

Greenhurst Care Limited

Greenhurst Care

Inspection report

2a Church House,
94 Felpham Road,
Bognor Regis, PO22 7PG
Tel: 01243868536
Website: www.greenhurstcare.co.uk

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Ratings

Overall rating for this service	Outstanding	
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?	Outstanding	

Overall summary

The inspection was announced and took place on 14 April 2015.

Greenhurst Care is a small family run domiciliary care agency that provides personal care and support to older people in their own homes in Bognor Regis and its surrounding villages. People who receive a service include those living with physical frailty or memory loss due to the progression of age. At the time of this inspection the agency was providing a service to 31

people. Visits ranged from half an hour up to two and a half hours. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

During our inspection the registered manager was present. 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.

Summary of findings

The feedback we received from people was excellent. Those people who used the service expressed great satisfaction and spoke very highly of the registered manager and staff. For example, one person said, "My neighbour recommended them, said they wouldn't go to anyone else. Neither would I now I've had them!"

The safety of people who used the service was taken very seriously and the registered manager and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People felt safe and secure when receiving care.

People had positive relationships with their care workers and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

The registered manager was very committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

Staff were very highly motivated and proud of the service. They said that they were fully supported by the registered manager and a programme of training and supervision that enabled them to provide a high quality service to people.

Summary of findings

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.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support. Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

Care workers had the knowledge, skills and time to care for people in a safe and consistent manner. There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced very positive outcomes as a result of the service they received and gave us outstanding feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Good



Is the service caring?

The service was caring.

The registered manager and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

People felt care workers always treated them with kindness and respect and often went above and beyond their roles. Staff built meaningful relationships with people who used the service and given ample time to meet people's needs and provide companionship.

Good



Is the service responsive?

The responsiveness of the service was outstanding.

Changes in people's needs were quickly recognised and appropriate, prompt action taken, including the involvement of external professionals where necessary.

Outstanding



Summary of findings

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement. People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Is the service well-led?

The leadership and management of the service was outstanding.

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency. These were owned by all and underpinned practice.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Outstanding



Greenhurst Care

Detailed findings

Background to this inspection

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

This inspection took place on 14 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider.

We spoke with eight people who received a service from Greenhurst Care by telephone and three relatives. When visiting the agency office we spoke with the registered manager and five care workers. We also sent staff and external professionals a questionnaire about their experiences and received six responses.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for six people, four medicine administration record (MAR) sheets and other records relating to the management of the domiciliary care agency. These included three staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people, menus and incident reports.

This was the first inspection of Greenhurst Care since there had been a change in the provider's legal entity in February 2014.

Is the service safe?

Our findings

Everyone we spoke to with said that they felt very safe in the hands of Greenhurst Care and the care workers who supported them. One person said, “They make me feel safe and comfortable. They are more like family than carers”. Another said, “I feel very safe, my carer and I get on terribly well and I trust her completely”. A third said, “If I was worried about the way anyone treated me I could talk to anyone but I would just talk to (manager) and she would help. I’ve never been worried they are wonderful”.

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. As one explained, “I would report concerns immediately even if it was about a colleague. I would offer reassurance to the person concerned and explain how I have a duty to make sure they are safe from all forms of abuse including physical, mental, financial, verbal and sexual”. No safeguarding concerns have been raised by the agency in the past twelve months however; the registered manager understood her responsibilities in relation to this. The registered manager informed us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding of adults team and referrals made when necessary.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home and transferring in and out of chairs and their bed.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of care workers supporting a person was increased if required. In addition,

the registered manager considered potential sickness levels and staff vacancies when calculating how many care workers needed to be employed to ensure safe staffing levels.

People supported by Greenhurst Care and the care workers it employed lived locally. The agency planned 15 minutes travel time between each visit regardless of whether this was needed or not. This decreased the risk of staff not being able to make the agreed visit times. The registered manager informed us that the agency had not had any missed visits. On the few occasions care workers were going to be late to attend a visit due to unforeseen circumstances such as dealing with an emergency at the previous visit they telephoned the agency office. Contact was then made with the person whose visit was going to be delayed in order that they were kept informed. This was confirmed by people that we spoke with who received a service. Everyone that we spoke with that received a service from the agency said that they had never had missed visits and that on the rare occasion when a care worker had been more than five or ten minutes late someone had telephoned them beforehand to keep them informed. For example, one care worker had needed to stay with another person who received a service whilst an ambulance was called and the office phoned and explained.

