Marieco Care Limited

Head Office

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 5 and 6 April 2018 and was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of Head Office since its registration.

Head Office is a domiciliary care service run by Marieco Care Limited. It provides personal care to people living in their own homes in the community. They provide a service to people with dementia, mental health needs, a learning disability or autistic spectrum disorder, physical disability, sensory impairment, older adults and younger adults.

Not everyone using Head Office receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection Head Office was providing personal care to 106 people in their own homes in the London borough of Waltham Forest.

The service had a registered manager. 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 and their relatives told us they felt safe with staff and found them trustworthy. The provider had robust systems in place to ensure people were protected from harm and abuse. Staff were trained in safeguarding and knew how to report concerns of abuse and poor care. People's risk assessments were individualised and gave staff adequate information on risks to people and how to manage those risks. People that required support with medicines told us their needs were met safely.

There were sufficient staff to meet people's needs. People told us staff generally arrived on time and contacted them if they were running late. Staff told us they had sufficient time between care visits. However, due to roadworks in a specific geographical area they were not able to always arrive on time. The registered manager had identified this as an issue and was liaising with people and their relatives regarding finding a solution. Staff were provided with sufficient personal protective equipment to prevent risk of spread of infection.

Staff knew people's individual needs and abilities. People told us their needs were met by well trained staff. Staff told us they received regular and adequate training and supervision to deliver effective care. People's nutrition and hydration needs were met. Staff supported people to access healthcare services. People told us staff gave them choices and asked their permission before supporting them. Staff knew people's right to choice.

People told us staff were caring and respectful. Staff were trained in equality and diversity, and respected people's wishes and privacy. People's religious and cultural preferences and needs were recorded and met. Staff encouraged people to be independent.

People's care plans were personalised and gave information on their background history, likes and dislikes. Staff were trained in person-centred care and knew how people liked to be supported. People and their relatives knew how to make a complaint. Relatives told us their complaints were addressed in a timely manner. The provider did not discuss people's end of life care wishes. We have made a recommendation about the management of people's end of life care wishes.

The provider had systems and processes in place to assess, monitor and evaluate people's safety and quality of care. However, we found the audits did not always identify gaps in people's care related documents including care plans, consent to care forms, medicines administration record charts and daily care logs. Following the inspection, the registered manager sent us a comprehensive improvement action plan that detailed areas of improvement that had been identified during our inspection and action points.

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 identify and report signs of abuse and poor care. Risk assessments were detailed and regularly reviewed. Staff were given information on risks to people and how to provide safe care.

The provider followed appropriate recruitment procedures and had sufficient staff to meet people's individual needs. People received medicines on time by staff that were appropriately trained.

Staff were given sufficient protective equipment including gloves, aprons, antibacterial liquid to prevent spread of infection. The provider had systems in place to share lessons learnt with the team.

Is the service effective?

Good

The service was effective.

People's needs were promptly and appropriately assessed and the information was used to develop care plans. Staff told us they found training helpful and received regular supervision to deliver effective care.

Staff met people's nutrition and hydration needs, and maintained clear records of how people were supported.

People told us staff sought their permission before supporting them and gave them choices. Staff knew people's right to choices and supported them in making decisions.

Is the service caring?

Good

The service was caring.

People told us staff were caring and helpful. They were mainly supported by the same team of staff who understood their needs.

Staff involved people in their care and encouraged them to express their views. People told us staff were respectful and treated them with dignity.

The provider trained staff in equality and diversity. Staff were aware of people's religious and cultural needs and preferences. People were supported to remain independent.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and gave information on their likes, dislikes, background and medical history. Staff had a good understanding of people's wishes and aspirations.

The provider involved people and their relatives where necessary in their care reviews. People and their relatives told us they knew the complaints procedures and were satisfied with the way complaints were addressed.

People's end of life care wishes were not discussed and staff were not trained in end of life care. We have made a recommendation in relation to end of life care planning.

Is the service well-led?

Requires Improvement

The service was well-led.

People and their relatives found the registered manager approachable and were happy with the service. Staff felt supported by the management and had opportunities to develop.

There were systems and processes in place to ensure people's safety and quality of care. However, there were some gaps in recordkeeping which meant we could not always be sure if people were supported as per agreed care objectives.

The provider engaged with people, their relatives and staff to improve the quality of service and worked closely with the local authority for continuous improvement.

