Unity In Care Limited

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Inspection report

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Date of inspection visit:
16 January 2018
17 January 2018

Date of publication:
09 March 2018

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

Unity In Care is a domiciliary care agency which is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing personal care to 35 people including children with disabilities.

This inspection took place on 16, 17 January 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available in the office. This was also to allow the registered manager time to arrange some home visits for us as part of this inspection.

At the last inspection in February 2016, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provicer to take steps to impove. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well led to at least good. At this inspection we found improvements had been made.

We rated this service as Requires Improvement in April 2016. Following that inspection, we asked the provider to complete an action plan by September 2016 to show what they would do to improve the key questions 'Is this service safe, and well led. This was because the provider had not operated effective systems or processes to assess, monitor and improve the quality and safety of the service. On this inspection we found improvements had been made.

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 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. The registered manager was also the director of the service.

People were supported to receive care from the agency following a detailed assessment. This covered all aspects of the care required by the person. Such as how many calls they would need each day, what their needs were in relation to mobility, continence and personal care, moving and handling and nutrition.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

Although the registered manager told us there were sufficient staff to meet people's assessed needs could be met, people comments varied on visits being undertaken at the allocated time. One person told us, "The time keeping of the carers varies and they are often later than the agreed target time, although timekeeping has improved recently after I complained".

People were generally complimentary about staff and told us that they were treated with kindness and consideration. They had good relationships with their allocated care staff.

Staff took action to minimise the risks of avoidable harm to people from abuse. They understood the importance of keeping people safe and could describe how they would recognise and report abuse in line with the service's protocols on identifying and reporting abuse of adults and children.

Management of medicines was undertaken in a safe way and recording of such was completed to show people had received the medicines they required. Regular auditing of medicines charts took place to help ensure staff consistently followed best practice.

Staff received effective training in safety systems, processes and practices such as moving and handling, fire safety and infection control. Staff were knowledgeable about their responsibilities in relation to infection control.

Staff had received training and supervisions that helped them to perform their duties. They understood the Mental Capacity Act 2005 (MCA) and we found that people's consent was sought before the agency provided care to them. People told us staff asked for their consent before providing any care or support.

Processes were in place to protect people and staff in regards discrimination and equality. People told us they were able to make choices and take control in regards their care and support and who entered their home. People confirmed they remained as independent as possible when decisions were being made in regard meal preparation.

Care workers had built up positive and caring relationships with people they were supporting. Staff knew how to communicate with different people and where people had a communication need this was explained in their care plan. Children who received support had 'This is me' care plans, which were formatted in picture formats.

Care plans were detailed and provided clear guidance to staff about how people wanted to be supported. Care plans were held in a written format in people's homes as well as the office and they included information in relation to the person's background, allergies, medicines and personal care needs Where people could not sign their care plan, for example people who were under the legal age their representative or legal guardians signed.

People's nutritional needs were met by staff who would cook meals for those who required this type of support. Staff sought healthcare professional advice and input when needed. Health professionals told us staff followed their instructions.

People said they would be comfortable to make a complaint and were confident action would be taken to address their concerns. The registered provider treated complaints as an opportunity to learn and improve.

Quality assurance audits were carried out to help ensure the quality of the care the agency provided met the needs of people. Staff told us they felt supported by the registered manager and the registered manager kept people informed of events and news relating to the agency via a newsletter.

The service ensured people were treated with kindness, respect and compassion. Including preferences to remain in their own homes where possible at end of life.

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

There were enough staff deployed to meet people's needs although people told us calls were often late.

Recruitment processes for prospective staff were robust.

Risks to individual people had been identified and written guidance for staff about how to manage risks was in place.

There were effective safeguarding procedures in place to protect people from potential abuse.

Accidents and incidents were recorded and followed up by staff.

There was a plan in place to ensure people's care would continue in the event of an emergency.

People's medicines were managed safely

Is the service effective?

Good

The service was effective.

Staff received appropriate training to help ensure they worked to best practice.

Staff had an understanding of the Mental Capacity Act (MCA) and their responsibilities in respect of this. People signed their own consent to care.

People were supported with their dietary requirements.

Healthcare professionals were involved in people's care when needed.

Is the service caring?

Good

The service was caring.

