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# Victoria Home Care Solutions

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This first comprehensive inspection of Victoria Home Care Solutions took place on 06 and 08 December 2017. Victoria Home Care Solutions provides care and support to people who wish to remain in their own homes. Services include personal care, meal preparation, hospital discharge and medication support. At the time of our inspection there were 12 people receiving personal care.

The service had a registered manager. The registered manager was also the registered provider. 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 and associated Regulations about how the service is run.

People's experiences of the care provided were overwhelmingly positive. They told us they were supported by exceptional staff that were very kind, caring and compassionate and who often went the extra mile to provide them with outstanding care. The staff were passionate about providing people with support that was based on their individual needs, goals and aspirations. The care people received was person centred so that each person's support reflected their preferences and ensured they were at the centre of their care. Each person was treated as an individual and as a result their care was tailored to meet their exact needs.

There was a strong culture within the service of treating people with dignity and respect. The staff and the registered provider were always available and listened to people and their relatives/friends, offered them choices and made them feel that they mattered.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and knew how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their roles. People's medicines were managed safely and in line with best practice guidelines.

Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place at the service to make sure that action was taken and lessons learned when things went wrong and to improve safety across the service.

People's needs and choices were assessed and their care provided in line with best practice and in order to meet their diverse needs. There were sufficient numbers of staff, with the correct skill mix to support people with their care. Staff received an induction process when they first commenced work at the service and in addition also received on-going training to ensure they were able to provide care based on current good practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good

knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required to make sure they received continuing healthcare that met their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans provided staff with detailed information and guidance about people's likes, dislikes, preferences and guidance from any professionals involved in their care. People and their relatives were involved in planning all aspects of their care and support and were able to make changes to how their care was provided. Records were regularly reviewed to ensure care met people's current needs. This helped to provide staff with the information they needed to provide care that was personalised for each individual.

People, relatives and staff knew how to raise concerns and make a complaint if they needed to and there was a complaints procedure in place to enable people to raise complaints about the service.

The management and leadership within the service had a clear structure and the registered provider was knowledgeable about people's needs and key issues and challenges within the service. Staff felt supported and valued. The registered provider had systems in place to monitor the quality of the care provided and to ensure the values, aims and objectives of the service were met. This included audits of key aspects of the service. People and those important to them were supported to share their views about the quality of care they received. These were used to critically review the service and drive improvements. Staff received one to one supervision which gave them an opportunity to share ideas, and exchange information about possible areas for improvements. The registered provider was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

There were systems in place to protect people from the risk of harm and staff were knowledgeable about their responsibilities.

Risks were managed and reviewed regularly to keep people safe from harm or injury.

People were supported to take their medicines safely and the provider was committed to reviewing and learning from accidents and incidents.

Good 

### Is the service effective?

This service was effective.

People's needs were assessed and met by staff that were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Good 

### Is the service caring?

This service was very caring.

The staff cared deeply for the people they provided care for. They were kind, caring and compassionate and often went the extra mile to improve people's quality of life.

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

People were actively encouraged to make choices about how they lived their lives and the focus was on promoting independence and wellbeing.

Outstanding 

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

### **Is the service responsive?**

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

**Good** ●

### **Is the service well-led?**

This service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service.

People's diverse needs were recognised, respected and promoted. Comprehensive audits were completed regularly at the service to review the quality of care provided.

**Good** ●

# Victoria Home Care Solutions

## **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 first comprehensive inspection of Victoria Home Care Solutions took place on 06 and 08 December 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

On the first day of our inspection we visited the office to look at records and talk with the registered provider and office support staff. On the 08 December 2017 we undertook telephone calls to four people who used the service and two relatives. In addition we spoke with the registered provider, two team leaders and two care and support staff.

We looked at the care records for six people who used the service and two medication records. We also examined other records relating to the management and running of the service. These included three staff recruitment files, induction and training records, supervisions and appraisals, the employee handbook,

quality assurance audits and complaints records.