Recruitment checks were completed to ensure care workers were safe to support people. Three staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID.

People were happy with the support they received with their medicines. A relative explained to us that her mother had Alzheimer’s and needed help with medication but that, “The carers know her so well that they know exactly how to encourage her to take her medication and it is never a problem because of the way they do it”. Medicines were managed safely at Greenhurst Care. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered and reviewed appropriately. Care workers were able to describe how they supported people with

Is the service safe?

their medicines. Records and discussions with care workers evidenced that care workers had been trained in the administration of medicines and their competency assessed.

Is the service effective?

Our findings

Everyone that we spoke with said that care workers were very well trained and were very competent in their work. Several people told us that the care workers went over and above their duties to make sure people were well looked after. One person said, "I can rely on them totally". Another person said, "They introduce the carer to you, then they shadow the manager or a carer who is already doing the work, then they come in". A relative said, "The staff are very well trained, they all go on moving and handling courses and (manager) will come with them too to train them on the job". Everyone that we spoke with also expressed the view that the care workers who visited them were matched well to them personally. One person said, "The manager spends a lot of time talking to you and finding out what you need before you have a carer, that's how she matches people I think". Another said, "I call my carer a walking Angel, they are like part of the family"

People were supported by care workers who had the knowledge and skills required to meet their needs. All staff that we spoke with said that they were fully supported by the registered manager. One person said, "We get loads of training. When I was new I did shadowing for a long while until I was confident. I have lots of meetings with (managers name) to review my progress and to get updates and feedback". Another said, "The support we get is amazing. If anything changes the manager always comes out. We get praised as well which is really nice".

All new care workers completed a 12 week induction programme at the start of their employment that followed nationally recognised standards. Care workers told us that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. During this time they had read people's care records and the agencies policies and procedures. They confirmed that the induction process included shadowing other staff and spending time with people before working independently. Training was provided during induction and then on an on-going basis. New care workers induction included weekly meetings for 12 weeks with a member of the management team and observations of their practice. It was only after they had been signed off as being competent in all required areas that they then received a formal letter that confirmed they had completed their probationary period.

A training programme was in place that included courses that were relevant to the needs of people who received a service from Greenhurst Care. The majority of training was provided by the registered manager, who was a qualified trainer. This enabled the registered manager to provide one to one training to care workers as required to ensure they had up to date knowledge and skills related to their roles and responsibilities. Other training was provided by external training providers. Care workers had received training in areas that included equality and diversity, communication, death and dying, first aid, dementia, confidentiality, health and safety, moving and handling, first aid and infection control. Future training had been arranged in areas that included diabetes, end of life and catheter care.

In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one monthly sessions and group staff meetings.

People were happy with the support they had to eat and drink. One person who had diabetes which was managed by the food that she eats told us, "The carers understand this and they are very helpful. If I need some extra shopping to help with my diabetic diet they support me with this too." Another person explained that care workers supported them at lunch time. They said, "They help me with my food, they help me sort it out, they are very kind".

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks. Where people were identified as being at risk of malnutrition or dehydration care workers recorded and monitored their food and fluid intake. Care workers confirmed that before they left their visit they ensured people were comfortable and had access to food and drink.

Is the service effective?

Care workers were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Peoples care records included evidence that the agency had supported them to access district nurses, occupational therapists and other healthcare professionals based on individual needs.

Greenhurst Care was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. There was no-one subject to a DoLS at the time of our inspection.

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure

appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guided staff to ensure practice and decisions were made in people's best interests. Mental capacity and DoLS training was included in the training programme that all staff were required to participate in. However, only one of the five members of staff that we spoke with was able to explain sufficiently what MCA and DoLS were. The registered manager said that arrangements would be made for staff to receive further guidance about this.

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis. People signed their care plans which stated, 'We will work closely with you and make changes to the plan if need be and only with your consent'. Care workers also recorded when people consented to the care that had been provided. One person's records stated, 'With (person who received care) consent assisted with shower'.

Is the service caring?