Staff showed people respect and gave them individual attention.

Staff were caring, kind and empathetic to people. People were supported to remain as independent as they could.

People received care from staff who knew them and had developed relationships with them.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care plans contained comprehensive information about their care needs and good guidance for staff.

People were able to discuss their preferences and choices for end of life care.

Information about how to make a complaint was available for people and their relatives

Is the service well-led?

Good

The service was well-led.

The registered manager demonstrated a commitment to improving the service the agency provided.

People were encouraged to give their feedback on the care they received. Comments and feedback was responded to by the manager.

Quality assurance checks were completed to help ensure the care provided was of good quality.

Staff felt supported by management and the registered manager was aware of their responsibilities in alerting CQC to any serious events that took place, such as an accident or safeguarding concern.

Unity in Care 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 16 17 January 2018 and was announced. We gave the service short notice because we wanted to meet the registered manager and needed to be certain they would be available during the inspection. This also gave the registered manager sufficient time to ask some people if they would be willing for us to visit and speak with them in their homes. The inspection was carried out by one inspector and an expert by experience who contacted people and their relatives by telephone.

The inspection site visit activity started on 16 January and ended on 17 January 2018. We visited the office location to see the registered manager and office staff and to review care records policies and procedures. On the 17 January we visited people in their homes.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled children. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we went to the office and spoke to staff including the registered manager, deputy manager and one office administrator. We spoke with four staff in person and three by telephone. We contacted two health professionals, one prior to the inspection and one following the inspection by email.

We looked at four care plans, medicine administration records, staff rotas, four staff recruitment files, staff training records and quality monitoring records. We visited four people with their permission in their own homes, and spoke with another seven people and four relatives on the telephone.

Good

Is the service safe?

Our findings

Our previous inspection in April 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk as the provider had not maintained accurate, complete and contemporaneous record for each person. At this inspection we found that improvements had been made by the registered manager to mitigate risks to people. The registered manager had implemented an action plan following our inspection and had made improvements required. At this inspection we found improvements had been sustained.

Risk assessments were in place which identified risks and the control measures in place to minimise risk. For example, some people had restricted mobility and information was provided to care workers about how to support them when moving around their home and transferring in and out of chairs and their bed. People told us they felt safe when being supported to move. One person told us, "I feel very supported when the staff help me move, they communicate and talk me through each stage." Another relative told us, "They do everything and go over and above, they are always nice and polite, just perfect really, very capable, very safe."

Where people had specific health concerns such as epilepsy or diabetes there were clear detail for staff on what to do in an emergency situation. For example if a person had a seizure when to telephone the emergency services. One person who had epilepsy told us they felt safe with the support they received. They said, "I need routine to keep me safe, having carers who prompt and remind me to take my medicines keeps me safe. They [staff] know what to do if I need.

The registered manager followed safe recruitment practices. Recruitment files included an application form, proof of identity, references and declarations in relation to health. Prospective staff had a Disclosure and Barring Service (DBS) check prior to commencing work at the agency. A DBS determines whether or not a person has a criminal record or is barred from working at this type of service. The registered provider had also checked that staff had the right to work in the UK.

People were cared for by a sufficient number of staff. Some people told us they received a rota in advance other told us they did not wish to receive one. The registered manager told us that they had sufficient staff to meet the needs of the people they currently provided care to. They said they always worked out the staffing requirements before assessing or accepting someone new. They said, "We don't take on new packages of care unless staffing levels permit including emergency respite packages. My care teams work in locations which ensure they have time to get to each person on time. We have some carers that walk to their clients, others drive and some carers live in to offer full time support".

People told us they knew the staff who came into their homes and were generally on time and stayed their allocated time. There were varied comments in regards time keeping. People told us their visit times sometimes varied, and if visits were late they were, "Normally in the evening". Some people told us they sometimes had to call the office to say their care worker had not arrived. One person told us. "The time keeping of the carers varies and they are often later than the agreed target time, although timekeeping has

improved recently after I complained" . Others told us they received their care on time, one person said, "Yes I can set the clock on them". People told us although sometimes carers were late they had not experienced missed calls. The registered provider told us, "There are occasion we run late, often this is out of our control for example if we have to remain with someone who required the support of the emergency services or it could be because traffic is bad. When staff are aware they are going to be late they inform the office and we ring the person to inform them that their carer will be late. Each person who receives a service from Unity in Care are aware there is a 30 minute lateness policy".

