Stonewright Limited

Wright Care at Home

Inspection report

The Grey House, Office 12
3 Broad Street
Stamford
Lincolnshire
PE9 1PG

Tel: 01780489227
Website: www.wrightcareathome.com

Date of inspection visit:
05 July 2017

Date of publication:
20 September 2017

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?	Outstanding

Summary of findings

Overall summary

Wright Care at Home provides personal care services to older people and people with mental health needs living in their own homes in the Stamford area.

We inspected the service on 5 July 2017. The inspection was announced. At the time of our inspection 25 people were receiving a personal care service.

There was a registered manager in post at the time of our inspection. A registered manager ('the manager') is a person who has registered with CQC to manage the service. Like registered providers ('the provider'), 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.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff had received training in this area and demonstrated their understanding of how to support people who lacked the capacity to make some decisions for themselves.

People were at the heart of the service. Staff understood what was important to each person and worked closely with each other and other professionals to promote their well-being and happiness. People were actively involved in the preparation and review of their personal care plan.

Staffing resources were managed to ensure that staff had time to meet each person's care and support needs and to interact with them socially. People told us that staff were always on time and that calls were never missed.

Staff had the knowledge and skills required to meet people's individual needs effectively and were actively encouraged to study for advanced qualifications. The registered manager provided staff with supervision and support, including direct observation of their care practice. The provider had a system in place to ensure staff received background check before they were employed.

The provider went above and beyond usual homecare service in a number of different ways. Events were organised to give people a chance to meet each other socially. Staff encouragedand supported people to retain an active presence in their local community and to maintain personal interests and hobbies.

The registered manager was known personally to everyone who used the service and provided staff with strong leadership. Staff worked together in a friendly and supportive way. They were proud to work for the service and provide a quality service. Staff felt listened to by the registered manager and provider.

The provider was committed to the continuous improvement of the service and maintained a range of auditing and monitoring systems to ensure the care provided reflected people's needs and preferences. The provider sought people's opinions on the quality of the service and encouraged people to raise any

concerns or suggestions directly with the manager or other senior staff.

The provider assessed potential risks to people and staff and put preventive measures in place where required. Staff knew how to recognise and report any concerns to keep people safe from harm.

People who needed staff assistance to take their medicines were supported safely and staff assisted people to eat and drink whenever this was 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.

Staffing resources were managed to ensure that staff had time to meet each person's care needs and to interact with them socially.

Background checks were conducted to ensure staff were suitable to work with the people using the service.

The provider assessed potential risks to people and staff and put preventive measures in place where these were required.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People who needed staff assistance to take their medicines were supported safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing. The provider ensured staff received all the core training they required and actively encouraged them to attend additional and extended training. The registered manager used a range of opportunities to deliver training to staff.

Senior staff provided staff with effective supervision and support, including regular direct observation of their care practice.

Staff worked very well with local healthcare services and supported people to access any specialist support they needed.

People were supported to make their own decisions and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

Staff assisted people to receive appropriate nutrition whenever this was required.

Is the service caring?

Good

The service was caring.

Care and support were provided in a warm and friendly way that took account of each person's personal needs and preferences. The provider organised additional support for the people who used the service to promote their well-being and happiness.

Staff know people as individuals and supported them to have as much choice and control over their lives as possible.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their cultural and changing needs. People were actively involved in the preparation and review of their personal care plan.

Staff encouraged and supported people to retain an active presence in their local community and to maintain personal interests and hobbies.

People knew how to raise concerns or complaints and were very confident that the provider would respond promptly and effectively.

Is the service well-led?

Outstanding

The service was very well-led.

The registered manager was known personally to everyone who used the service and provided staff with strong, values-led leadership.

Staff worked together in a friendly and supportive way. They were proud to work for the service and felt listened to by the registered manager and provider.

The provider was committed to the continuous improvement of the service and maintained a range of auditing and monitoring systems to ensure the care provided reflected people's needs and preferences.

The provider sought people's opinions on the quality of the

service and encouraged people to raise any concerns or suggestions directly with the registered manager or other senior staff.

Wright Care at Home

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 registered persons were 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.