Our findings

Everyone that we spoke with, without exception told us they were treated with kindness and compassion by the care workers who supported them and that positive relationships had been developed. One person said, “They should have a gold star. If they didn’t come anymore I would miss them so much”. Another said, “The carers are caring, kind and cooperative”. A third said, “They are efficient, business-like but also very caring and loving”. A relative told us, “The carer, treats my wife like a Mother, she is so thoughtful and understanding”.

Positive, caring relationships had been developed with people. The registered manager was motivated and clearly passionate about making a difference to people’s lives. This enthusiasm was also shared with 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 replacement care worker. One care worker explained, “We always go and meet people and introduce ourselves before starting their visits. We go through their care plan with them”. Another care worker said, “Right from the beginning when you start working for the agency you are told to remember you are going into people’s homes and to respect this. When talking to people start conversations with things like, do you mind? Shall we? Is it ok if I?” Everyone that we spoke with confirmed that they had regular care workers who visited them. One person said, “If there is ever a change the new carer is brought in and introduced, they always shadow and they always phone me beforehand to let me know there is going to be a change”. Another said, “We have regular carers, we know them, they don’t chop and change”. People also told us that if there was an emergency either the registered manager or her daughter who also worked at the agency would go people’s homes rather than send a new care worker who had not already been involved with the person.

Care workers were respectful of people’s privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. With regard to

personal care one care worker explained, “It’s important to shut doors as a sign of respect and to keep as much of a person’s body covered as possible. We are visitors in their homes and we are mindful of this. Treat people how you would want to be treated. Treat as adult not as a child”. Care workers received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people’s own homes. One person who received a service explained, “One of the carers used to be a hairdresser and she always makes sure my hair looks nice. They help me to choose my clothes”.

Care workers understood the importance of promoting independence and this was reinforced in peoples care plans. For example, one person’s plan stated, ‘Encourage to use Zimmer frame to maintain mobility be aware unsteady on feet so extra care with transfers’. Another person’s care plan stated, ‘I may at times ask for some help with washing and dressing. However, I would like to do this for myself for as long as possible’. One care worker explained how they supported a person to gain independence. They said, “They fell and broke their hip and lost confidence to walk. So I spent time talking to her and offering support and bit by bit her confidence is coming back. At first she was too scared to walk, so I supported by walking with her when she was using a walking frame. Now she will go in the kitchen by herself and make herself a cup of tea without being afraid”. A relative told us of how care workers had supported their family member. They said, “I watch the girls interact with her. They are brilliant. She stopped talking much and now they actively encourage her to communicate. They spend time encouraging her to answer, and they speak to her all the time”. Another person said of their care worker, “She gives me confidence”.

People were supported to express their views and to be involved in making decisions about their care and support. One person told us, “I control my care plan”. The registered manager had regular contact with people both in person and by telephone where she discussed their care. Everyone that we spoke with referred to the registered manager by name and confirmed that she maintained regular contact with them and involved them in decisions about their care. Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care.



Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them. Everyone that we spoke with, without exception 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. From then forward the relationship between the registered manager and each person was interactive and operated on an 'open door' policy which required a phone call to the office to change or adapt the care needed. One person said, "If there is a problem like change of day or extra care I just have to pick up the phone". A relative said, "We control what we want them to do, we make a list. If there are any changes we would just phone".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis and changes made to the support they required and the times and frequency of visits they needed. A relative said, "Every few weeks or couple of months the manager will review my Mother's care and in between I just phone". Another relative said, "They know my Mum really well and they know how to help her. Once we had an emergency because I couldn't walk and Mum had to go to respite. I phoned and the manager came round, she packed her bag, stayed with her and went to the home with her to get her settled in". Care workers were kept fully informed about the changes in visits and the support people required. This was either by the registered manager in person or via text or email. When visiting the agency we saw care workers come in to the office and discuss changes in the needs of some people they visited. As a result arrangements were made for a GP to visit one person to review their medicines.

The registered manager explained to us, "When I go and assess we discuss what help a person wants and agree the time it will take to provide this to a good standard. I then go back after a few days to discuss again and to check that everything is to the person's satisfaction. This also helps the person at the start of the package as they have so much information to remember. Although people are given brochures and written information I find having lots of contact and conversations allows people to control their own care at their different paces".

