White Falcon 11 Ltd

Kare Plus Burnley

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 30 and 31 January 2018 and was announced. This was the first rated inspection for the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection nine people were using the service.

The service was managed by a registered manager who had been in post since 2 May 2017 and registered with CQC in September 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe. The registered manager monitored staffing levels to ensure people's needs were met and that people were supported by enough skilled staff. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required.

Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the service. A Disclosure and Barring Service check (DBS) had been completed for each staff member before they commenced employment to help the service make safer recruitment decisions.

Whilst the service were not currently supporting anyone with their medicines, the staff had received appropriate training and policies and procedures were in place. Staff knew their responsibilities and told us that when supporting people with medicines they have their competency checked on a regular basis.

There were infection control policies and procedures in place and staff were aware of their responsibilities. They talked to us about using appropriate personal protective equipment (PPE) such as gloves and aprons. PPE was available to collect from the office.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and the majority were up to date with the provider's mandatory training. A number of people still had to undertake mandatory training but we were shown this had been arranged.

People were supported to make decisions about their care and staff sought people's consent before they provided support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; however not all staff were fully aware of their

responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff members we spoke with were able to tell us how they ensured people's healthcare needs were met. Care files we looked at showed contact details for all healthcare professionals involved in a persons' care and support needs.

All the people we spoke with and their relatives told us that staff were kind and caring. We received very positive feedback about the staff. When speaking with staff members during our inspection they spoke about people they were supporting in a kind, respectful and caring manner.

We looked at the care plans for people who used the service. We found that whilst a lot of information was contained within care plans, such as hobbies, interests, likes and dislikes, these were task focused rather than focused on the needs and/or wishes of the person. We were assured that new care plans were being introduced in the near future.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016. The registered manager was not aware of this standard, although assured us they would undertake further learning to enhance their knowledge in this area.

We looked at how technology was used within the service to support people to receive timely care and support. Staff members were able to access all the policies and procedures in place in the service on their mobile phones; they would also receive an alert if a policy was updated. There were computers, Wi-Fi and other pieces of equipment in the office to assist with the day to day running of the service.

There were policies and procedures in place in relation to end of life care. Whilst the service were not currently supporting anyone at the end of their life, staff had received training and were knowledgeable and confident in this area.

Staff members we spoke with felt the service was well run by the registered manager and they were supported in their roles. They told us they were encouraged to discuss suggestions of how the service could be improved and were confident they would be listened to. They also felt the registered manager was approachable and had an open door policy.

The registered manager was able to describe how they continuously looked for feedback on how the service could be improved from people who used the service, their relatives, external professionals and staff members.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report any concerns to keep people safe from harm. The registered manager had notified the commission as appropriate of any incidents in the service.

Risk assessments were in place to keep people safe. These were reviewed on a regular basis to reflect changes in risks.

Robust recruitment systems and processes were in place to ensure staff were recruited appropriately.

Is the service effective?

Good

The service was effective.

All staff members completed an induction when commencing employment within the service.

Whilst staff members had received training on the MCA and DoLS they did not always fully understand their responsibilities. The registered manager dealt with this immediately and arranged for further training to be given.

Prior to the service agreeing to a package of care, the registered manager or senior member of staff undertook a pre-admission assessment to ensure the service could meet their needs.

Is the service caring?

Good

The service was caring.

All the people we spoke with told us staff were kind and caring. Staff members we spoke with talked about people they supported in a kind and respectful manner.

People were supported to remain as independent as possible. One person told us they had been very actively involved in reviewing the support they received and had got to the point where they had agreed a date for the support to end.

Staff were aware of the confidentiality policy and their responsibilities around data protection. All confidential information was securely stored.

Is the service responsive?

Good

The service was responsive.

One person we spoke with confirmed they had been actively involved in the planning of their support.

People had care and support plans in place. However, these were more task focussed that need focussed. New care plans were in the process of being developed which should ensure they were person centred.

We looked at how complaints were managed in the service. We found a complaints policy and procedure was in place, a copy of which was given to people who used the service.

Is the service well-led?

Good

The service was well-led.

People who used the service told us they knew who the registered manager was. Staff members we spoke with all told us they felt supported by the registered manager.

We saw the service gained feedback from people who used the service, relatives, external professionals and staff members in many forms.