The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service. We did this because the registered manager was sometimes out of the office supporting staff or visiting people who used the service. We needed to be sure that they would be available to contribute to the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report. We also reviewed other information that we held about the service as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

The inspection was conducted by a single inspector who visited the administration office of the service on 5 July 2017. As part of the inspection, an Expert by Experience also telephoned people who used the service to seek their views about how well the service was meeting their needs. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. During our inspection we spoke with five people who used the service, five relatives, the registered manager, a care coordinator and two care workers. Following our inspection we spoke with two professionals who had worked with the service by telephone.

We looked at a range of documents and written records including five people's care files, staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and that care staff treated them extremely well.

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff said, and records showed, that they had received training in how to keep people safe and there were up to date policies and procedures in place to guide staff in this area. The registered manager demonstrated her awareness of how to work with other agencies should any concerns be raised.

Staffing levels were determined by the number of people using the service and the provider took particular care to ensure that staff had time to meet each person's care needs and to interact with them socially. The registered manager said that she never took on a new client unless they already had the staff available to provide a service. They told us they had recently increased the team and would have more available hours than the number of hours required to meet people's needs. They told us this meant they could be assured they would consistently be able to meet people's needs and provide additional support if required.

The registered manager also told us, "We don't do 15 minute calls." They said that initially they recommended people received hour long calls to allow staff to familiarise themselves with people's needs and reviewed this after four weeks.

Staff were organised in teams which meant that staff were based locally and travel time was minimised. The people we spoke with confirmed that staff always arrived on time. One person said, "They are very prompt." One relative said if staff were going to be late they usually rang them to let them know. Relatives told us that carers often stayed later than their allotted time to ensure the appropriate care was provided. However this did not usually affect other visits because the provider had allocated sufficient time to allow for travel and delays.

The provider had safe recruitment processes in place. We examined two staff personnel files and saw that references had been obtained and other background checks completed. Security checks had also been carried out to ensure that staff employed were suitable to work with the people using the service.

Before people started receiving a service the registered manager met with them to agree a care plan to meet their personal needs and preferences. As part of this process, a wide range of possible risks to each person's wellbeing was considered and assessed, for example risks relating to mobility and medicines. We saw that each person's care record detailed the action taken to prevent any risks that had been identified. For example, a person had a gas hob and a system had been put in place to ensure it was safely turned off at the end of each visit. However, we saw in two files where people had specific health needs such as the use of oxygen risk assessments were not in place. We spoke with the registered manager who explained the person managed this themselves and therefore they had not felt there to be a need for a risk assessment. They said

however that they would review this again. Staff demonstrated they were aware of the assessed risks and management plans within people's care records and used them to guide them in their daily work.

People who needed staff assistance to take their medicines were supported safely. A relative told us, "They organise the medication properly. It is checked with the doctor. They are very thorough." The registered manager contacted the pharmacist on a monthly basis to ensure medicine records were up to date and reflected the medicines people had been prescribed. They said if they had concerns about people's medicines they would arrange a medicine review for the person with the GP. Medicine administration records (MARs) were reviewed regularly by the manager and any issues identified were followed up as required. We observed MARs also included additional information so that staff were well informed of the medicines they were supporting people to take and any risks associated with these. Care staff had all received medicines training and knew how to provide assistance in line with national guidance and good practice, reflecting people's individual needs and preferences.

Good

Is the service effective?

Our findings

Everyone we spoke with told us that the staff were skilled in meeting their needs. One relative told us, "They are aware of [family member's] needs. They are very good." A staff member told us, "I feel very supported and trained to the highest standard." Another told us, "There is always a training opportunity."

New members of staff shadowed existing members of staff and completed a detailed induction programme before they started work as a full member of the team. The induction was in line with the national Care Certificate which sets out common induction standards for social care staff, and both the manager and her deputy had recently completed their training to become accredited assessors within the scheme. The registered manager told us that new staff did not care for people alone until they had met with them and were fully aware of their care needs to ensure they had the skills to meet people's needs. This was achieved by the new members of staff working alongside experienced staff.