## Is the service safe?

### Our findings

People told us they felt safe when staff were in their homes. One person said, "As safe as houses. Never felt safer since I got old." A second person told us, "They [meaning staff] keep an eye on me and if I'm in trouble I only have to call and they will come and sort me out." Relatives also told us they felt their family members were safe with staff. One relative commented, "I'm very relaxed about [name of relative] having care and with the carers that go into see her. They take great care and keep [name of relative] safe."

We saw compliments received from people and relatives whose family members had used the service. One comment read, "They protect [name of relative] and keep them safe as [name of relative] forgets to use their walking aids."

Staff told us they had been provided with safeguarding training. One staff member said, "I had safeguarding training which was good and I would talk with the manager about any concerns I had. I would never stay quiet about safeguarding." Records confirmed that staff had been provided with safeguarding training. The registered provider had a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The registered provider was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required.

Risk management plans were in place to promote people's safety and to maintain their independence. One person told us, "Sometimes I get a bit wobbly on my feet. I know they have a risk assessment for me to make sure I don't fall over." A relative informed us, "I am aware of the risk assessments in [name of relative] folder. They take safety seriously."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis to ensure the care being provided was still appropriate for each person. We saw that staff had received regular training in moving and handling and fall prevention. This meant that staff knowledge was up to date and followed the most recent best practice guidance to keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "The staff are very reliable and always turn up when I expect them. You could set your clock by them." Relatives also confirmed there was sufficient staff and that their family members always received the care they needed. One commented, "I don't have any worries that the carers won't turn up. They are like family and care so much they would even come out in their own time if they had to."

Staff confirmed the staffing numbers were adequate and enabled them to support people safely. One staff member said, "I think the staffing is very good. We don't have to rush and always have time to share a cup of tea and a chat." Staff told us they could extend their calls if people required additional support or time to ensure they weren't rushed or placed at risk. The registered provider told us, "If people need more time and support we can make sure extra staffing hours can be provided." We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the registered

provider and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

There were arrangements in place to ensure safe recruitment practices were followed. One staff member said, "I wasn't able to start working until all my checks had come through." The registered provider told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show staff were suitable to work at the service.

Systems were in place to manage people's medicines safely. People told us they received their medicines when they expected them. One person said, "I do get my tablets on time." A relative informed us, "[Name of relative] has quite a lot of tablets. I know they always get them when they need them." Staff told us they had received training in the safe handling and administration of medicines and their competencies were regularly assessed. One said, "I've had medication training and also been observed giving medicines to make sure I can do it safely."

Records confirmed that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. We saw medication administration records (MAR) were completed accurately and regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene. There was guidance and policies that were accessible to staff about infection control. In addition staff were supplied with personal protective equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team through team meetings and supervisions if required. The service reviewed and audited any issues that were communicated with the staff team to ensure lessons were learnt and improvements made.

## Is the service effective?

### Our findings

People's care was assessed holistically to ensure their needs could be met effectively. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. The registered provider told us it was their role to complete the initial assessment for people before a care package was offered and said they always tried to involve family members and care managers, if appropriate. Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals, the registered provider would make a referral to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "They [meaning staff] are excellent. They know exactly what to do and are very knowledgeable." A relative commented, "[Name of relative] is often poorly but the staff know how to look after them. It has given me real peace of mind."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "I enjoyed the shadowing. It was very useful and I got to know people well before I gave them care." Training records confirmed staff had received an induction and regular on-going training that was appropriate to their roles and the people they were supporting.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We are really well supported. We get lots of support and help. There is always someone to talk to." The registered provider confirmed each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files to confirm this.

Where appropriate, people were supported by staff to have sufficient food and drink when they carried out a call. They knew the importance of making sure people were provided with the food and drink they needed to keep them well. One person told us, "I always get the meals I want and plenty of snacks and drinks." Another explained, "They always ask me what I would like and are more than happy to make me a hot snack if I want one."

Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. One staff member told us, "If I saw that someone was not eating their meals I would talk with their family and report it to the office." One person's care plan described how they needed to use adapted cutlery to eat their meals and staff supported them to do this. Within the care plans we saw there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

The service worked and communicated with other agencies and staff to enable consistent and person

centred care. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. For example, we saw one person had been referred to the tissue viability nurse regarding concerns about their skin condition. We also saw the provider worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person said, "If I'm not feeling well they [meaning staff] will call my relative or if I'm very poorly they will call the doctor for me." A relative told us, "I know that if [name of relative] is ill they will call me. I know they look after [name of relative]." Staff told us if there was deterioration to a person's health they would seek their permission to report it to the registered manager or a relative and if needed, they would contact the GP or health care professional for support or advice. Records contained information about people's medical history and current health needs and their health needs were frequently monitored and discussed with them.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered provider had a good understanding of the principles of the MCA and when to make an application. The staff team explained they always sought people's consent before providing any care or support and people agreed with what staff told us. One person said, "The girls always ask me if it's alright to do something before they do it." A member of staff commented, "Without question I always check if it's okay to complete a task before I do anything."

## Is the service caring?

### Our findings

The service had an open, positive, caring and compassionate culture which people, relatives and staff supported and promoted. People told us they were consistently well supported and well cared for. One person said, "My carers are the best there are. They are absolutely brilliant. I couldn't ask for any better. They do extra things for me without having to ask. They help me so much I couldn't be more thankful." Another told us, "I'm very happy with everything. The carers are brilliant and the care I get from them is second to none." A relative commented, "I am very relaxed about [name of relative] having care. I didn't think I would be. You hear such awful things but I think we have got the best of the best."

All of the relatives we spoke with told us they trusted the staff and the service in general with the care of their family members. They commented that their family members had made significant progress whilst being supported by the service and their lives, as well as their family members' lives, had been transformed. One relative told us, "I do worry about [name of relative] being so far away, but every time I talk to them they have lots to tell me about their day, what they have done and about the carers. I know [name of relative] really looks forward to their visits and is much happier."

We saw compliments received from people and relatives whose family members had used the service. One read, "I can't express enough how lovely the carers are. They always have time for a chat with [name of relative] and don't rush personal care. The word 'care' is clearly important to them." Another compliment was, "Everything is done with a smile. A smile is very important to me. First class care provider."

Staff were passionate about their jobs and took pride in their work. They talked about people in a way that demonstrated how they were fully committed to supporting them in any way they could. One member of staff said, "This is the best job. You don't want to go home sometimes because you get so much out of it. I really enjoy my job." We saw that one person enjoyed a full English breakfast so occasionally the registered provider visited on a Sunday morning to cook them one. The provider purchases the ingredients and stayed to have breakfast with the person. The registered provider informed us that this person enjoyed bantering with them about football and used to visit a particular football ground. The registered provider was planning to get tickets so they could take [name of person] to a match again. This was an example of the provider taking a caring approach to a person using the service.

There was a strong person-centred culture and staff understood people were at the heart of the service. This was because the provider promoted a consistently caring culture based on the range of clear policies and procedures they had in place. We saw numerous incidents where staff went over and above their roles. For example, we found that staff took portions of stew to people whenever they had cooked one. One person was unable to leave their home alone and missed shopping and going out. A staff member had volunteered to take them to the Christmas market on their day off so they could do some Christmas shopping. A relative told us, "It's all the little things they do that make it a first class service." We found that staff purchased fish and chips on a Friday for one person who always asked the staff to share this which they did. One person told us, "They always put my hair in rollers which I'm so grateful for." The registered provider informed us of one person who was going to be taken by two staff as a surprise to a Christmas party to be held at their

community entre. This demonstrated that staff were happy and prepared to go over and above their job role to ensure people received the care and support they needed and wanted.

Staff celebrated people's birthdays with them and we saw that staff bought people birthday cakes and flowers.