The registered manager monitored the quality of the service through audits of the systems and processes in place. We saw audits included care and support plans, risk assessments, medicines, safeguarding, accidents and incidents.

Kare Plus Burnley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 January 2017 and was unannounced. We gave the service 24 hours' notice of the inspection site visit because it is small and the manager is often out of the office. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback from health care professionals that we used to help inform our inspection planning. We also looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events that the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service. We spoke with two people who used the service and one relative. We also spoke with five care staff and the registered manager.

We looked at a sample of documents and written records including the care records for five people who used the service, five staff personnel/recruitment files, staff rotas, staff training records, complaints and compliments, quality assurance records and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe when staff members were providing support in their homes. One person told us, "I feel very safe when she [carer] is in the house." One relative we spoke with told us, "I definitely feel she is safe. I am overlooking everything and I have 100% peace of mind. No issues at all with the staff member."

All the staff we spoke with knew how to protect people and keep them safe. Comments we received included, "If I saw anything which did not agree with me then I would report it straight away to the manager, document it and also inform safeguarding" and "I make sure the clients are looked after, treated individual and everything is safe. Safeguarding is, physical, mental, financial abuse. I know what to look out for - signs like withdrawal or physical marks." All the staff we spoke with told us they would not hesitate to whistle blow (report poor practice) and they would feel protected by the service.

Staff had safeguarding vulnerable adult's procedures and whistle blowing procedures to refer to. Safeguarding procedures are designed to provide staff with guidance to help them protect people from abuse and the risk of abuse and discrimination. We saw these were displayed in the office and staff had access to them through their mobile phones.

The registered manager was clear about their responsibilities to report any safeguarding concerns and paperwork we looked at showed a recent safeguarding referral had been made. Action to be taken and lessons learned from this incident had been discussed with staff during team meetings.

We asked staff members how they managed risks that people may present with. Comments we received included, "We have risk assessments to look at and if I have any queries I will ask questions", "Everything is in the risk assessment. I read this every time I am with the client" and "I read the care file and risk assessments."

Potential risks to people's safety and wellbeing had been assessed and recorded in their care and support plans. The risk assessment information was based on good practice guidance in areas such as falls, nutrition and moving and handling which ensured the best outcomes were achieved for people. Management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner without restricting people's freedom, choice and independence. Records showed that the assessments were regularly reviewed and updated in line with changing needs.

There were also environmental risks assessments in place to manage any potential risks in people's homes and in the office. A business continuity plan was also in place to show how the service would manage in case of an adverse event, such as loss of telephone systems, severe weather and loss of staffing.

We noted records were kept in relation to any accidents or incidents that had occurred at the service. All accident and incident records were checked and investigated by the registered manager. This was to make sure responses were effective and to see if any changes could be made to prevent incidents re-occurring.

Any learning points from accidents and incidents were disseminated and discussed with the staff team.

The service had robust recruitment systems and processes in place. We looked at the recruitment records for five members of staff. We found all staff members had completed an application form where any gaps in their employment had been investigated. During their face to face interview staff were asked the same questions to assess their knowledge and skills. This enabled the registered manager to decide their suitability to the role they had applied for. All five records showed the service had received three references and a Disclosure and Barring Service check (DBS) for each staff member before they commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People who used the service told us staff members always arrived on time. One person told us, "In fact they don't arrive on time, they are always early." All the staff members we spoke with told us there were adequate staffing levels within the service. From looking at the rotas, we noted 30 staff were employed by the service and nine people were in receipt of support at the time of our inspection. Staff members working at the service were also protected by a lone worker policy and procedure. This set out what the service would do to ensure those staff members working alone were as safe as possible in their roles.

Staff we spoke with confirmed they were not currently supporting anyone to take their medicines. They told us, "I am not doing them at the minute. I have had refresher training as well, every 12 months", "Just been given the training. I don't really handle medication but we have to do the training" and "They are asked if they want to manage their own medicines. We only take over when they can't manage. We keep them as independent as long as possible."

The registered manager confirmed they were not currently supporting anyone with their medicines, although had done in the past. There was a medicines policy and procedure in place and all staff members had received medicines training in the event that they may need to administer medicines in the future. The registered manager also confirmed that their policy was such that the service would never administer controlled medicines (medicines which may be at risk of misuse) to people; this would be undertaken by District Nurses. All the people we spoke with confirmed they were independent in taking their medicines.