Head Office

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 5 and 6 April 2018 and was announced. The inspection was carried out by two inspectors who visited the provider's office and two experts-by-experience who made phone calls to people and their relatives to gain their feedback on using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. Due to technical problems, the provider was not able to complete a 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 took this into account when we inspected the service and made the judgements in this report. We contacted the local authorities and healthcare professionals about their views of the quality of care delivered by the service. Following the inspection, the local authority sent us their recent monitoring visit report.

During our visits to the office we spoke with the registered manager, recruitment officer, training and compliance officer, one care coordinator and six care staff. We looked at nine care plans and seven staff personnel files including recruitment, training and supervision records, and staff rotas. We also reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service.

Following our inspection visit, we spoke to eight people using the service and 12 relatives. We reviewed documents provided to us after the inspection. These included one person's updated care plan and risk assessments, improvement plan, internal audits and end of life care policy.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel safe. They are not intrusive and they're very professional and always courteous." Another person commented, "I feel very safe with this service they are very good indeed." Relatives told us their family members were safe with staff. Their comments included, "I think our property is safe. Oh my mother's things are kept in a hygienic manner" and "I feel my son is safe with his carers, and confident enough to leave them with my son if I go out."

Risks associated with people's health, care and mobility were identified, assessed and mitigated, and regularly reviewed. Risk assessments included areas such as internal and external environment, moving and handling, medicines, falls, accessing the community and bed rails. People's care files had guidance on their specific health condition such as epilepsy, anxiety and depression, diabetes and how to mitigate any identified risks. For example, a person with diabetes, their risk assessment stated that they were at an increased risk of poor circulation and reduced feeling in their feet and low blood sugar levels due to diabetes. The assessment further mentioned that staff were to ensure that the person received good foot care, at on time and remained well hydrated. This showed staff were provided with adequate information on how to provide safe care.

Staff were trained annually in safeguarding and knew their responsibilities in identifying and reporting concerns of abuse and poor care. Staff knew the different types and signs of abuse and told us they would report any concerns to the office. A staff member said, "Safeguarding is protecting people from abuse. Looking for the signs and reporting it. I had training last year in September but it is updated annually. Would always report to the manager first." Staff told us if the management did not act appropriately regarding their concerns of abuse they would go to the local authority, police or CQC. One staff commented, "People's well-being comes before anything. [I] would contact the local authority if the manager does not do anything about concerns of abuse." The safeguarding file had accurate records of safeguarding referral and notification forms, investigation notes and lessons learnt.

People and their relatives told us staff arrived on time and if they were running late the office would inform them. One person said, "The staff are on time and if they are running slightly late I would always get a call." Another person told us, "Yes, I am quite pleased with this agency, their timekeeping is quite good." Relatives' comments included, "Yes. If they are busy and cannot attend, they let me know so I can make other arrangements", "Yes she [staff member] does [arrive on time]. They now have a booking system where they log in and out" and ""The office are very proactive and make sure there is back up in case at very short notice a carer is ill or there is another problem, I can always call the agency and they are very keen to make the care go very smoothly."

Staff we spoke to told us there were enough staff to meet people's needs, had enough time in between each care visit and did not feel rushed. However, roadworks in some areas meant they were not always able to arrive on time at some care visits. Their comments included, "Sometimes [I] struggle with getting to people's homes on time due to roadworks and public transport. But there is enough time in between calls and they are located close enough" and "If running late I call the office and they inform the clients. Yes, there

is enough time between care visits." The registered manager told us they were going to send out a letter to warn people and their relatives living in a particular area where roadworks were impacting the traffic and thereby staff's ability to arrive on time.

The provider closely monitored care visits and kept records of missed and late care visits. All missed and late care visits were investigated, and records detailed the feedback and the discussions with people, their relatives and staff. If staff were persistently late, they were taken through a disciplinary process and records confirmed this. The provider was in the process of finalising the last stages of an electronic system that would enable them to monitor care visits. In the interim the provider implemented effective manual processes to monitor care visits. This showed the provider had systems in place to ensure people received care visits on time and where there were issues affecting the timekeeping, people and their relatives were informed.

The registered manager told us they were in the process of recruiting a field supervisor and had an ongoing recruitment programme for care staff to ensure there were adequate staff available to take on new care packages. Staff personnel files had completed application forms, interview records and assessment notes, and reference and criminal record checks. This demonstrated the provider carried out appropriate recruitment processes and checks to ensure sufficient staff were employed and that they were safe to work with vulnerable people.