The registered provider told us that before they had started to deliver a package of care to one person their family were receiving a lot of telephone calls from them as they were upset and anxious and saying they didn't want to be a burden to their family. The registered provider said that it was now rare that the family received these type of calls from them. The registered provider also said that the person had told them they used to lie in bed worrying about who was going to get them up the next morning, but now they lie in bed laughing and remembering the nice things that staff had talked to them about and done for them.

Staff were kind and compassionate in their approach to the people they cared for. We were informed about one person who was unable to leave their home and had not been out for six months. The registered provider gained access to a wheelchair and had a ramp fitted. The person now looks forward to staff volunteering to take them out. Staff will sit and watch a favourite quiz programme with the person and compete for right answers. Staff told us they always make sure they have the time to sit and chat with people and this was described as "quality time" by the registered provider.

Staff were keen to tell us about the people they cared for and we were informed about one person who rarely trusted people enough to allow them to touch any of their personal belongings. They relied a lot on their computer which broke. One staff member with knowledge of computers offered to help and visited the person a few times so trust could be gained. The staff member was able to successfully repair the computer and if anything needs to be fixed on the computer they always request the help of the same staff member.

We saw that one person relied on a family member to do their shopping and household chores. However the family member had been unwell so staff were doing what they could with domestic chores and laundry to make it easier for the family member.

Staff understood the importance of promoting equality and diversity. Through our discussions with people we noted arrangements had been made to meet their personal wishes and diverse needs. Care plans contained information about people's personal relationships with their circle of support. Staff told us how they had supported one person to get ready for a birthday meal with their family. Staff helped the person to apply their make-up, do their hair and get dressed in their new outfit and jewellery. This had allowed the person to get ready without becoming anxious and also meant they were able to enjoy the day with the family. Another person informed us how staff had taken them out for a coffee and how they had enjoyed this. They said, "I don't get out a lot but the girls have taken me out a few times in their own time and I feel so much happier. They are angels."

People were supported to ensure their voice was heard by the use of independent advocates. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The service could provide people with information about advocacy services if they needed support to make decisions or if they thought they were being discriminated against under the Equality Act.

Staff understood how to support people with dignity and they respected them. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person informed us, "They always knock and ask if it's alright to come in. They never do anything without asking me which shows how much they respect me." A relative told us they were confident that the

staff promoted their relative's dignity and privacy. They said, "I have no worries about the staff. They are one hundred per cent respectful to [name of relative] and our family."

Staff gave examples of how they made sure they maintained people's privacy when supporting them with personal care. One member of staff told us, "It goes without saying that you have to respect people and treat them how you would want to be treated." The registered provider confirmed staff's care practices were regularly observed to ensure that they were upholding people's privacy and dignity. This was done through supervision in people's own homes where staff were observed providing care to people. This is only undertaken with the full consent of the person receiving the care.

People felt assured that information about them was treated confidentially and respected by staff. Staff told us the provider had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "We discuss confidentiality and we all know what can be discussed and what can't." Information about people was shared on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

## Is the service responsive?

### Our findings

People received their care as planned. They consistently told us that they received good quality care that met their needs. One person told us, "It's because I get such good care that I'm able to stay in my own home. I can't thank them enough." A relative commented, "[Name of relative] has really improved since the girls have been going in. They go right out of their way to make sure [name of relative] has everything they need. We couldn't ask for any better."

We found numerous examples of staff enabling and empowering people. For example, we saw that the service had assisted one person to have a ramp fitted to their back door so they could spend time in the garden in warmer weather. They also gained a wheelchair through the Red Cross so they could take them shopping. Staff told us instead of doing things for people, such as helping them get up and dressed, they supported people to re-learn new skills and regain some independence. One member of staff told us, "It's about getting people to do as much as possible for themselves."