The provider maintained a detailed record of the training that was required by each member of staff and worked with a wide range of local organisations and specialist training companies to ensure staff were up to date on best practice in areas including medicines, safeguarding and moving and handling. The provider also provided monthly bespoke training to ensure staff had the skills and knowledge necessary to support people with particular needs. For example, staff had received training about diabetes and Parkinson's disease. In addition a number of staff were completing further education courses on specific areas such as Parkinson and end of life care. The expertise acquired by these members of staff was shared within the team at team meetings and training events. This meant that staff were aware of the issues people were facing which helped them to understand how to provide care to people with these conditions. The registered manager told us this was important so staff could provide appropriate and compassionate care to people. For example, a carer told us how important it was to provide visits to a person who suffered from Parkinson's disease at specific times in order to ensure their medication was effective. Team meetings were also used as forums for training and external speakers were resourced in order to inform staff of specific issues. For example people who had experienced care had been invited to speak with the team. In addition the provider ran theme months where the team would concentrate on specific aspects of care such as palliative care and dignity in order to extend staff's understanding of issues which people experienced.

Senior staff had been trained as trainers in some subjects, for example, moving and handling. This meant they could provide support and advice when required as well as providing training locally on a group and individual basis. Where people had specific needs for support with moving the trained staff were able to accompany staff on visits in order to advise them how to support a person on an individual basis. Senior staff also provided staff with supervision and support to ensure they had the knowledge and skills to perform their role effectively and in line with the provider's values and ethos. This included direct observation of each member of staff working with the people who used the service. Each member of staff had an individualised training plan which was reviewed at their monthly supervision.

Staff worked closely with a range of local healthcare services including GPs, community nurses and mental health professionals to ensure people received any specialist care and treatment required. In doing so, the

provider often went above and beyond the core homecare service they were contracted to provide. For example, the provider had worked with palliative care services in order to provide a joint 24 hour package to enable a person to remain at home. Transfer sheets were included in the care records so that in the event of a person requiring hospital admission staff had the relevant information available to them to provide other professionals with this. These had been specifically commended by other professionals as being useful to ensure people continued to receive appropriate care.

Staff assisted people to eat and drink whenever this was required. Some people lived with family members who prepared meals but other people needed more support which required care staff to prepare and serve meals, snacks and drinks. A person told us staff always provided meals they liked. A relative said that when a carer opened a packet of ham, they always put a sticker on the packet to say 'opened on such a date' so that the next carer who visited could see when it was opened and ensure the person received appropriate nutrition. Each person's care plan detailed any particular likes or dislikes and these were understood and respected by staff. For example, "Please leave me some biscuits and nibbles by my bed prior to leaving." Staff were provided with food hygiene training as part of their induction and were also aware of any risks that been identified in respect of people they supported to eat and drink. For example, if people required specific diets.

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA). Each member of staff had been provided with a handy guide which they attached to their lanyard in order to ensure information regarding the MCA was available to them at all times. 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. The provider had assessed each person's capacity to consent to their care and support and this information was understood by staff and reflected in their practice. One staff member told us about a person who was living with dementia and they explained how they tried to give them as much choice as possible, in a safe way, when providing their care.

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. The manager demonstrated a good understanding of how to seek appropriate authorisation should this ever be necessary to enable staff to provide someone using the service with the care and support they needed, whilst ensuring their rights were protected.

Good

Is the service caring?

Our findings

Everyone we spoke with told us that the staff who worked for the service were caring and kind. One person said, "They are very friendly. Never a cross word from anyone." Another said, "They always ask me, you are sure there is nothing else I can do for you, before leaving." A professional who worked with the service told us the service was compassionate and staff had a 'lovely manner'. Another professional told us, "People who use them are very happy with the service."

Positive, caring relationships had been developed with people. The registered manager was motivated and passionate about making a difference to people's lives. This enthusiasm was also shared by the care workers we spoke with. When the care package started people were introduced to the care workers who would be visiting them. When new care workers were employed they visited the people they would be supporting whilst still on their induction alongside the persons current care workers so that people got to know the new care worker.