People received personalised care that was responsive to their individual needs and preferences. People told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. One care worker explained, "Its person centred care. Taking into consideration the whole person, allowing them to make their own decisions about the care they want. We are there to help them in the way they want". The registered manager gave us examples of when the agency had made suggestions to people about support they could access that they were not aware of. These included giving people information about how to obtain mobility equipment from occupational therapists such as bath seats. The registered manager explained, "Some people do not know what they can get help with. We give them information so that they are fully informed". This demonstrated that the agency was proactive in involving people and working in partnership with them.

There was a robust system in place at the agency office that ensured prompt action was taken to address changes in people's needs. The recording system detailed what change was required, action taken, completion date and by whom. For example, a care worker reported to the office that a person who received a service had an infection. As a result arrangements were made for a prescription to be collected and an email to be sent to all care workers that informed them of a change in medicines and the reason why. All the actions were completed within 24 hours of the change in the person's circumstances.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate care workers prompted people to undertake certain tasks rather than doing it for them. As one care worker explained, "It's important to let people make their own choices such as what they want to eat and bathing preferences. We are here to support. If they can do for themselves, that's really important".

The agency actively built links with the local community that enhanced people's sense of wellbeing and quality of life. People told us that the registered manager and care workers had an excellent understanding of their social and



Is the service responsive?

cultural diversity and needs. Care workers 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. The agency was located in the village where most of the people who received a service also lived. The agency only employed staff who lived locally. All those we spoke with had knowledge of the local area and were able to explain how this helped them meet people's needs. For example, one care worker explained that the provider allocated 15 minutes travel time between visits even if this was not needed. The additional time not used for travel was used to accompany people to cafes and shops in the village that they had used when they were younger, before they received care or support. People were also supported to continue to visit their local church. For example, one person was able to mobilise independently in their home but could not manage longer distances. A care worker who lived locally used the 15 minutes travel time to escort them to a church in their village with the aid of a wheelchair. This support did not form part of the person's care package however the care worker recognised that the unused travel time could be used for the benefit of the individual. This helped them remain part of their local community and feel valued as an individual.

The agency had an excellent reputation within the local community. It did not advertise, with all people who received a service having made contact after hearing about its reputation via word of mouth. It also received a high number of referrals from a local GP practice and community matron as a result of working in collaboration with them to meet people's changing and individual needs. One person's needs changed as they were approaching the end of their life. Multiple visits each day were arranged, staff levels increased and a multi-disciplinary care package put in place that ensured the person received the support they required. The agency was commended by the person's GP and family for the responsive care and support provided.

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 visiting people on such a regular basis helped forge relationships and helped people with memory loss retain information. People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident that the registered manager would address concerns if they had any. One person said of the registered manager and complaints, "It wouldn't get to a complaint because she would just deal with it". Another person told us how the registered manager had visited them and worked with their family to resolve an issue that had caused concern. They confirmed, "The manager helped to resolve it".

The agency viewed concerns and complaints as part of driving improvement. We saw that the agency's complaints process was included in information given to people when they started receiving care. The agency had not received any formal complaints in the twelve months prior to our inspection. The registered manager said that she felt this was due to the good communication systems in place that ensured people felt comfortable to raise issues before they escalated into complaints. This was also reinforced in the agency's statement of purpose which stated, 'Whilst we do not try to pretend that we are perfect we will always try our hardest. If we do get something wrong we will admit it and do our best to put it right'. Care workers understood that people who received a service should feel able to raise concerns. As one explained, "Any criticism, good or bad should be taken on board and we should learn from it. If people raise issues with me I then discuss with the manager. She then arranges to discuss with them to seek an agreement. It's all about reflective practice".



Is the service well-led?

Our findings

The registered manager was an excellent role model who actively sought and acted on the views of people. They have developed and sustained a positive culture at Greenhurst Care. Without exception people using the service, relatives and care workers all spoke very highly of the registered manager. One person said, "If I have a problem I ring the manager and she helps me sort it out. She is very much hands on and because of that everyone is on the ball". A relative said, "The manager does the care herself from time to time to make sure that they are all doing what they are supposed to be doing". They all also told us they would recommend Greenhurst Care to anyone who wanted care and support in their own home. One person said, "Very nice, friendly people and I would recommend them to anyone". Another said, "My neighbour recommended them, said they wouldn't go to anyone else. Neither would I now I've had them!"