All the staff we spoke with told us they had received training in infection control and knew their responsibilities. They told us their responsibilities were, "To ensure that we wear our PPE (Personal Protective Equipment). I ensure that if staff are wearing it and change it after every client we deal with; make sure they wash their hands and make sure we are all clean", "Hand washing, cleanliness and always wearing gloves aprons", "To wear PPE – gloves and aprons. To wash hands; I do it every day" and "We have to wear aprons and gloves, hands washed and properly dried. We have to change gloves when changing from job to job. All the PPE is in the office for us to get when we want."

Records we looked at confirmed that staff were to undertake infection control training on a yearly basis. Policies and procedures relating to infection control were also available to guide staff on their responsibilities.

Good

Is the service effective?

Our findings

All the people we spoke with told us they felt staff had the right skills and experience to meet their needs. One person told us, "Yes, she is knowledgeable. It is beyond belief how good my carer is." When asked if they felt staff was knowledgeable, one relative told us, "Definitely, yes."

We looked at how the service trained and supported their staff. All the staff members we spoke with confirmed they had completed an induction prior to undertaking their role unsupervised. Records we looked at showed that staff were to complete a structured induction which consisted of workbooks, training courses and shadowing more experience staff members.

One staff member we spoke with told us, "I have worked for a few agencies and this is the only agency I have worked for that does a lot of training, it is the best agency I have worked for." All the staff that were employed by the service at the time of our inspection had achieved a National Vocational Qualification (NVQ) at level 2 or above. However, the registered manager informed us that should they employ people without this they would be enrolled on the Care Certificate as standard. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life and is considered best practice.

Records we looked at showed staff undertook training in many subjects including manual handling, fire safety, infection control, medicines, safeguarding, dementia and health and safety. We also saw that regular spot checks were undertaken by management of staff in their roles to ensure they remained competent in their roles. Training was undertaken either in a classroom based setting or online.

We asked staff members if they received supervisions and appraisals. Comments we received included, "Yes, we discuss anything that is troubling me, any training, any problems with working practice", "Yes, you can discuss whatever you want to discuss", "Yes, we discuss my hours, if I have any issues that need raising and training" and "Yes, every 3 months. We can discuss anything from issues, hours, concerns, training, if I feel like I am happy, can they improve anything, basically how you feel and if you have any issues." Staff personnel files we looked at confirmed what staff had told us.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. We checked whether the service was working within the principles of the MCA.

We asked staff if they had received training on the MCA and what they felt it meant to them in practice. Comments we received included, "If they have capacity to accept personal care or medication, daily living and financial. If they don't want to have a wash then you can't force them to be honest. If they haven't got capacity then document and report all", "If they have not got capacity it can be other teams involved to get the correct care for the particular person. If they have capacity they remain independent and decide what care they want. If they haven't you have DoLS and that kind of stuff", "If they have the capacity in their own free mind, without being told what to say. If they can make decisions for themselves" and "If they lack capacity to make a decision about the health and wellbeing, some people have a dols in place and knowing if they have the understanding to make an informed decision." One person we spoke with told us they were awaiting their training on this.

The service had a MCA and DoLS policy and procedure in place to guide staff members. We noted people's mental capacity to make decisions had been considered as part of the preadmission assessment and a Mental Capacity Pre-Screen Flow Chart was completed for each person using the service. All the care records we looked at had a consent form in place which identified the person's agreement to the care and support being given. One person's records we looked at showed they had an advanced decision in place. This is a document identifying the persons wishes should there come a time where they lack capacity to make their own decisions.

The service were supporting one person who by the nature of their needs and the environment in which they were currently being supported in, were being restricted. The registered manager informed us that a DoLS application had been made to the relevant authority to restrict the person in their best interests. Records we looked at showed three out of the eight staff members that supported this person had not received training on MCA and DoLS. We spoke with three people who had received training on MCA and DoLS, who supported this person, and they were not able to tell us if there was a DoLS in place. It is important that people who use the service are not unlawfully restricted and that staff members understand their responsibilities under the MCA. We discussed this with the registered manager who told us it was on the agenda for the forthcoming staff meeting to make staff aware that an application for a DoLS had been made, they also arranged for further training, during our inspection, to be given to all staff members.