People and their relatives told us that carers and the provider went "over and above" to help them. Throughout our inspection we identified a range of ways in which the provider's commitment to caring for people went far beyond the usual requirements of care at home. For example, the provider transported people to a birthday party the provider held to celebrate the service being a year old. One person had not been out of their home for over three years and staff supported them to attend the party, by providing appropriate transport and assisting them to use it. The provider covered the full cost of this event which was clearly very much enjoyed and appreciated by the people who attended. Another person told us, that they had received a bunch of flowers from the provider on their birthday. A relative told us they had asked if the carers could take their family member outdoors and said that they now regularly took them out in the garden or out shopping. They said, "They try and make life as pleasant as possible for someone who has aches and pains." Another relative said, "A carer sat and talked to [my relative] for ages. She sat on the floor next to him and had a good old chat."

There was a very strong person-centred culture at all levels and staff understood that people were at the heart of the service. The registered manager told us that her aim in providing the service was to keep compassion at the heart of what we are doing. They said, "People want to be looked after how they would look after a member of their family and that is what we aim to do." A person told us, "They are just one big happy family." One person told us that they liked a 'wet shave' and that not all of the carers were confident to assist with this. They said that they had been able to choose carers out of the team of carers allocated to ensure that the staff who were competent with the care were able to assist with this task.

Care workers received guidance during their induction and subsequent training in relation to dignity and respect. Their practice was then monitored when they were observed in people's own homes. In addition the service had organised a number of events to celebrate people's individuality and right to dignity and respect. This commitment to interacting with people as individuals and to giving them choice and control over their lives had clearly been taken on board and put into practice by staff. One person told us, "Lots of chit-chat and a cup of tea." People also told us that staff supported them in ways that maintained their

privacy and dignity. One person told us they were always treated with 'courtesy and kindness'.

Good

Is the service responsive?

Our findings

The registered manager told us that if someone was thinking of using the services for the first time she always visited the person herself. People's care and support was planned proactively in partnership with them. Everyone that we spoke with said that when their care was being planned at the start of the service the registered manager spent a lot of time with them finding out about their preferences, what care they wanted/needed and how they wanted this care to be delivered. Following this the relationship between the registered manager and each person was interactive and they operated on an 'open door' policy. If people required a change in their care a phone call to the office was all that was required to change or adapt the care needed. We observed comprehensive assessments were carried out with people before they commenced using the service. The registered manager told us that following this assessment she tried to match people and staff. A relative said that their family member did not 'gel' with one of the carers and they had raised this with the registered manager. The provider had responded in a timely way and had sent someone else in their place. People told us they felt confident to ring the office if they wished changes to be made and that those changes would be made. A professional who worked with the service told us, "The service doesn't let people down." Another said, "They are very reliable."

We reviewed people's care plans and we saw that care plans included each person's preferences and requirements including the preferred times for people's visits. Records included guidance to staff on how to provide care in order to meet people's choices. For example, a record stated, "Carer to leave me my supper covered and on my table by my chair at the end of a lunch visit." We saw that the care plans were understood and followed by staff when they provided people with care and support. For example, a relative described how the carers were very good at supporting their family member when they were upset. They said, "They respond calmly and discuss the problem with us afterwards." Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans. All the staff we spoke to knew the needs of each person well. People who used the service commented on how well their individual needs were met. For example, people told us their wishes were respected if they expressed a preference for female or male staff members to support them. We observed this was documented in the care record.

People told us they were involved in planning their care and reviewing the care plans. They confirmed they were involved with organising their care plan and told us they had met with the staff from the service at the start in order for them to understand their needs. We observed care plans were reviewed and updated regularly by senior staff, involving each person in the process. The registered manager told us staff sat down with people and reviewed their care plans with them to ensure they were meeting their needs. For example, a person said they required more support at lunchtime the time of the visit was extended to ensure their needs were met and they were happy with their support. We saw evidence of care being changed following reviews, with people's agreement, in order to meet people's needs. However although reviews were held on a regular basis if changes to a person's care was required this happened irrespective of review dates. A staff member told us about a person who they had had concerns about their safety because their condition had worsened. They explained this to the office and registered manager who referred it to the local authority. However, in the meantime the provider sourced 24 hour care in order to support the person in their own

home until alternative care could be found. This meant the person continued to receive care in their home environment by people who knew their needs rather than having to be moved. Where people's needs changed staff were kept informed of the changes either by telephone or in person by senior staff. A relative said in order to meet their family members needs safely, "They monitor and adjust the timings of visits." One person explained if they had an appointment which clashed with their usual visit the service would rearrange the time of the visit so they could still receive care and attend their appointment. A professional who worked with the service told us, the service was always flexible and proactive in meeting people's needs.

Staff were aware of people's individual needs and preferences which enabled them to provide support in a responsive and person-centred way. When staff commenced with the service as part of their shadowing they visited every person who was in receipt of care. People were aware of who was providing their care on a weekly basis. People talked about small "teams" of carers, and several people mentioned that if a new carer was going to come with the regular carer, then they were always informed by the listing sent out the week before and given the name of the new carer. Staff told us if there were any changes to the rota people were informed in a timely manner either by telephone or by a member of the office team visiting to explain why.

Staff supported people to access the community and minimise the risk of them becoming socially isolated even if this was not part of people's formal care plan. In order to support people to follow leisure pursuits the provider had established a system for providing additional voluntary support from carers at no cost to people using the service. For example, one person went for tea at their favourite café and another person visited the shop where they used to work. A relative told us, "They regularly take Mum out in the car to a little cafe with a garden centre. They help her across the road," and "My family member plays scrabble with one of the girls (carers)." People were asked to complete a request on a monthly basis for this support so that the provider could ensure their wishes were met. However the registered manager told us that some people were unable to or failed to complete the documentation but if they requested additional support they still provided this. The provider also took part in other initiatives and supported people who used the service to raise funds for local and other established charities. This included events such as, Macmillan coffee morning, and a sponsored walk for Marie curie. The providers told us their aim was to make a positive difference in people's lives by involving staff and people in such events.

People were actively encouraged to give their views and raise concerns or complaints. The registered manager made contact with every person who received a service on a weekly basis either in person or by telephone in order to obtain their views and to give people the opportunity to raise concerns. The registered manager explained that contacting people on a regular basis helped develop relationships. Information on how to raise a concern or make a formal complaint was also included in the information pack people received when they first started using the service. People told us they had information about complaints and knew how to make a complaint. They said they were confident that this would be handled properly and in a timely manner by the provider. However, all the people we spoke with also told us that they had no reason to complain. Staff told us that it was due to the good communication systems in place that ensured people felt comfortable to raise issues before they escalated into complaints. The registered manager told us they aimed to maintain an ongoing dialogue with people so that people felt they could comment and contribute to their care.

Outstanding ☆

Is the service well-led?

Our findings

There was a positive and sustained culture in the service of providing quality care in an open and honest environment. The service benefitted from a strong management structure which provided clear lines of responsibility and accountability. The providers of the service, the registered manager, and other office staff were available throughout the inspection. The registered manager spoke with pride and passion when they discussed the quality of care and the team. They told us they felt it was a privilege to be able to provide high quality care to people. People using the service, relatives and caregivers all spoke highly of the management team.

Care workers were motivated and told us that management was excellent. One member of staff told us they were excited to be able to provide the high quality of care to people. The registered manager was an excellent role model who actively sought and acted on the views of people. There was a positive and sustained culture that was open, inclusive and empowering. The management team had a clear vision about the values the service had.The registered manager told us, "A happy carer is a better carer." They said by supporting staff in their work and ensuring they were well trained for their role staff felt empowered to provide quality care. They had developed a positive culture at the service. People who used the service, relatives and care workers all spoke very highly of the registered manager. The registered manager was very well known to, and respected by, everyone who used the service. A staff member said, "The registered manager always listens to us. If something can't be changed she explains why." Another told us, "Management and organisation are great." One person who used the service described it as 'efficient and caring'.

