

Ashton Care (Bognor Regis) Limited

Ashton Domiciliary Care Agency

Inspection report

Ashbury Care Home The Annexe
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West Sussex
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Tel: 01243860074

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04 December 2019

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Ratings

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

Summary of findings

Overall summary

About the service

Ashton Domiciliary Care Agency is a domiciliary care agency that provides personal care for people living in their own homes. The agency specialises in caring for people with mental health needs. At the time of this inspection, 25 people were receiving personal care support from the service.

People's experience of using this service and what we found

People spoke extremely positively about the service and the care they received. With support from staff, people had greatly improved their quality of life. They were supported not only with their care needs but in gaining the confidence to go out in the community, enjoy new experiences and socialise with others. They were encouraged to maintain and re-establish relationships with family and friends and to look ahead to what they would wish to achieve in the future. One person wrote, 'I now have my life back, not just an existence'.

People received exceptional care and support from a staff team who valued and celebrated individuality and diversity. Care was highly personalised to meet people's needs. Staff worked creatively to establish communication with people, so their views could be heard. People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed. A relative said, "I'd recommend them to anyone, very good indeed".

Staff had confidence supporting people at the end of their lives and were proactive in helping people make plans and arrangements, so their wishes were known.

Strong relationships were formed between staff and people due to the continuity of staff and the very caring approach of staff members. We observed positive and caring relationships between people and staff. People were encouraged to be involved in decisions relating to their care and were treated with dignity and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to access healthcare services and would advocate for them when required. People were supported in their independence and in gaining skills, such as in preparing meals for themselves.

Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. People said staff arrived on time and they were informed in advance of which carers would be supporting them. Staff supported people to take their medicines or reminded them when they were due. People were protected from the risk of infection. Everyone we spoke with felt safe in the company of staff.

People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff had regular supervisions and an annual appraisal.

People benefited from a well led service. The registered manager had shaped a culture where people were at the heart of the service. There was a clear leadership and management structure in place which helped to ensure staff were clear about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its smooth operation and to support good communication. In the provider's survey a relative commented, 'I always give them a glowing report. Couldn't be without them'.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 3 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ashton Domiciliary Care

Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 November 2019 and ended on 4 December 2019. We visited the office location on 3 December 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A

notification is information about important events which the provider is required to tell us about by law.

The provider was not asked to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people and four relatives by telephone to find out about their experience of the care provided. We visited the office and spoke with the registered manager, provider, deputy manager, administrator and one carer. We reviewed a range of records. These included three care records, three staff files and records relating to the management of the service. We visited two people in their homes and met with one relative. We observed a carer during these home visits and how they supported people. We looked at the care records and daily notes completed by care staff in the home.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at the statement of purpose and feedback survey results. We telephoned and spoke with two members of care staff. We received feedback from a vocational training assessor who works closely with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People felt very safe in the company of staff. A relative said, "(Name of person) is definitely safe with them". Another told us, "I've just been in hospital, it put my mind at rest knowing they come four times a day to see (Name of person)".
- Staff had completed training in safeguarding and knew what action to take if they suspected abuse had occurred. One staff member said, "(Registered manager) drums it into us quite a bit". Another told us, "It could be self-neglect of things that are financial. It is making sure they aren't being influenced by the wrong people. We are vigilant on trying to find out and ask for advice from safeguarding".
- Arrangements had been made to ensure staff had access to people's homes in a safe and secure way, for example, through a coded key safe.

Assessing risk, safety monitoring and management

- Risks to people were safely managed.
- Care records provided information and guidance for staff on how to support people and mitigate risk. For example, in a risk assessment for the use of a stand-aid, staff were guided on how to support the person safely and in a way that supported their independence. We read, "(Name of person) will place their feet onto the stand and give the carer their right hand to place on the bar making sure all fingers are wrapped around the bar".
- People had been offered key rings with the agency's phone number on. This idea came about after one person was unable to find their way home. This may help people, or help others to assist them, when out and about. There was an option to include medical details on the key ring, for example if a person was diabetic.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was also information about staff safety in attending the call, for example on street lighting and pets.

