Most of the training sessions were followed by a knowledge check for which a 100% pass mark had been set. If the pass mark was not attained, the training had to be repeated and additional support in understanding the topic was provided. A member of staff told us, "Training opportunities are pretty good. You can come and ask if you are not sure if the client requires a different approach than the one you have been trained at". Another member of staff told us, "You can choose the courses you want to do. I'm doing an end of life care training course at the moment".

Practical competency in relation to the training was tested during spot checks to ensure staff retained their skills. A member of staff told us, "We have spot checks every two to three months. This helps you to do things properly. Once I had forgotten to put an apron while cooking and this was immediately raised up by my manager. Spot checks show you the room for improvement".

Staff told us they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing experienced staff. Experienced staff shared their knowledge of how to support people with new staff so people had the continuity of their care ensured. People said the management team assessed when they were ready to support people on their own and this time varied depending on their confidence and experience.

Records seen and our conversations with staff confirmed regular supervision and annual appraisals were held obligatorily. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development and training needs as well as their thoughts on improving the service. A member of staff told us, "This gives you opportunities to discuss any issues. For example, if you are struggling or if you have anything to moan about. And they follow the issues each month. For example, I fell out with another carer due to things posted on the social media and this was followed up".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff understood the importance of asking for people's consent before providing any personal care. They had received training in the MCA and were able to tell us how it related to their work. For example, one staff member said, "We are always respecting our client's rights and choice. If they don't want something at that moment, I'll try and encourage them again later, but it is their choice and they can refuse." Another member of staff also spoke about respecting people's wishes. They said that if they had concerns about decisions people were making, they would report this to the office so that professional advice could be sought. People confirmed staff asked for permission before caring out their tasks. One person told us, "They don't do something without my permission".

Most people managed their own medical appointments or were assisted by a relative. However, the registered manager told us there were occasions when they would assist people with appointments. Visit times were altered when necessary to accommodate a hospital or a doctor's appointment. In addition, staff sought medical attention for people when they needed it. These included referrals to GPs, dieticians and Speech and Language Therapists (SALT). For example, the service contacted healthcare professionals if they had concerns about a person's well-being or called the emergency services if it was a medical emergency.

Food preparation at mealtimes was completed by staff members with the assistance of people they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff confirmed they had received training in food safety and were aware of safe food handling practices. People supported with meal preparation told us they were happy with the arrangements being in place. One person told us, "They do lunch and tea time. Pot noodle or a sandwich. Tonight I'm having a pie and they will cook potatoes and spaghetti hoops. Very good. They make suggestions to make things easier". Another person told us, "My food is always served hot because it has to be freshly cooked. I am on a gluten free diet. They always ask what I want".

Is the service caring?

Our findings

People and relatives told us the care and support they received exceeded their expectations. They told us they were surprised and delighted at the high level of kindness, thoughtfulness and compassion always shown by staff. People told us they thought staff were very caring and they had formed close relationships with them. People and their relatives told us that by developing lasting and meaningful relationships, this had made a positive difference in people's lives. One person told us, "They are awesome. They go above their duties, I love them". Another person highly praised staff, "I love them. I call them 'my angels', they are absolutely amazing". One of the relatives said, "They are very nice. They are all very kind".

Throughout the inspection people gave us a number of examples of how staff went the extra mile to deliver high quality care. One person told us how the caring and cheerful approach of staff had influenced her own life which had helped to improve their health and well-being. The person told us, "I always talk to any of my carers. They know me, they give me a talk and talk bad things out of my head. Previously I had suicidal thoughts and I was self-harming myself but they turned my world around with their unique approach. We have a good laugh together, they know how to cheer me up. They found out about a support group promoting recovery for people who experience mental health difficulties and encouraged me to go there. They go above their duties, they helped me to get my life back. Before they started visiting me, I was self-neglecting myself. Now the flat is tidy, they make sure I shower and I eat proper meals. They found places to go to which I appreciate as it wasn't easy. I'm on a gluten-free diet and they have even managed to find gluten-free restaurants where I can go regularly and have a meal".

One person's relative told us about the difference the service made in the person's life. The person said, "I couldn't praise them higher. They had a really good, cheerful approach that made my father feel better. They made sure he had a shower in the morning and he was a little devil looking for excuses like for example, going out to have a cigarette. He didn't eat much but with them he started eating again. The staff were regularly going above their duties. For example, my father did not eat well but he liked a certain type of pie from the town. The carers knew this and got this from the town in their own time just to ensure he had his favourite food. As I lived some distance away from my father, this made us all happier and put our minds at ease, knowing that the carers are on the ball".

Some of people had pets which required care and attention. As some of people were not able to care for them due to their condition, the service produced care plans for pets to ensure people could how staff should take care of their pets. Where appropriate, registered managers worked with the local authority to seek additional time to take care of people's pets.

In another example, people experienced a power cut. One of the carers devoted their own time to provide people who were out of electricity with flasks of hot drinks and torches to keep them safe and hydrated. This illustrates how the service was going above and beyond their contractual agreement to ensure that people were safe at all times.

One of the professionals told us, "They are particularly good at building up long-term relationships with

clients and adopting a flexible approach to their work. Their staff all seem to genuinely care for the people they are working with - and I have been made aware of staff donating items of bedding and food to those clients who have had nothing - and for whom nothing is available".

The registered manager and care staff had decorated the service's office and the training rooms with portraits of the people they supported. The registered manager explained that everyone who worked in the service knew the people they supported really well and that the photographs were an example and a reminder for staff that people are always at the heart of the service".

All of this contributed to a service that had a strong person-centred culture where staff were inspired to provide kind, compassionate and flexible care and support to people and willingly went the extra mile to achieve this goal.

People and staff were encouraged to celebrate the value of caring within the organisation. A carer of the month award had been introduced by the management team and the results were published in a newsletter. This gave an opportunity to people to acknowledge and reward staff or other individuals who they felt had made significant contribution to their life or the organisation. A person using the service had nominated a staff member who had supported them through a long recovery process. Their person in question told us, "We are always following who is the carer of the month and we are all supporting our carers. Carers are really happy saying 'Oh, thank you, you have made me the carer of the month'".

The three staff members we spoke with showed an excellent understanding of people's individual needs regarding privacy and dignity. A member of staff told us, "We always close the door, shut the windows and wrap a towel around them. When providing personal care, we undress the top half first and then the bottom half of the body so they are never fully exposed". People supported by the service told us staff spoke with them in a respectful way and they were treated with high regard during delivery of their personal care. They told us they were always treated with kindness and compassion and liked the staff who supported them. One person told us, "They are definitely caring and compassionate but also very kind and gentle. I can't speak highly enough of them". Another person pointed out, "They are good not only to me but also to my family".

The service were recognised dignity champions in Oxfordshire and attended regular 'dignity meetings'. This enabled the service to be aware of best practice and exchange ideas with other services. According to staff, these initiatives had raised their awareness regarding dignity. A member of staff told us, "The main part of our values is our clients' dignity and respect".

Staff we spoke with showed a good awareness of people's human rights. They were all able to explain how they treated people as individuals and supported them to have as much choice as possible. They told us this attitude had been ingrained by the management team and the provider who worked with staff to share their ethos about the importance of each person they supported.

People said they were encouraged to do things for themselves whenever possible but they could ask the care staff to assist them if they could not manage. For example, one person's care plan stated they could wash their body independently but noted there were times they required assistance due to their condition. A member of staff told us, "We encourage our clients to do as much for themselves as they can. Sometimes someone has just to be there for their moral support".

When people were nearing the end of their life, they received compassionate and supportive care. People and their relatives contributed to their end of life care plan so that staff knew people's wishes. People were

treated with dignity and respect at the end of their life. The provider's approach to people nearing the end of their lives was compassionate and understanding.

Is the service responsive?

Our findings

The service went the extra mile to meet the people's needs. For example, a person suffering from addiction had been neglecting themselves, not eating and not paying bills. With the person's permission, the service had liaised with an independent financial advisor in order to help the person manage their finances. This had resulted in the person having access to benefits and the person's bills being timely paid and food being delivered to them. The person's quality of life had improved and they were no longer at risk of self-neglect.

In another example, one person told us how the staff's support had enabled them to recover from their condition. The person told us, "They helped me to recover so well. I was in a hospital all year. These lovely girls got me gave the support I couldn't dream about. They took me out of the bed and gave me new life. Before they helped me, I wasn't able to talk. I had to blink to communicate instead. Now I can talk and I can walk again. I was on the feeding tube (PEG) 24 hours a day before and now I can eat independently. They started from small amounts of soft foods like an omelette or baked beans or mashed potatoes. It was so amazing to taste the food again. They have done such an amazing job to make me who I am today".

The service went above their contractual duties while providing support to another person who had been at high risk of self-neglect and malnutrition. The person had not been able to meet their needs in their own home due to their health condition. The service had liaised with healthcare professionals who had performed a surgery to improve person's health. As a result, the person could see again which had improved their quality of life and led to removing their name from the risk register. Staff had helped the person by redecorating the person's flat in their own time.

We received excellent feedback from professionals regarding the responsiveness of the service. One of the professionals told us, "My impression is that they have the ability to deal with the somewhat unusual clients-their staff have always been professional to deal with and they adopt an excellent 'can do' attitude. Nothing ever seems to be too much trouble and they are good at thinking creatively in order to get clients who would not normally engage with care, to engage".

The service's registration did not require them to provide people with activities. However, the service went above their duty and offered activities to people to prevent social isolation. People enjoyed a variety of meaningful activities and were supported in pursuing their interests and hobbies. The range of activities varied from shopping, walks, days out to going out to restaurants. There were enough staff employed to assist all people in whatever activity they chose. People told us they enjoyed the events organised by the service like barbecues, trips to the seaside or Christmas parties. One person told us, "That's quite new these outings. It gets you to meet everybody else. We just talk for ages how good our carers are". A member of staff said, "We organise events for clients, their families and carers. The clients feel more at ease as they know more about their carers". People told us that after the events they had exchanged their telephone numbers to keep in touch and socialise during next events organised by the service.

Each person had their needs assessed before their care commenced. The aim was to make sure the service was able to meet the person's needs and expectations. Following the initial assessments, care plans were

prepared to ensure staff had sufficient information about how people wanted their care needs to be met.

Staff told us care plans were invaluable in getting to know and understand people in order to provide personalised care. A member of staff told us, "When I went to a new client, the care plan provided me with information about their family and life history including what the person had done in the wartime. When I visited them, we had a nice conversation which allowed us to build a caring relationship". Another member of staff told us, "The care plans are very specific. Even if someone wants two sugars in their cup of tea, this is reflected in the care plan". This type of detail was noted in all the care plans we reviewed and demonstrated great commitment to provide individualised care which respected people's varying needs and abilities. People were involved in planning their support and they were given the opportunity to discuss their care plans. One person told us, "They always look for my opinion about the care plan. I read it all and I check this. I may say 'it's absolutely perfect' or 'you forgot to put that I like fruit cocktail'".

Staff were provided with clear guidance on how to support people in line with people's wishes and preferences. Staff showed an in-depth knowledge and understanding of people's care and support needs. All the staff members we talked to were able to describe the care needs of each person they provided with support. This included individual ways of communicating with people, people's preferences and routines.

The service had a proven track record of responding quickly to people's requests when they required changes and adjustments to their care. In other examples, people had rearranged their care visits at a short notice to be able to attend urgent health appointments and additional time had been given to people if they had been unwell and required more help.

People told us that the service was responsive to their comments and their ideas. One said, "I worked as a paramedic before and I ask them 'perhaps you should do this thing this way, not that way?' And they listen to me, they listen to their clients". The person also told us, "I like to be involved in helping new staff on how to take care of a disabled person. It was my idea for staff to train on me moving and handling. You got to train and practice on a real disabled person, not on someone who is able to adjust themselves to slings and other equipment". Staff told us they had all benefited from this idea and they were well prepared and well trained in moving and handling before they started visiting people.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. Although the service had a system in place for recording complaints none had been received when we undertook our inspection. One person told us, "I would feel confident complaining and would phone the office to ask them to come out and talk to me". Another person said, "They are very good. If there is anything that troubles you just give the office a ring and we will talk it over. There are several people in the office all the time."

Is the service well-led?

Our findings

We found the registered managers had developed an open and positive culture in the service. This encouraged communication, transparency, and positive working among the staff team. People consistently commented on how they felt the service was well-led. One person told us, "From my point of view, the service is well managed". Another person said, "I would definitely, 100% recommend My Carer to anybody. I am just really happy with everything they do for me".

Staff also spoke positively about the leadership provided to them by the registered managers. A member of staff told us, "I think they are doing a pretty good job. They are always there to help us when we need it". Another member of staff said, "They are fantastic. They would do anything to help us to do our job properly".

Staff said staff their morale was high because of the support they received from the management team. A member of staff told us, "I'm quite happy. They are always there for us. When my car broke down [registered manager] gave me her car to finish off the shift". Another member of staff said, "I feel very supported by the managers. They supported me, they called me when I was in the hospital".

Team meetings were used to discuss feedback on how staff felt the service could make improvements. A member of staff told us, "We hold our team meetings every two months. We discuss things like the new electronic attendance monitoring system, logging in and logging out. We also discuss anything we brought up about our clients and their care. We have the opportunity to give feedback and suggest any changes".

The provider had set clear, person centred values for the service which focussed on providing an excellent service for people, placing them at the heart of everything. Staff demonstrated their understanding of these values in the way they spoke about the people they supported.

The service had signed the Social Care Commitment and were in the process of developing staff awareness of these commitments. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment focuses on the minimum standards required when working in the care sector. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care.

The registered manager was responsible for completing regular audits of the service. These included assessments of people's health and safety, incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. Records showed us these audits had taken place regularly and had positive outcomes.

The service used regular satisfaction surveys for people who used the service and relatives. These were in an 'easy read' format if required. The registered manager told us they used the comments to continually enhance the service provided. The questions asked if people were happy, safe, how they would make a

complaint, whether they were respected and given choices. People and relatives were asked in the survey to list three things that they liked about the service and three things that could be improved. We saw no improvement suggestions had been given by people and their relatives in the surveys.