The registered manager told us that she worked as a member of the care team when required in order to ensure they were aware of any issues staff encountered but also to show staff how much they valued their role. Throughout our inspection, the manager demonstrated an open management style and strong values-based leadership of her staff team. The manager's approach was appreciated by staff. A member of staff said, "Brilliant team-happy with each other." The registered manager told us, "A happy carer is a better carer." The provider had developed an award scheme for staff where people were encouraged to vote for staff on a monthly basis if they felt they had gone the extra mile. Staff were awarded with individual gifts relevant to them.

Several people also praised the fact that carers reported back to the management any issue raised and management fed back to them. One relative said "The management obviously have an ongoing dialogue and communication with the workers." There were examples where the care staff and management demonstrated an approach which meant issues were addressed before they became problematic. One relative said that when they had contacted the office to change the frequency of the visits, the office staff mentioned an issue his family member had raised about one of the care staff and asked him if he wanted to make a complaint about it even though the issue had been addressed.

Staff worked together in a friendly and supportive way. We observed that staff were coordinated so they covered specific areas and were not spending a lot of time travelling to different areas. Staff told us this

assisted them to maintain the quality in their visits. One relative had written in a survey, "Carers were flexible with arrangements, proactive in their delivery of care and always put [my family member's] needs first." A senior member of staff told us they always tried to be flexible when supporting staff to ensure their wellbeing as well as the people who received a service.

There were regular staff meetings and we saw that a wide range of issues were discussed. The meetings were also used as a forum for learning and individual speakers were asked to attend. For example, they had recently been visited by a person recovering from a stroke to talk to the staff about their experiences. The registered manager told us the impact of these meetings meant by sharing information, best practice was followed that took into consideration the individual preferences and outcomes for people.

The registered manager worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. For example, they had worked with the Marie Curie to ensure staff had the skills to support people at their end of life. The registered manager had also attended a number of forums in the local area in order that good practice ideas were shared and a high quality service provided. The agency had made and sustained good relationships with a local GP practice. This had resulted in the service being able to engage with the GPs about people's medicines and being able to request medicine reviews.

A health professional who worked with the service said, "The manager is keen to maintain the quality." The provider had a strong focus on the continuous improvement of the service to enhance people's well-being and happiness. For example, the registered manager and senior staff attended a number of networking events in order to share experiences and learn from other services. The registered manager said, "Networking with other charities and services it helps to improve the service." In addition the provider tried to focus on a theme each month and link into national events such as National Dignity Action day and dementia awareness week. The service had become a Dignity Champion with the National Dignity Council and also joined Dementia Friends with the national Alzheimer Society. This meant they had access to additional resources and advice in order to provide quality care to people. Two senior members of staff had become Dementia Champions and provided information to relatives, people who used the service and local organisations. Staff were also encouraged to become Dementia Friends on an individual basis. The provider also produced a newsletter and organised regular team social evenings. The newsletter included information about changes in the service but was also used as a format for providing advice to people for example, a newsletter included an article about coping in a heatwave.

People were regularly asked their opinions whether the objectives were being met. The provider employed staff who regularly visited people in their homes to monitor the quality of the service provided. This included arriving at times when the care workers were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. Checks were completed on a regular basis by members of the management team. For example, people's care plans, risk assessments, incidents and accidents were reviewed. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Accidents and incidents were recorded and outcomes clearly defined, to prevent or minimise re-occurrence. Where actions were needed, these had been followed up. For example, care plans reviewed. Audits had been carried out on records and we observed the registered manager had been able to link the audit to individual staff in order to be able to provide additional support if required. Spot checks on how care was provided by staff were also conducted on a random basis. These enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.

Systems were also in place for monitoring. The provider conducted a six monthly customer satisfaction

survey to ask people to provide feedback on the service they received. In addition, regular telephone reviews were carried out with people to ensure they were happy with the service. The registered manager told us, "We try and get issues before they become a problem."

The registered manager was proud of the service provided to people and the sustained quality of service provided over the service's first year. She said that the agency was not prepared to expand if it meant the quality of the care would be affected. She told us she was particularly proud that during their first year they had maintained the original staff team and been able to build on their skills and expertise. They said this meant they could provide personalised care of a high standard and that the care provided was what people had asked for and needed and not based on what the service was prepared or able to provide.

Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the service that could not be addressed internally. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been reported and managed correctly.