The registered provider told us prior to receiving a care package people's needs were assessed. Information from the needs assessment was used to inform the care plan. We found that care plans were written with a person centred approach, were tailored to each person's diverse needs and were focussed on the outcomes that people wished to achieve from being supported. When there was a change to a person's needs the care plan was updated to reflect the change. We saw that people's entire care package was reviewed annually with them and their representatives to ensure the care they received was still relevant to their identified needs. Staff were made aware of any changes to ensure people received the relevant care and support.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered provider told us they provided information via email to one person who was a regular user of a computer and this was their preferred way to receive information. They could also provide literature in an easy read format or pictorial formats if it was required.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I know I could make a complaint but I have never had to and don't imagine I ever would." People told us they knew they could telephone the office if they had any concerns and that they would be dealt with quickly and effectively. They all told us that the provider was approachable and often provided care to people. This meant people were able to discuss any concerns they had directly with the provider.

The complaints record showed that there had not been any complaints recorded and people were very happy with the service. However there were systems in place to ensure that if complaints were made they were taken seriously, investigations completed and actions taken to improve the service. People also had the opportunity to raise any concerns or make a complaint at their regular reviews as they were specifically asked about their experiences. One person told us, "[Name of provider] always asks me if there is anything

I'm not happy with. They want to make sure I'm satisfied with my care."

The staff team had received training on end of life and palliative care and a policy was in place to help them support people appropriately. A staff member told us they had found the training helpful and said they would be supported by the registered provider if they were supporting someone receiving end of life care.

## Is the service well-led?

### Our findings

The registered manager was also the registered provider. They had a clear vision and values that were person centred and focussed on recognising and celebrating the uniqueness of every individual. People were positive about the care they received. One relative said, "The care is fantastic and has kept [name of relative] at home. We have been so very lucky to find such a brilliant service." Another person commented, "We couldn't ask for a better service. [Name of provider] runs an amazing service. Absolutely the very best." A relative told us, "I'm so happy that we have excellent carers. It's given us as a family real peace of mind."

People told us they felt included and valued by staff at the service and received the care and support they needed to help them live as independently as possible. One person said, "I like how [name of provider] sometimes helps out with the care. They talk to me about my care and genuinely care that I'm getting the right care. They always ask if there is anything they could do better." Another person commented, "I have come on in leaps and bounds and it's all because of Victoria Homecare Solutions." Many people complimented the registered provider for their kindness and support.

People talked to us about how staff included them in all decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives echoed these sentiments and praised how well staff cared for their family member. One relative told us, "It's all the little things that the staff do that make it outstanding. They go out of their way and take people out in their own time, stop off at the shops to pick up groceries and help people to clean their houses if they are struggling. They couldn't do any better."

Staff told us the management team ensured the culture at the service was open and transparent and they were positive about the management and leadership of the service. They also told us the registered provider was approachable and supportive and acted on suggestions made. Staff felt when they had issues they could raise them and felt they would be listened to. One staff member told us, "We are all like a family. [Name of provider] is very open and approachable and you can always contact her at any time." All staff without exception told us they would be happy to question practice if they needed to and were aware of the provider's safeguarding and whistleblowing procedures.

Staff told us they felt valued and respected by the management team. One staff member said, "They [meaning the registered provider] treat us with respect and are very supportive. I feel valued by them and that my contribution matters." Regular staff meetings were held and staff were able to exchange information and share best practice ideas. This made them aware of any new initiatives or changes taking place in the service.

We found there were systems in place to check the quality of the care provided. Quality audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were addressed with action plans to demonstrate how continuous improvements would be made. For example we saw that following a review of people's care calls, the registered manager had re-organised staff rotas so they were based more geographically. This

would allow staff to travel less distances between each care visit.

People were regularly asked to comment on the quality of their care through the use of satisfaction surveys and staff received spot checks of their work. This was where they were observed working with a person and covered areas such as dignity, food hygiene, medicines and infection control. Feedback was gained from both the staff member and the person receiving care. One staff member told us, "We get regular spot checks. It's a good way for [registered provider], staff and the clients to give their views about the care."

The registered manager told us that they were aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.