Prior to the service agreeing to a package of care, the registered manager or senior member of staff undertook a pre-admission assessment to ensure the service could meet their needs. The pre-admission assessment covered every aspect of the person's life in order for the service to tailor individualised care and support plans to meet their needs and wishes.

We asked staff members how they ensured they met people's healthcare needs, including if they felt they were deteriorating. Comments we received included, "I would phone for a doctor straight away for advice and phone the families", "I would ring [registered manager], log how she was deteriorating and ask for on call GP to see her", "I would monitor it but also report to the office as well, it depends on what it is. Everything would be documented in the daily logs sheets. If needed we would bring external agencies in such as GP" and "We involve other people such as district nurses, chiropodists, physiotherapists and GP's." Care files we looked at showed contact details for all healthcare professionals involved in a persons' care and support needs.

Good

Is the service caring?

Our findings

All the people we spoke with told us staff members were kind and caring. Comments we received included, "I just can't find the words to say how good she is. It is beyond belief how good she is", "I am so pleased with everything" and "I am very, very happy with the service." One relative we spoke with told us, "They have been good and very understanding."

During this inspection we were unable to observe staff interactions with people who used the service as people were cared for in their own homes. However, all the staff we spoke with presented as caring, respectful and kind when discussing people they supported. We asked staff members how well they knew the people they were caring for. One person told us, "Quite well. Just by spending time with them and talking to them. I am supporting one person with dementia; I have got to know when he is in pain, upset or hungry." Another staff member told us, "I know them very well. Just by being me. When you first go in, it is about being yourself, letting them ask questions to you and I always check if they are alright with everything and if not we can work it out. They always get the choice if they want me there or not."

Care records we looked at showed consideration had been made to people's preferred communication needs, for example, if people had impaired hearing or if they required glasses. This would ensure the staff member supporting them would be able to communicate effectively with the person.

We saw people were involved in reviewing the care and support plans in place. Records showed that reviews were undertaken on at least a monthly basis and were done with the person. These evidenced that people were able to express their views and make decisions about the care and support they received. One person who had been receiving support told us they had been very actively involved in reviewing the support they received and had gradually had periods of managing on their own; to the point where they had agreed a date for the support to end. They told us, "When she was on holiday I relished the challenge to manage by myself. I have decided on a date when I am hoping I am going to manage on my own. If I cannot manage I know I can always get support again. If things don't work out I will continue with Kare Plus."

We noted in the office a dignity display wall. We saw this contained information on equality, respect, caring and support people who used the service. The service had also achieved a Dignity Champion Certificate of Commitment; this show the services' commitment to meeting the 'ten dignity do's', such as having a zero tolerance to all forms of abuse, to support people who used the service with the same respect they would want for themselves or a member of their and respecting people's rights to privacy.

All the people we spoke with who used the service told us staff members respected their privacy and dignity when supporting them in their own homes. We spoke to staff to ask how they ensured they respected people's privacy and dignity at all times. They told us. "By knocking on the door, covering them up when assisting with washing, closing the bedroom door and going out of the room", "Doors closed, curtains closed and maintain this all the time, make sure there is a towel to cover them", "Close the bathroom door, get them dressed in stages so they are covered as much as possible" and " Make sure doors are shut, make sure I can still hear her in the bedroom and shout her to make sure she is ok and I'll knock on door." The service

also had policies and procedures in place to guide staff in their roles.

All the staff members we spoke with were aware of their responsibilities around confidentiality. Comments we received included, "What goes on in that person's house stays there unless you think it is necessary to report it", "What goes on stays there, it is never discussed outside. All their care documents stay in the house with them" and "I would not discuss anything outside of work." Policies and procedures were also in place around confidentiality to guide staff members if they had any concerns about data protection.

People told us and staff members confirmed that people were supported to remain as independent as possible when receiving support. One staff member told us, "When I am helping her with personal care I will give her the face cloth and let her do it herself. I will put toothpaste on a toothbrush but she will brush her own teeth." Another staff member told us, "The lady decides what she wants to do, she takes her own medicines, decides her own meals; we leave it all to her decisions, this keeps them independent." All staff members were aware of the importance of supporting people to remain independent.