Interruption to people's care would be minimised in the event of an emergency. The registered manager had a contingency plan in place for the event of an emergency. We read that in the event of a phone, IT failure or adverse weather, there were arrangements in place to cover any people requiring care. The registered manager told us they would look who was at most risk for example someone who did not have the additional support of family. During out of hours, people and staff could telephone the out of hour's phone number for additional support.

The balance between people's safety and their freedom was well managed. Staff informed the registered manager if people's abilities or needs changed so that risks could be re-assessed. The registered manager had introduced additional systems to review and evaluate the service to support them to pro-actively identify any risks or quality concerns. For example the new on line data system identified emerging risks.

Staff took action to minimise the risks of avoidable harm to people from abuse. They understood the importance of keeping people safe and could describe how they would recognise and report abuse in line with the service's protocols on identifying and reporting abuse of adults and children. Staff said they would report any poor practice or abuse they suspected or witnessed, to the office or directly to the registered manager. Staff were also aware they could report externally if needed. One member of staff said "If I am worried about something I can always report to the police or CQC (Care Quality Commission)''.

Staff were able to describe how they supported people with their medicines. Most people self administered their own medicines and just needed general prompts from staff. Records and discussions with care workers evidenced that care workers had been trained in the administration of medicines and their competency assessed. There were clear guidance for staff to follow from the medicine policy. The medicine policy was last updated in 2016. Staff were able to discuss their practices were in line with the providers medicine policy. All were clear any errors would be reported to the office and immediate action taken to ensure people remained safe. One care worker told us, "I would report any concerns straight away for example if someone was not taking their medication. Then [provider's name] will ring the GP for advice, and then update us on the action we need to take". The registered manager told us, "Mistakes happen we follow procedures and lessons are learned where needed".

Incidents and accidents were reported and recorded. These were investigated and analysed for any learning that might reduce the likelihood of a re-occurrence. Staff had been trained in first aid procedures and were confident about what to do if they arrived at a person's home to find they had had an accident. For example. A staff member told us if someone had a serious fall they would, "Make sure they are okay and check their breathing. I'd call 999 if needed then call the office. I would make sure I filled out an incident form.

Staff received effective training in safety systems, processes and practices such as moving and handling, fire safety and infection control. Staff were knowledgeable about their responsibilities in relation to infection control. One person said, "They wear gloves and aprons and wash their hands before helping me, they seem well trained in that." One staff member told us, "We can get gloves and aprons from the office. If someone had an infection I would make sure I used protective clothing to reduce the risk of cross contamination."

People confirmed to us that staff used protective clothing when appropriate. One person told us, "They always wear gloves and aprons when they Wash me."

Signage around the office sign posted visitors to advocacy support, bereavement support groups, dignity champions and investors in people information.

Good

Is the service effective?

Our findings

The service remained effective. People told us they felt staff were trained and skilled in their roles. One person said, "Yes the staff have the skills to support me. They encourage me to have a better life". Another person told us their family member was supported effectively when receiving care from staff members.

New staff were supported to complete an induction programme before working on their own. One member of staff told us that the induction training was good and it helped them to commence their role in a confident manner. They told us, "I shadowed more experienced staff which helped me to gain my confidence. I wasn't allowed to work alone until I had been assessed as competent". All staff completed the care certificate as part of their induction training. The Care certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector.

Staff undertook mandatory training such as moving and handling, food hygiene and health and safety. Care staff also confirmed they also had the opportunity to take training specific to the needs of the people they cared for. For example, one care worker told us, "I recently had refresher training in food hygiene, I have been a carer for many years, but I found the training really good at making think about what I do".

The training programme for 2018 showed training identified which included safeguarding adults and children, dementia, medication and manual handling. One health professional told us, "I regularly discuss patients/service users with [registered manager] .We have planned some additional training sessions in partnership with the community nursing team over the next few months in relation to stoma care. We hope to organise further sessions in regards to pressure area management and catheter care".

Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Staff confirmed they received either one to one supervision or group supervisions. The registered manager told us, supervisions were an important part of their role as this enabled them to get to know their staff team and what motivated them and to be sure they shared Unity In Care value and visions. They said, "It is not about culture, colour of skin it is about sharing the same values. If my team does not share our vision it will not work". Staff told us they felt the registered manager was open and honest and that they could speak to them at any time. One member of staff said, "Always there and always listens." Another member of staff said "I went off to work somewhere else but missed working here so much I came back. [registered manager name] is a good boss".

Staff were provided with the opportunity to review and discuss their performance. Supervisions were held between staff and management, however some annual appraisals were out of date. The registered manager had made arrangement with senior staff to ensure all staff would receive an appraisal in 2018 if needed. A member of the office team told us, the new data base being used would ensure any member of staff needing additional training or supervision would be highlighted at the monthly audits by the registered manager.

People's rights were upheld in line with current guidelines in relation to the Mental Capacity Act (MCA) 2005. 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.

Discussions with staff showed us that staff had received training in understanding their roles and responsibilities with regards to the MCA.This meant that staff had the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were protected and their human rights upheld. Care plans held consent forms which people had signed. Where people could not sign, for example people who were under the legal age their representative or legal guardians signed. People agreed they were always asked for their consent before any support commenced in their homes. One person said "They always knock on the door and say hello as they come in." Another person told us "Consent. Yes. They always check. I'd say if I don't like something."

Processes were in place to protect people and staff in regards discrimination and equality. People told us they were able to make choices and take control in regards their care and support and who entered their home. One member of staff told us, "We support people with different cultures, we treat everyone with equality and diversity regardless who they are or where they come from". The registered manager told us, "Each person who works for Unity In Care or receives a service with us is treated with equality. We employ and support lots of different people from different backgrounds with different needs. They come to us as people first and foremost. We give respect and expect respect back".

People confirmed that they were able to make independent decisions about what they had to eat and drink. Some people who used the service were supported by staff with meal preparation and where possible people's independence was promoted in this area. Staff told they had completed food hygiene training and were confident supporting people with meal preparation. One health professional told us, they were working closely with Unity in Care in providing effective support for one person who required changes to their call times to ensure they were eating, they told us the registered manager, had been very helpful in rearranging call times and ensuring staff are there to encourage the person to eat frequently. They told us this support had , "Helped reduce the risk of hospital admission due to hypoglycaemia".

Care records contained evidence of staff working closely with a range of community professionals to maintain and promote people's health. These included GP's, district nurses and social workers and where people were able to manage their healthcare independently or with support from their relatives.

Good

Is the service caring?

Our findings

The service remained caring. People told us they were happy with the care they received. One person told us, "They're all lovely [staff], kind and caring, we work together. The manager is very good, gets to know who you like and rota's them on for you. Another person said, "They are very respectful - they asked me what I wanted to be called when they came."

Care workers had built up positive and caring relationships with people they were supporting. Staff knew how to communicate with different people. People told us they were treated with dignity and respect. Care plans included background histories for people and information about how people preferred their care to be provided what their likes interest goals and aspirations were.

People were generally complimentary about staff and told us that they were treated with kindness and consideration. They had good relationships with their allocated care staff. One person told us, "I think they are very kind, I can't fault them. That's my experience". We observed staff interacting with people when we visited them in their homes and saw that conversations were familiar and there was appropriate banter and genuine relationships had been built. People spoke with staff by their first names and told us how they looked forward to their visits. One person told us their child had a "Really good rapport" with one particular member of staff and they had requested that this member of staff could be one of their regular carers. They told us, "My child really loves this carer coming to help them they are very happy when this carer is around."

The registered manager informed us they did their best to match carers to people receiving a service at the assessment stage, but also considered when relationships were working well with carers and people, particularly children. However they also had to be fair and consider other factors in regards location, holidays, and staff commitments and sickness.

People told us they felt valued by staff who visited them in their homes. Care staff spoke with kindness and affection when speaking about people. They were able to describe people to us in a very detailed way and knew people well. Their descriptions included details about people's care needs, as well their personal histories, why they were using the service and specific details about their likes and dislikes. One person told us, "I could not cope without them they have given me back my confidence, we often go out and about, never a bother".