We received outstanding feedback from an external professional who was extremely complimentary about the service provided by Greenhurst Care. They wrote, 'In my experience and opinion, Greenhurst Care is a first class model of what a well-managed, consultative, community care service provider can and should be. There should be a Greenhurst in every town / community throughout the UK'.

There was a positive and sustained culture at Greenhurst Care that was open, inclusive and empowering. Care workers were motivated and told us that management at Greenhurst Care was excellent. They told us that they felt fully supported by the registered manager and that they received regular support and advice via phone calls, texts and face to face meetings. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. The agency had looked at innovative ways of communicating with care workers who worked in the community to make sure they were informed of changes, knew about best practice and could share views and information. For example, staff meetings were held every other month but at two different times in the same day so that all care workers had the opportunity to attend and contribute. Comments included, "They are a really good

company. They are really good at keeping in contact", "It's the most efficient agency I have ever worked for, they always bend over backwards to try and help you" and "Amazing, absolutely brilliant company".

Greenhurst Care had clear vision and values that were person-centred and that ensured people were at the heart of the service. They were initially developed by the registered manager when she set up the agency. These were owned by people and staff and underpinned practice. They included ensuring people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives were included in the agency brochure, statement of purpose and staff handbook. These were discussed with people when they started to receive a service and with care workers when they were employed. A relative said, "The manager is passionate about care. She told me she wants to keep the agency small. Although it is a business her primary motivation is the care people receive". Care workers that we spoke with were all clear about the agency's aims and objectives. As one explained, "The aim of the agency is to stay small, professional and employ the right staff to give good care".

People were regularly asked their opinions whether the objectives were being met. The registered manager monitored the quality of the service by speaking with every person who received a service on a weekly basis to ensure they were happy with the service they received. The registered manager also undertook a combination of announced and unannounced spot checks and telephone interviews to review 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. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. Systems were also in place for monitoring that accidents and incidents were recorded and outcomes clearly defined, to prevent or minimise re-occurrence.

The agency also obtained the views of people in the form of questionnaires. The latest questionnaires were sent to people the week before our inspection and as such were still in the process of being returned. Prior to this questionnaires were sent to people in April 2015. The findings from these found that everyone who received a



Is the service well-led?

service answered 'Excellent' when asked about the quality of service provided. This was also reinforced by people that we spoke with. We heard nothing but positive comments about the manager and the agency. Comments like "Excellent" and "100%" were commonplace in response to questions we asked.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, appraisals and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service. This was also reinforced in the agencies statement of purpose which said, 'Greenhurst Care will take pride in only employing people who are absolutely right for the job'. This was also reinforced when we spoke to people who received a service. One person said, "The staff understand exactly what they need to do, they have obviously been well chosen and well trained".

There was a strong emphasis on continually striving to improve. The registered manager was committed to continuous learning for herself and for care workers. She had ensured her own knowledge was kept up to date and was passionate about providing a quality service to people. In addition to her nursing and social work qualifications the registered manager had obtained a teaching qualification in order that she could provide flexible training to staff throughout the year in addition to training provided by external training companies. The registered manager told us that she was "Constantly researching information" on the internet that would benefit people who received a service and care workers. Care workers confirmed that the registered manager provided flexible training and shared information about best practice. One care worker explained, "The manager is always updating us by phone, text and email. This is on top of the staff meetings, supervision and training we have. This is always for the clients benefit".

Greenhurst Care worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. For example, end of life training for care workers was being provided by staff from a local hospice. The registered manager had attended a number of forums and forged a support network with another domiciliary care agency 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 GP practice recommending the agency to people when they were looking for support in their own homes.

The registered manager was proud of the service provided to people and the sustained quality of service provided. She said that the agency was not prepared to expand explaining, "I know everyone and they all know me. I won't expand as I would not be able to maintain the personal service and standard. We have a maximum of 15 care workers and provide a maximum of 250 care hours per week. We do it out of passion not profit". A bonus scheme was introduced for care workers where they received a yearly financial reward for each year's service that was capped at four years. The registered manager had written to care workers and explained this had been introduced as 'A thank you for your commitment'. All the care workers that we spoke with said that Greenhurst Care was the best agency they had worked for. As one explained, "It's a good feeling when you hear people talk about Greenhurst. It makes you feel proud. It has a good reputation. I'm very lucky to work for them". Another said, "We are all proud to work for the company. They don't have a high staff turnover and staff who do leave ask to come back. That says a lot".