Good

Is the service responsive?

Our findings

People we spoke with confirmed they had been involved in the care planning process. One person told us, "I told her the sort of things I wanted her to do and that if she saw something that needed doing to just do it. We made joint decisions on when to wash things for example. She does what my wife used to do. She is just wonderful; I can't find the words to say how good she is."

We looked at the care plans for five people who used the service. We found that whilst a lot of information was contained within care plans, such as hobbies, interests, likes and dislikes, these were task focused rather than focused on the needs and/or wishes of the person. For example, the care and support plan was split into morning visit, lunch visit, afternoon visit and so on, rather than the support being laid out around people's needs such as personal care, religious needs, end of life needs or healthcare needs. We discussed this with the registered manager who informed us they had already identified that improvements needed to be made to the care and support plans and that they were already in the process of developing new ones. Once in place, the new care and support plans should evidence person centred care.

Care records contained information to show that healthcare needs were monitored. For example if someone was at nutritional risk their food and fluid intake was monitored and if staff members noted any bruises or marks on a person a body map would be completed. The service involved external healthcare professionals as and when required such as district nurses and GP's to meet people's changing needs.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager was not aware of this standard, although assured us they would undertake further learning to enhance their knowledge in this area. They informed us that any document within the service could have the font increased to support people whose eyesight was impaired. They told us that whilst they did not currently support anyone who was blind they could arrange for documents to be translated into Braille. The service user guide was not available in any other language; we discussed this with the registered manager who informed us they would look into having this in different languages going forward.

We looked at how technology was used within the service to support people to receive timely care and support. We saw that staff members had an 'app' on their mobile phones that allowed them to access all the policies and procedures in place within the service. This meant they were able to access guidance when they were out lone working or supporting people in their own homes. The registered manager informed us that when a policy was updated the staff member received an alert about the changes to any policy. This allowed them to remain up to date with guidelines. The office had Wi-Fi throughout so staff members could access the internet when in the office.

People who used the service told us they had never needed to make a complaint but knew how to if they

needed to. One relative told us they had raised an issue at one point but felt this was dealt with in a timely manner and to their agreement. Staff members we spoke with all told us they were aware of the complaints policy and procedure. They told us all people who used the service were given a copy of the complaints policy to keep in their homes for reference should they wish to make a complaint. We asked staff how they would respond should a person wish to make a complaint. Comments we received included, "I would ask them what the complaint was and if I could deal with it. Then I may have to take it further and pass it on to the manager. I would ensure I documented everything", "We listen to what they say; it has to come from their views, we document it, date and time and what the problem is. We come into office and speak to [Name of registered manager] who deals with it" and "I would forward it on to my manager and document." The registered manager told us and records we looked at confirmed the service had not received any complaints.

All the staff members we spoke with confirmed they had received training on end of life care. We asked them how they ensured people's needs were met at the end of their life. Comments we received included, "I would make sure the family were aware of any deterioration, that the paperwork was up to date, medicines were in date and that outside professionals were involved like district nurses or MacMillan nurses", "I am fully aware of how to understand people's expressions so I can pick up if they are in pain. We link with district nurses to make their remaining time at home the most peaceful and natural as possible", "Everything would be in the care plan. We support them and their family; make sure they are comfortable and as private as possible. You can usually tell by facial expressions if they are in pain so we would record that in daily logs" and "Keeping them comfortable, pain free, safe and secure." All the staff told us care plans would be reviewed on a daily basis as a minimum as people's needs can change quickly at the end of their life. Staff were knowledgeable in this area.

The registered manager told us they were not currently supporting anyone at the end of their life and that the new care and support plans would soon be in place which would include new end of life care plans.

Good

Is the service well-led?

Our findings

People we spoke with who used the service and their relative told us they knew who the manager was. One relative told us, "If I needed to speak to anyone I would ring [Name of registered manger] in the office."

There was a manager in post who had been registered with the commission since May 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had day to day responsibility for the running of the service. She was visible throughout our inspection and we noted staff regularly coming into the office to speak with her. We spoke with staff to ask them how well they thought the service was managed. Comments we received included, "Fantastic. If I had a relative that needs carers I would not hesitate to say use Kare Plus", "It is fine, it is good. There are little things but they will always be there, nothing is perfect", "Good", "Far as I am aware quite well compared to my last job" and "Very well."