Staffing and recruitment

- There were enough staff to safely cover calls and to provide a high level of service and consistency to people. The provider told us, "We only take on new packages once we have the staffing capacity". People were happy with the service. One relative said, "There are no issues with time keeping. I've got a printed list of who is coming and at what time". Another told us, "In all the time they haven't let me down".
- At the end of each shift, staff texted the 'on call' number to confirm their calls had been completed. This ensured people had received their care and that staff members, who may be working late at night, had returned to a place of safety.

- Robust recruitment systems ensured new staff were recruited safely. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).
- The provider was using a variety of methods to recruit new staff, including social media and talking in schools about working in care. The provider offered contracted hours with full sick pay and holiday cover.

Using medicines safely

- Medicines were managed safely.
- Some people required staff to prompt them to take their medicines and some needed staff to administer their medicines. People's needs were assessed in this regard and staff had completed medicines training.
- Medication Administration Records (MAR) were completed by staff, to confirm that people had received their prescribed medicines.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff completed training in infection control. Staff were issued with personal protective equipment, such as disposable aprons and gloves, for use when providing personal care to people.

Learning lessons when things go wrong

- There was a culture of lessons being learned if things went wrong.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- Following a medication error, where staff had taken advice from a family member that a medicine had been stopped, staff always check directly with the GP or pharmacy to confirm any changes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People spoke highly of the care they received. One person told us, "I wouldn't be here if it wasn't for (Registered manager)". A relative said, "I have yet to find fault with them". Another told us, "They are absolutely brilliant, we are delighted".
- Relatives and professionals shared examples of how people's health and/or wellbeing had improved since the person received support from the agency. One person wrote in the provider's survey, 'I am slowly getting better. I am very grateful for all the help'. A social worker spoke of a 'marked improvement' in a person's mental health and of another person who had 'improved beyond the doctor's expectations'.
- Staff tailored care to meet people's individual needs and to help them achieve their goals. Staff were assisting one person and their relative to carry out physiotherapy exercises to improve mobility. Staff told us of another person who was initially cared for in bed, in part due to their mental health, but was later able to walk using a frame. A vocational training assessor told us of a recent observation at a person's home. They wrote, 'The progress this service user had made was great to see and a credit to Ashton Domiciliary'.
- People's needs were continually assessed in line with best practice. If any changes in people's needs or abilities were noted, staff were quick to communicate this information and the care plan was updated. Daily notes made by the carers demonstrated that care had been delivered in line with the care plan.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to carry out their roles effectively. People spoke highly of the staff team. In the provider's survey comments included, 'I think all the carers do a grand job' and, 'Most pleased with our carers, long may it continue'. A relative said, "They are very competent".
- New staff received an induction and shadowed experienced staff until they were comfortable and competent to work independently. Staff received training and regular updates using a combination of face to face and workbook-based training. One staff member said, "They're really positive about training here, they will go above and beyond with that". Another told us, "My knowledge has progressed a lot since I've been here". A vocational training assessor said, '(Registered manager) is passionate and proactive in ensuring staff training both mandatory and supplementary to meet the development needs of staff to ensure care requirements are met'
- Staff felt valued and well supported. One staff member said, "The support you get is amazing, you have that camaraderie". There was a system of staff supervision, observation and appraisal. People were asked for their feedback on staff members and this was used as part of the staff member's review.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported some people in the preparation of food and meals. One person told us, "My regular carer

is a really good cook, she makes lovely meals".