People either self-administered medicines or were supported by their relatives with medicines management. Those people that were supported by the staff told us they were happy with the medicines support. One person said, "Yes, they remind me to take them [medicines]." Another person told us, "She always reminds me to take my medication." Relatives' comments included, "They ensure that she has her lunch and that she takes her meds. They manage her meds well; they are very conscientious" and "The carers call me and inform me if there has been a change of dosage; they are all aware that they have got to look in the yellow book."

Staff were trained in medicines administration and their competencies assessed before they started administering or prompting medicines. Staff kept records of medicines administration and prompting. People's medicines administration record (MAR) charts showed they were mainly completed accurately. However, we found a few gaps in the MAR charts, which were generally identified by the provider. We cross checked the gaps with the daily care records and found the staff had included medicines administration in the daily care records. This confirmed that the people had received medicines but staff had forgotten to sign the MAR charts. The registered manager told us they had reviewed and updated the MAR charts so that the MAR chart was easy to follow and complete. Records confirmed this. We were satisfied with the provider's actions in relation to MAR chart gaps.

The provider followed appropriate infection control procedures. Staff told us they were given sufficient protective equipment to prevent risk of spread of infection. People told us staff wore gloves when they supported them. One person said, "Yes they do; they wear gloves and they turn power switches off such as kettle and toaster. The urine bottle is kept clean" and "Yes, especially the people that do the cooking; they also wear gloves."

The registered manager discussed accidents and incidents, and the lessons learnt during staff meetings and supervisions to prevent future occurrence and records we viewed confirmed this.

Good

Is the service effective?

Our findings

People told us staff met their needs and relatives said staff were well trained and experienced. One person commented that last year when they were ill their "carer [staff member] was really good at taking control and making sure I got the care I needed." Relatives' comments included, "The carers [staff] at present have good experience; they have been here for nearly two years and they are very in tune with my son's needs", "I think they are well trained. They are very willing to talk about how as a family our needs are met" and "Yes they are fine and they look after him very well."

All office staff were trained and experienced in conducting needs assessments to ensure people who were referred to the provider were assessed promptly and effectively. On receipt of a referral, the provider arranged a needs assessment meeting, with the person and their relatives and where necessary with other healthcare professionals, to identify their needs and the support they required. This information was later translated into care plans. Records confirmed this.

Staff told us they received regular supervision and training to deliver effective care. One staff member said, "Every two to three weeks they call us for training. It is good in a way so that we know what we are doing." Another staff member commented, "We received some good training, very helpful. The last training was in MCA [Mental Capacity Act 2005]." All new staff received comprehensive induction training and it included areas such as an overview of safety, policies and the code of conduct. Staff then received four days of face to face mandatory training such as first aid, moving and handling, safeguarding, infection control, communication, risk assessment, person centred care, food hygiene, medication, and MCA and DoLS (Deprivation of Liberty Safeguards). Staff also received training in specific physical conditions such as Parkinson's, acquired brain injuries and dementia. New staff were supported by the registered manager to complete the care certificate. Records confirmed this. The provider had an onsite training room which contained equipment for staff to practice moving and handling techniques. The registered manager was a qualified trainer and delivered most of the training but also sourced additional training such as safeguarding from the local authority.

The registered manager carried out regular supervisions with staff in the office and when staff were supporting people. Records confirmed this. Supervision notes included areas such as a review of outstanding issues from the previous supervision, the key tasks undertaken by staff, and agreed outcomes from the supervision. Staff received annual appraisals which were linked with their training and supervision. They covered all areas of staff's job roles, discussed training attended and training needs. Staff were able to appraise their own performance as well as receive feedback and set goals such as achieving qualifications.

People and their relatives told us their dietary needs were met and they were happy with the support. One person said, "She takes me food shopping and helps me with food preparation. When my appetite decreases she makes sure that I keep eating to keep my strength up." A relative commented, "They [staff] make him food and drinks." Staff wrote in people's daily care logs what people ate "fish fingers and vegetables and orange juice", "pasta, tuna and cheese" and "pie with boiled carrots, half bread and butter pudding." Records showed staff also recorded in people's daily care logs if the person had a bowel

movement, was repositioned and how they were supported with their personal care and medicines needs.