Staff were aware of people's privacy and dignity and worked in a way that maintained their rights. One person told us, "Yes I am treated with dignity. They [staff] close the door and always have the towels ready to protect my dignity when I'm getting out of the shower." People told us that staff spoke to them in a dignified manner when supporting them. One carer commented, "If I am supporting someone I always make sure the door closed and tell them what we are doing".

Care plans held pen profiles of people, and recorded key professionals and relatives involved in their care. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. The registered manager told us that information about advocacy services, external bodies and

community organisations was made available to people and relatives as and when required. They said that information would be discussed with people who had capacity and with relatives for those who may not be able to understand the information.

People's records were held securely and confidentially. Care plans were stored in a way that protected people's personal information.

People told us they received support from regular carers they mostly knew. The registered manager told us carers worked in locations therefore including individual supervisions, group supervisions also took place. They told us in their PIR, "Group supervision help to ensure that all clients preferences and requirements, able then to look at problems and to 'encourage group problem solving to ensure that we are using same techniques across the client/s, are their needs are being met using the same caring and meaningful approach, and what works best for each client, it also gives clients continuity of service".

The service had received a number of thank you cards and compliments from people who used the service and their relatives. Comments showed how much people valued the service and the relationships they had with staff. For example, "Thank you and gratitude to all the carers who have showed us so much kindness and care over the past year". "Thank you all for all the help you gave to my mum".

People received information in a way that they could understand as well as information that would be useful to them. For example, children who received support had 'This is me' care plans, which were formatted in picture formats. Parents told us their children had been involved as much as possible in their care package and were supported by kind carers who understood their communication needs. Staff knew how to communicate with different people and where people had a communication need this was explained in their care plan.

People told us they were involved all decisions about their care and had access to their care plan. Relatives told us staff completed daily logs on the support being given which ensured they were aware of any issues. The registered manager made sure all care was provided in accordance with their wishes.

We read several compliments received by the agency. These included, "Thank you to all the carers who have showed so much kindness and care to us over the past year". "Thank you for all the care you give".

Good

Is the service responsive?

Our findings

The service remained responsive. People received care that was responsive to their needs and personalised to their wishes and preferences. The service was flexible to ensure it met people's changing needs. A member of staff said everyone worked flexibly to make sure they could quickly respond to people's needs.

Prior to people receiving care from the agency a detailed assessment was carried out. This covered all aspects of the care required by the person. Such as how many calls they would need each day, what their needs were in relation to mobility, continence and personal care, moving and handling and nutrition. The registered manager carried out a full assessment to make sure the agency was able to meet their needs. A relative told us the first assessment had been thorough and they had felt fully involved. People and, when appropriate, their relatives were involved in developing their care, support and treatment. People told us they had regular reviews to discuss their care plan and needs.

From the initial assessment a care plan was drawn up to show how people's needs would be met by the agency. Each person had a care plan which was personal to them and gave details of the care and support they required at each visit. A member of staff said "We follow the care plans but we talk to people too and of course to each other." The registered manager told us, I am out every day with people so I know if any changes need to be added to the care plans. If my team have any concerns we work with other health providers and the local authority to ensure we continue to meet individual needs". A health professional told us, the registered manager was very knowledgeable about all clients and happily raises any concerns she has with her clients".

Care plans were detailed and provided clear guidance to staff about how people wanted to be supported. Care plans were held in a written format in people's homes as well as the office and they included information in relation to the person's background, allergies, medicines and personal care needs. Where people had specific medical needs these were detailed with good, clear guidance for staff to follow. For example. One person had epilepsy and there was clear information in their care plan as to the triggers and indications for the support the person may require during and after a seizure. The person told us, staff knew what they were doing in regards their support. They told us, "There help has given me back my confidence".

People were confident that the care they received at the end of their lives would be professional, kind and compassionate. In addition to providing day to day care for people the agency often provided short term care which enabled people to stay in their own homes at the end of their life. At the time of the inspection the registered manager told us nobody was receiving end of life care. However they told us, "We have recently been linking with the district nurses in regards setting up an advanced care plan for somebody. We want the family to be happy with the support and to ensure good communication is in place at the beginning of the person journey".

Complaints and concerns were responded to in a timely manner. The provider had a complaints procedure that was available to people and their relatives. A staff member told us, "If someone wanted to complain I would give them the office number." People told us they would know how to complain but on the whole

people had not raised any major issues. Where a complaint had been made we saw that the registered manager had taken action to address the issue and ensure there was no re occurrence. They had also apologised to the complainant. This showed the service took steps to address complaints and learn from them.

Good

Is the service well-led?

Our findings

Our previous inspection in April 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk as the provider did not operate effective quality assurance systems to assess, monitor and improve the quality and risks related to the service. This had been a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had implemented an action plan following our inspection and had made the improvements to ensure quality assurance systems were operating effectively. At this inspection we found improvements had been sustained.

The registered manager was committed to improving the service. They told us they had worked very hard to make changes to the agency and to address the concerns identified at our previous inspections. This was clear from the feedback we received and the documentation and quality assurance processes that were now in place. A member of the office staff told us, We now have a data system in place, we record every telephone call and all changes to care plans onto the data bases, this makes sure we can identify any new emerging risks, spot potential trends and patterns. It helps us highlight any concerns and feedback quickly to all involved in the person care". One carer told us, "If we have any concerns we ring the registered manager and they implement support straight away".

Daily notes were held for people. These were reviewed by the registered manager They documented what tasks they had undertaken, what people had eaten or drunk and how people were. A relative told us they found the daily notes useful as there had been times when their family member had forgotten what care they had received, but they were able to read this in the notes.

Records were maintained at the office and these underwent routine auditing. These included records of supervisions and other contact with people, MARs, training needs and daily notes. MAR charts were sent in to the office on a monthly basis and reviewed for errors or gaps by the register manager.

The service was well run by a registered manager who was also the director. They had the skills and enthusiasm to provide a person centred service which was tailored to people's individual needs. They told us, "I make sure I remain up to date with any changes, within care provision. I have regular links with other providers where we share knowledge and support each other. We have good network links where we bounce off each other".

Quality assurance audits were carried out to help ensure the quality of the care the agency provided met the needs of people. Staff told us they felt supported by the registered manager and the registered manager kept people informed of events and news relating to the agency via a newsletter. The registered manager told us the 2017 survey was overdue but would be completed in early 2018.

The registered manager and senior team demonstrated a robust understanding of their roles and their responsibilities with regards to CQC requirements including an awareness of when to notify us of particular incidents or events affecting the service. People we spoke with all commented positively about the

communication they received from the office. One relative we spoke with said the registered manager communication was good they said, "They are on it as soon as we say there is an issue".

The registered manager and staff had a shared understanding of their roles and responsibilities.One health professional told us they worked alongside the staff and registered manager in regards meeting the changing needs of people in their care. They told us, the registered manager had been involved in quarterly meeting with other care agencies within the local area which has improved communication they said, "[registered manager name] set up and led these meeting, this has improved communication and joint working across all agencies in the area. When speaking with [registered manager name] they are knowledgeable about all their clients and happily raises concerns when the arise.

There was a clear management structure in place and senior staff worked closely with external agencies to help ensure a good level of care for people. The registered manager told us they had a good working partnership with their local authority and were the an emergency response provider, they said, "We offer emergency respite cover, we always gather as much information as we can , and also staffing levels to ensure we can meet the emergency need".

The registered manager had a clear vision for the service and kept under review the day to day culture of the service. They told us their vision was, "Not to be just a community care company, we want to be a company that is active in the community. It is all about respect, understanding and caring for people with different needs and choices". They told us it was important they led by example, by involving people they support to "Embrace their community" to prevent social isolation. They told us, "This year we held a raffle to support people less fortunate. We are making a difference in our community.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager was aware of which events they should inform us of. There was a culture of openness that ensured any mistakes made were investigated and lessons were learnt from them.

People's experience of care was monitored through regular spot checks. Spot checks included monitoring how a staff member interacted with a person and carried out their role. They covered areas such as whether a staff member was wearing their uniform, being respectful to a person and was responsive to the person's needs.

The registered manager sought people's feedback and took action to address issues raised. The registered manager supported people with their care on a daily basis which enabled them to seek people's views on an on-going basis. They also sent out satisfaction surveys to seek people's opinions on the service. The last completed surveys showed a very high level of satisfaction with the service and care provided.