- Staff encouraged people to eat and drink to maintain their health. We heard one staff member reminding a person how the doctor had advised they avoid a certain type of drink. In the care notes we read, '(Name of person's) mood was very low today. Didn't want to eat but managed to get them to eat a bacon sandwich'. In another we saw that staff had cleared out of date food from the freezer.
- Information concerning people's preferences and needs in relation to their food was clearly detailed in the care plans. Where there was a concern around a person's nutrition or hydration, staff maintained detailed records. Food and fluid charts were monitored, and staff were proactive at informing their colleagues if there was a concern.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with other agencies to provide a consistent level of care and support to people.
- Staff worked closely with a community mental health service and supported people to attend their appointments. The proactive approach of staff had helped people to stay well and keep out of hospital.
- Key contact information was included in each person's care plan. This included their next of kin, GP and any other professionals involved in the person's care such as the Community Psychiatric Nurse (CPN). This helped staff to make timely contact with others when required.
- A newsletter sent to people included helpful contacts for mobile services including hairdressing and chiropody. There were also contact numbers for telephone helplines and listening services, such as the Samaritans.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to make and keep appointments. In one person's care plan we read, '(Name of person) wishes for carers to make and accompany her to appointments and to inform the office of new appointments that may arrive through the post or if an appointment is to be made". In the schedules we saw a call set up to accompany a person to the optician.
- Staff helped people understand the services available to them and any diagnosis. The registered manager had attended all appointments with one person and supported them to understand possible treatment options. This helped the person to understand the information and make an informed decision.
- Staff were vigilant to people's emotional wellbeing. Information was shared with colleagues and extra support and reassurance was arranged when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had a good understanding of the Act. Staff were able to clearly articulate the principles of the Act. One carer said, "Presume they have capacity. If it is believed they are lacking capacity, we must support them to make a decision on their own and explore all possible avenues. Everyone has the right to make an unwise decision".
- Most people had been directly involved in planning their care and support and liaised directly with staff

and the office when changes were needed. Consent to care and treatment was routinely sought by staff. Where people lacked capacity, decisions had been made in their best interest. Examples included for staff to manage medicines or money on behalf of a person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were extremely positive about the caring and compassionate nature of the staff that supported them. People knew they mattered.
- There was a regular team of highly motivated staff who had developed strong relationships with the people they supported. One person described a carer as a 'tonic' saying they showed compassion when they were feeling low. A relative told us, "They come and they are part of the family, I can't speak highly enough of the care and consideration". Another said, "They have a little laugh and a little chat, I can hear it. That makes (Name of person's) day".
- Staff had supported one person to go to the cinema to see a film. As the screening was upstairs and there was no lift, staff arranged for the person to arrive after the start of the trailers, so they could take their time getting up the stairs without feeling rushed. A staff member said, "What I think is great about this company is that because we are so small, we get to have really good relationship with our clientele so you can provide that individual need".
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the assessment process. Staff worked hard to reduce stigma associated with disability and status, in fact this formed one of the core principles of the service. One key area was people addressing staff rather than the person when engaging in conversation. The registered manager shared an example of one person who stammered which often led members of the public to direct their questions to the staff member rather than the person. She said, 'Our carers ensure that he answers the question by redirecting it back to him and giving him enough time to express himself and his wishes'.

Supporting people to express their views and be involved in making decisions about their care

- People's views were central in determining the care they received. One relative told us, "All of the staff I've met care and they want to learn how to communicate with (Name of person); they want (Name of person) to be happy and to know what he is trying to say".
- Each person's care plan set out clearly how they wished to receive their support. This included the tasks they could manage for themselves and where and how they wished to be supported. For some people, there was a preference for male or female staff to support them and this was adhered to. One relative wrote in a compliment, 'Your team is so amazing with my husband, I feel included in everything you do and you don't try taking over'.
- Staff spent time shadowing and getting to know people. This was particularly important for people who had anxiety and it helped staff to better understand the person and their wishes. The registered manager told us, "It takes time to build trust".
- Staff actively promoted people's independence which in turn enhanced their sense of wellbeing. We saw

photographs of one person preparing their breakfast with the guidance of a carer. A staff member told us they saw their role as to, "Encourage and motivate".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- In the provider's recent survey, all respondents (20) said staff provided care in a manner that respected their privacy and dignity. One person commented, 'Excellent care, treated like a person so no complaints'.
- Relatives spoke highly of the care their loved ones received. One said, "Everything has been wonderful. I've been delighted with them. They respect (Name of person's) wishes. They talk to them. They are all very lovely and very helpful". Another told us, "They are always the same, always chatty, always make (Name of person) laugh, talking to him while they do personal care, so he doesn't feel uncomfortable".
- People received a weekly rota and knew who was coming to see them and when.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were regular 'meet ups' for people which helped them socialise with others and share new experiences. In response to suggestions from people, staff had laid on trips, afternoon tea in a hired hall, Christmas and summer parties and pub lunches. The feedback following these events was extremely positive. One person wrote, 'It is very nice to get out to go to things I wouldn't otherwise be able to and makes me feel like I'm living rather than just existing'. Another, 'It made me feel good inside'. A third, 'I felt safe being with (names of staff). I had a very nice day'.
- There was a sense of community amongst staff and people using the service. Following the Christmas party, a relative wrote, 'A big thank you to all the staff who entered into the spirit of Christmas and made the afternoon such a success. You seem like one big happy family'. Other comments included, '(Name of person) does not socialise outside the house or family so this was a chance for him to do so' and 'It all helps my depression and helps me meet other service users, staff and people. You are a lovely care firm'. A relative wrote, 'Mum tells me she has even made a new friend. So thumbs up!'
- Staff also helped people on a one to one basis. One person had attended a music concert and an open-air cinema screening, with a staff member joining them in their own time. A staff member said, "We also do things the service users want to do as well as what we have to do. Walks and firework nights and taking them to things like that. It is lovely to be out of a care setting with them, socialising with them rather than it all being about the care. They say things like I never thought I'd be able to do this again and it means so much to them".
- People had been supported to achieve their goals. One person, who usually used a wheelchair when out, had completed a one-mile sponsored walk along the prom. The registered manager told us, "(Name of person) wouldn't usually walk that distance. It was a struggle for (Name of person) to complete but the look of achievement on her face and the big smiles was well worth it'. Staff had organised the whole event, from contacting the person's charity of choice with the idea, to encouraging and facilitating others who use the service to participate. Staff had then turned out to support the event with their families and to cheer people on.
- People had been supported to maintain relationships with family and friends. Staff helped one person send cards to their siblings and try to re-establish contact with them. A relative wrote to staff thanking them for helping their loved one remember their birthday. They wrote, 'It was very much appreciated by me, it has been four years since they last remembered'. Staff had also helped a person to remember an uncle who died in the war by supporting them to buy a poppy and cross and to attend the war memorial to pay their respects.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided staff with clear and detailed information to enable them to deliver person focused care. Care plans were reviewed and up-to-date. Staff were informed of any immediate changes via text message to ensure they were aware of the person's current needs.
- Calls were scheduled to meet with people's medical needs or to fit around social engagements. One relative explained how the call times had been planned to fit around medication that must be taken at specific times of day. They told us the timing was, "Absolutely perfect".
- Staff clearly knew people extremely well. They adapted their approach to fit with the person. One staff member said, "(Names of couple) have a wicked sense of humour, we have a laugh and a giggle. Another person has a straight-laced sense of humour. I adapt to fit in". In a recent survey, one person wrote, 'I don't think you can improve on excellence. Everyone has been kind and a joy to have in my home. I am sure I could not have had any better care anywhere'.
- Staff helped people develop strategies to manage their anxieties. Staff had helped one person reduce their use of medication through talking with them and being available by telephone when the person became anxious. This person was prescribed 'as needed' medication for their anxiety which they self-medicated. Following the support of staff, the frequency of this person's repeat prescriptions had reduced from fortnightly to approximately once every two months. The registered manager told us, "You can tell on the phone, (name of person) talks more quickly and their breathing gets faster. We can talk them round".
- People had been invited to create their 'life story' in a format of their choosing. One person had made a timeline of key events in their life alongside a progress map for their achievements and future goals. We saw this person had made significant progress thanks to their efforts and those of staff. Where previously they would not leave their flat, they would now walk along the seafront with staff and even visit certain cafés. In the person's review we read, '(Name of person) was very pleased with the end result of their life story as it allows them to reflect and see the progress they have made and for them to be proud of their achievements with Ashton Care'.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. Some people received the newsletter and their schedules in large print to help them read more easily.
- When one person started to use the service, staff were told they were known to act in an aggressive way and shout at staff visiting their home. As this person was hard of hearing, staff wondered if they were startled by a person entering from the door behind where they sat. They found that by turning on the light as a means of alerting the person to their presence, they received a totally different and positive response. A relative had written to staff about the positive change in their loved one, they said, 'This is the Mum I know and love'.
- When staff started to care for a person with dysphasia, they invited a Speech and Language Therapist to make them aware of what this was and how they could best care for the person. Staff used communication cards to help engage in conversation until they got to know the person's own way of expressing themselves. One staff member said, "We try and keep it to the same carers, they know (Name of person) really well".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was shared with people in their home files. In the provider's survey all respondents had confirmed they knew who to contact if they had concerns about the service. One

relative told us, "I would just phone up. I am my husband's mouthpiece. Patients come first. I expect him to have to best. I have had no problems with this care agency whatsoever".

- People and relatives were satisfied with the response they had received when they raised any issues. One relative said, "Once or twice I've been slightly uncertain about something I've rung them up and they've sorted it out straight away". Another told us, "They definitely dealt with the complaint".
- Our review of the complaints received confirmed they had been dealt with promptly and appropriately.

End of life care and support

- Staff had confidence supporting people at the end of their lives. One staff member also worked at a local hospice and shared their knowledge and experience within the team.
- Staff collaborated closely with community nurses and the local hospice in supporting people at the end of their lives. Staff shared an example of when they had been able to obtain timely advice from the hospice to manage a person's pain quickly and effectively. Another person had returned home from the hospice and staff supported them in their wish to die at home. In a compliment from a relative we read, "It is a scary time but seeing the carers smiley, cheery faces has put her at peace with herself. Carers have gone above and beyond".
- Staff had helped one person make arrangements for their funeral, which had relieved their anxiety over how much it would cost and how they would afford it. This meant the person was able to continue receiving the care they needed without worrying about their finances.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had built a positive, person centred, open culture based on a high standard of care and strong relationships with people and their families/representatives.
- People received a high standard of service which was focused around the needs of the individual. People and relatives told us they would recommend the service, but they didn't want to share them!

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. She described her responsibilities as, "To be open honest. Face a problem straight on. Always apologise".
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. There had been no duty of candour events at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People spoke highly of the registered manager and provider. One staff member said, "(Registered manager) is an amazing manager. She always goes above and beyond for service users and staff. She takes on board what matters to people and helps them achieve it". Of the provider one staff member said, "She cares about people and staff. As a boss I rave on about her".
- The registered manager had good oversight of what was happening at the service. Staff worked closely together to ensure effective communication and a high level of support to people.
- A system of quality assurance checks were used to measure and monitor the smooth running of the service. For example, care and medicines records from people's homes were routinely returned to the office and reviewed. Any omissions or learning points were shared with staff via text or in the weekly staff newsletter.
- Staff received direct observation visits as they supported people. This checked the staff member was wearing the correct uniform, their conduct, if they followed the care plan and how they recorded the visit.
- The provider had engaged an external quality assessor to check and provide feedback on the survey. Actions from this audit had been addressed to drive improvement in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and staff were actively involved in developing the service. The registered manager sent annual quality review forms. In addition, people were asked for their feedback on new staff members when they attended their calls. People received newsletters to keep them up to date with changes and new initiatives at the service. These included helpful reminders such as the clocks changing as well as information on local religious services.
- Staff felt engaged and valued. One staff member said they appreciated the people and atmosphere. They felt part of a team. In the office each staff member had completed a jigsaw shaped poster with a photograph and information about them. They was displayed under the heading, 'Although we are all different we fit together as one team'.

Continuous learning and improving care

- The registered manager was keen to develop and improve the service. One relative told us, "If there are better ways we talk about it and it is done straight away".
- The provider had some electric bikes which could be loaned to staff. This helped staff and reduced travel time.
- Staff were encouraged to further their knowledge and training. A vocational training assessor told us, '(Registered manager) is always striving for continuous improvement. She encouraged and supports staff to undertake diplomas, encouraging progression and staff retention'.
- Useful information was displayed in the care office. This included materials on mental capacity, supporting lesbian, gay and bisexual people in later life and a booklet on how to have difficult conversations on the topic of end of life care.

Working in partnership with others

- The registered manager kept up to date with best practice and guidance via the local authority, Skills for Care, the Commission and other organisations. She was active in local manager forums run by the local authority.
- Staff supported local charities through fundraising initiatives, and supported people to contribute if they wished. Five bags of toiletries had been collected and donated to a local support group for women facing abuse or mental health issues. Staff had supported people to attend a breakfast for men run by a local church and a disability clubbing night run by another local group.