Staff worked well together and communicated with each other appropriately about people's support needs, any change in care visits and care needs, to ensure they were able to deliver effective care and support. Staff recorded any action points and change in people's healthcare needs in people's daily care logs and informed the office. For example, one person's daily care logs showed staff acted promptly and appropriately when they found out the person had an illness which could put them at risk of dehydration. The staff member after speaking to the person contacted the GP surgery to seek advice and informed the office. The staff member was asked to book an appointment with the GP, which they did and accompanied the person to the appointment. People told us when requested staff supported them to access healthcare appointments. One person said, "Yes, they [staff] will accompany me to the doctors or dentist." Another person commented when they were not well, "The carer [staff member] did check to see if I had gone to doctors and was receiving treatment." This showed staff worked well together as a team and with healthcare professionals to ensure people lived healthier lives and had access to ongoing healthcare.

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's care plans included mental capacity assessments describing whether people had capacity to make decisions relating to their care and treatment and instructions for staff on how to assist people in making decisions. There were also consent to care forms in people's care files. However, we found these were not always signed by the people receiving care but by their relatives and it was not clear why the relatives had signed them. The provider told us some people could not sign due to physical frailty and had asked their relatives to sign on their behalf but forgot to record this on the forms. For other people, relatives had a power of attorney to sign their consent forms. The provider checked with the relatives who had signed on people's behalf if they had a power of attorney but this was not always recorded in people's care files. We spoke to the registered manager about this and they told us going forward they would record the reasons why people had not signed the consent forms.

People told us staff sought their consent before supporting them and offered them choices. One person said, "Yes, they do [ask my permission]." Another person commented, "They ask me what I want to eat; I decide. They always come in and ask if I have had enough." A third person told us, "They let me choose what I wear and what I eat. They do not do anything without asking me."

Staff demonstrated a good understanding of people's right to choice and making decisions. Their comments included, "Everyone has a right to make decisions and live a life they wish. We should always assume they have capacity. I give them choices around food, whether they want to have a shower or bath, what they want to wear. I never force them to do anything" and "I give people choices and respect their wishes. There is information in people's care plans [regarding their capacity]."

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and helpful. One person said, "Yes, they are very caring. Always before they go they ask if they can do anything else." Relatives' comments included, "Very much so. They engage with her and we have a very good relationship with this particular carer. She is very warm, compassionate and calm", "Yes the staff are friendly and approachable."

Staff rotas and electronic care visit monitoring systems showed people were generally supported by the same staff team that ensured continuity of care. The registered manager told us it was important that people were supported by the same staff team as that enabled positive working relationships to be formed. People told us mostly they received the same staff to support them. One person said, "Yes, it took a while and that is something that I am particularly happy about and I know who [staff] is coming, there is a routine." Another person said, "Generally yes. Only during holiday cover it differs." A third person commented, "Mostly now, there are regular people [staff] who come." Staff told us they worked with the same people and it helped them to understand their needs and wishes better.

The provider engaged with people on an ongoing basis to encourage them to express their views and to get actively involved in their care decisions. People told us they felt involved in their care and made decisions relating to their care and support. One person said, "I think the staff are great as they are great at talking through choices of care as I am [health condition] and I feel involved in my care." Discussions and decisions regarding people's care and treatment choices were recorded in their care plans, daily care logs and care reviews. Records confirmed this.

People told us staff were respectful and treated them with dignity. Relatives said staff respected their family member's privacy and choices. One person said, "I can't fault them on that. I leave things around and I have not had any cause or concerns that they are prying into my things." Another person commented, "Yes, they respect my wishes and follow instructions well." Relatives told us, "Yes they [staff] are. They [staff] chat with her and make her feel at ease", "They [staff] are very respectful they definitely try to do their best" and "Yes, very much so. They [staff] sometimes if my wife has a visitor they remember their names and have a chat." Staff knew how to support people whilst maintaining their dignity. Their examples included, "Ensure heating is on so that she is not cold", "Take shoes off when needed", "I listen to what people want me to do, it is not about what is easier for me. I always speak to people politely" and "I give people time they need to respond or do things."

People told us staff encouraged them in maintaining their independence. One person said, "They [staff] help me to be independent. I take my own medicines, but they prompt me." Staff told us they encouraged people to do things that they could so that they did not lose those skills. A staff member said, "I cook dinner for them and they warm it up when they wish to eat to it."

The provider encouraged people from various backgrounds and communities to use their service including people who identified as lesbian, gay, bisexual and transgender. Staff were trained in equality and diversity and told us they respected people's religious and cultural wishes. People and their relatives told us staff

were mindful of their religious and cultural needs and met those needs. Relatives commented, "The carers are respectful of our religion and culture" and "Yes, her cultural needs are met. My mother is religious, in the morning she has a bath and they accommodate her religious views. Cultural needs regarding food are also taken into consideration."

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and received care that was person-centred. One person commented, "My carer [staff] is so good with me, she knows me so well, she knows what I need." Relatives said staff kept them informed of any changes to people's health. Their comments included, "It is very difficult to tell if she is [person using the service] in pain but the carers [staff] would always come to me if they think she might be suffering", "The carers are great taking on board any changes in his [person using the service] mood and are always flexible in their approach and just want the best for [family member]" and "Yes, they [staff] would get on to the agency [the provider] and they would let me know."

Staff told us they found people's care plans useful. People's care plans were developed following needs assessment and gave detailed instructions to staff on how people liked to be supported. For example, the care plan of one person who was at risk of developing pressure sores stated "Staff to reposition me regularly [at each care visit] by using the sliding sheet to avoid risk of pressure sore." Another person's care plan stated "I wish to maintain my independence and once prompted I am able to make my bed, sweep my room and wash my own plates. I would like to get involved as much as possible in making my meals and would like to try out some new dishes with the support of care staff."

People's care plans also had information on their life history, likes, dislikes, religious and cultural needs, significant people in their lives and staff gender preference. Staff were able to demonstrate people's likes and dislikes and their religious and cultural needs. For example one staff member said, "We take a couple of people to the [place of worship] every Friday."

The care files also included support plans detailing people's preferred care visit times, number of staff to attend care visits and tasks that staff were required to carry out. For example, the care plan of a person who was supported by two staff due to their reduced mobility clearly stated that it was a double handed care visit and both staff must be present at the same time to support the person to prevent any avoidable injuries. This showed staff were provided with sufficient information on people's needs and how they wanted to be supported which enabled them to provide personalised care.

People and their relatives told us their care was reviewed regularly and they were involved in the reviews. One person said, "We have had visits from them to go through care plan. We have had six monthly reviews, someone visits, they ask my opinion and comments are taken on board." Another person commented, "Yes, I do. Not that long ago it [care plan] was reviewed. I know what is in it. Yes, I have attended meetings." The registered manager told us people's care plans and risk assessments were reviewed yearly or when people's needs changed. However, we found one person's care plan which although had been reviewed, did not reflect changes in their needs. We asked the registered manager about this and they told us they would update the care plan following discussions with the person and their GP to ensure their needs had been appropriately addressed.

People and their relatives told us they knew how to make a complaint and some told us they had never complained. One person said, "I have nothing to complain about so far." Another person commented, "Yes,

there was an issue before and it was resolved with no problems." A relative said, "There are various people we speak to. We have their numbers and can contact them when we have any problems." Relatives told us they were happy with how their complaints were addressed. Their comments included, "We have had a couple of blips but they have responded well to that", "If I contact the manager, she immediately looks into anything and acts on my concerns" and "I have had concerns in the past year. As soon as I got in contact with the recent manger everything was addressed and they worked hard to put things right." Complaints were recorded along with investigation notes, correspondence and outcomes. This showed the management acted on people's complaints in a timely manner and used the learning to improve the quality of care.

The provider was not supporting any person with end of life care (EOLC) needs. The registered manager told us before they accepted any end of life care packages they wanted to ensure they had a robust policy in place and all staff were trained in EOLC. The provider had devised an EOLC planning policy that clearly stated staff's role in supporting people with their EOLC wishes. The registered manager was booked on a train the trainer end of life care course, we evidenced the course booking. Following our inspection visit, the provider sent us an advance care planning form to discuss and document people's end of life care wishes.

We recommend that the provider seek guidance and advice from a reputable source, in relation to addressing people's end of life care wishes and preferences, and training staff in end of life care.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us they knew the registered manager, were happy with the service and would recommend it. One person said, "I am pleased with the service." Another person told us, "Yes, I [know the registered manager], very approachable." A third person said, "I have seen her couple of times. If something was not right I would call her." Relatives' comments included, "Yes I know who the manager is. I would recommend this agency and actually I have done so" and "I would recommend this service to a friend, I cannot think of any improvements."

The registered manager and the compliance officer carried out regular monitoring checks and audits to ensure people's safety and quality of care. Audits of documents included people's care plans, risk assessments, MAR charts, daily care logs, staff personnel files, recruitment checks and the training matrix. Although the provider signed off audits and recorded dates of when the audits were carried out they did not always keep records of MAR charts and daily care logs audits. Audits did not always identify gaps and errors and people's care plans did not have a section on end of life care discussions. People's consent to care forms were not always signed by the people and the reasons for people not signing the consent forms were not recorded. We fed this back to the registered manager who was very receptive to the findings and following the inspection sent us an improvement action plan. The improvement action plan identified areas for improvement, action points and dates they needed to be achieved. Following the inspection, the registered manager sent us MAR chart and daily care log audit forms that they had started to use and an advance care planning form that they would use to discuss and document people's end of life care wishes. This showed the provider was continuously learning and willing to improve the service delivery.

Staff told us they felt supported by the registered manager and found them approachable. Their comments included, "My manager is so good. I can raise things and will be listened to", "They [registered manager] listen to you, encourage staff and acknowledge when you do well", "She [registered manager] is very fair, can tell her anything. Oh definitely, I feel supported" and "I have been very welcomed. It is a small but caring company. If there is anything I need or I am not sure of, I just call the office and they are very responsive."

Staff told us they enjoyed working with the provider and that the provider encouraged their professional development. One staff member said, "I am proud of my journey. Of where I have come from and where I am now. I was a carer for eight years and now I have my level five. Always supported to develop." Staff were given opportunities to observe other roles to get an idea of what they entailed so that staff were able to decide if they would like to develop in those areas such as care co-ordination. The registered manager had hired services of an independent consultant who provided them with regular support and supervision so they developed personally.

Staff meetings were held for care staff every two to three months and were staggered throughout the day to allow the most numbers of staff possible to attend. Staff who were unable to attend received minutes and memos with important messages that they had missed at the meeting. Staff meeting minutes showed that staff were kept up to date with changes in the service such as the introduction of an electronic monitoring system. Staff were reminded about the importance of accurately completing paperwork and documents.

Staff were praised for their dedication in the bad weather and had not missed any care visits. Weekly and monthly meetings were held for administrative staff to address the day to day running of the office. This showed staff at all levels felt informed, supported and the service boasted an open and inclusive environment where staff were listened to and encouraged to develop.

People and relatives told us they were asked for their views and felt involved in the improvement of the service. Their comments included, "I have had a questionnaire to complete regarding quality of provisions", "I think I was sent one in the post. I completed it", "There are regular meetings at our house to discuss my son's care and I am happy with this. They check to see if the staff are doing a good job", "The staff at the agency are very good. They come and see me and check everything is going well and they go through my notes, I am often asked for my views" and "The manager has been here and also other members of the agency to see if we have any additional requirements and to check that the carers are doing their job properly."

The provider engaged with people, their relatives, staff and professionals' to improve the quality of their service via telephone checks, face to face visits, annual survey questionnaires and for staff via one to one supervisions. Office staff carried out monthly telephone monitoring checks where they called people and their relatives and asked them about staff punctuality, performance and the quality of care. Records confirmed this and the findings were generally positive. Some people had complained about staff timekeeping. There were records of follow up calls, discussions and resolutions.

The registered manager and the office staff conducted regular spot checks and onsite observations where they observed staff delivering care to people. The onsite observation form had a reminder on the form that stated, "This must not be discussed in a service user home. To be discussed at a later stage with the worker [staff]" to ensure confidentiality. Staff were observed to ensure they were wearing their identity badges and were on time and then observed carrying out the care visit as they would normally. They also used the opportunity to gather feedback from people, their relatives, and staff were able to give their own feedback. Comments from the records of the observation and spot checks included, "Understands her [staff] role and understanding of safeguarding", "No issues, training complete" and "Would like more training in medication." Records confirmed the training had been arranged. The records also included a section for staff to feedback on how they felt about their role, if they had ever been in a situation where they felt distressed and what their opinion was of the support they received at work. Staff had the opportunity to make suggestions for improving the service.

The provider conducted an annual survey. We looked at the September 2017 survey analysis report which stated 90 satisfaction survey questionnaires were sent out to people and their relatives, and 24 completed questionnaires were received back. All of them were positive and 23 said they would recommend the service. The registered manager worked closely with the local authority to improve the care delivery. The local authority's monitoring team report dated November – December 2017 was overall very positive and the service was awarded 84% rating and green status. This showed the provider had systems and processes in place to engage with people, staff and other relevant parties to continuously improve the quality of care.