We also asked staff members if they knew what the vision and values of the service were. One person told us, "I would say they want to grow, be a company that is known for providing excellent care, excellent end of life care. I think they just want to be the best they can but still keep the family values with it as much as possible."

We asked the registered manager how they promoted and supported fairness, transparency and an open culture for staff. They told us, "Through good governance. We are always open and honest. We have an open office; we are open with people who use the service. If we ever came into financial difficulty we would be open and honest as well. We share the results of surveys and send congratulation emails." Talking about the key achievements of the service the registered manager said, "Getting where we are today, growing it but growing it with quality. We are getting great feedback from the clients, we have had no complaints; it is overall a happy place to work and I would be very happy to be cared for by Kare Plus, I would be happy for one of my family members to be cared for here."

People who used the service and their relatives were regularly asked about their thoughts and experiences of the service. We saw the service gained feedback from people who used the service, relatives, external professionals and staff members in many forms. We looked at customer questionnaire forms, quality service review forms, social care visit forms, staff questionnaires and feedback questionnaires. The results of all these were positive. Records we looked at showed some had been returned but the registered manager confirmed they were awaiting the remainder to come in. Once they had received them all the registered manager told us the results would be analysed, shared with those involved and used to improve the service.

We asked the registered manager how they supported staff to raise concerns and how they were supported and protected. They told us, "I am very open and honest with the staff. I would keep them anonymous, act

on it, do spot checks and gather evidence to support those persons concerns. I would make sure that anonymous staff felt reassured about non-disclosure. If they wanted to go further than myself I would give them advice, tell them where they could go and who to report to, tell them about CQC and head office."

The registered manager also monitored the quality of the service through audits of the systems and processes in place. We saw audits were completed on care and support plans, risk assessments, medicines, safeguarding, accidents and incidents, complaints and compliments and reviews. We were also informed that Head Office conducted their own internal audits on the service to ensure it was meeting the required standards. Records we looked at confirmed what we had been told.

Records we looked at showed the service had received a number of compliments via email; these included, "I just wanted to formally praise the fantastic care [Name of carer] is providing my mum. I am so pleased with how well the plan is going. What a relief to know mum is in such capable, caring hands" and "I wanted to say a big thank you to [Name of staff member], she was apparently marvellous with mum last week. Mum acknowledges what a great carer she is." We saw the registered manager had personally received a thank you card, which stated, "You were a person who I could rely on, trust with my mother's care needs. Thank you for everything you have done for my mum. You have an excellent team. The work done by the carers, due to their dedication, professionalism and strategies have allowed my mum to stay at home for as long as possible."

We asked the registered manager how information from incidents, investigations and compliments were used to drive quality in the service. They told us, "Safeguarding we have learned from and embedded in staff how important it is, that drives the staff and makes them aware and makes us more responsive. Surveys are used and analysis will be shared. We have asked commissioners to do the same surveys as well and that gives us targets and goals as well." They also told us they kept up to date with any changes in regulations through CQC's website, the local authority and other external sources.

All the staff members we spoke with told us staff meetings were held on a regular basis. Records showed that all staff members had to attend a minimum of four out of six staff meetings per year. We saw topics discussed in staff meetings included people who used the service, timesheets, safeguarding, sickness, holidays, rotas, on-call and carer of the month. Staff were also given the opportunity to bring up items for discussion. One staff member told us, "If we have any ideas to bring the company forward we can go to [Name of registered manager] and say our ideas. You can go to any of them and they will listen to you and review it and let you know the outcome." Other comments we received included, "We can come in and speak to them to make suggestions, staff meetings you can come out and say try this or that. Feedback is always there. We get surveys as well can make views known, they are anonymous" and "We are sent surveys and we are due a staff meeting regarding some bits and pieces and I will say if I don't agree with something and put my point of view across. I feel they will listen to what I have to say." All the staff we spoke with were positive about working for the service and felt valued by management.

We asked the registered manager what had been the key challenges for the service. They told us, "Recruitment, that has been challenging, keeping up with how many staff we need, promote the service and maintain the community so people know who you are. I have had to build it from scratch; it has been a challenge but a rewarding challenge. I have had no issue with retaining staff; it has been finding suitable staff."

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies.