Shoreham Home Care Services Limited

Home Instead Senior Care

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 was carried out on 26th June and 2nd July 2018 and was announced.

Home Instead Senior Care is a domiciliary care agency and provides care and support for people in their own homes. Care is provided for a range of people including older people and people with dementia. The service operates in the area local to their office in Shoreham. Not everyone using Home Instead Senior Care receives a regulated activity; CQC 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 the inspection there were 14 people using the service.

The provider had suitable processes in place to safeguard people from different forms of abuse. Risks to the environment and people were assessed. Steps were taken to mitigate the risks identified. There were enough staff to meet the needs of those being supported. When people were helped with their medicines, they were supported in a safe way by well trained staff. People were protected by the prevention and control of infection. Staff knew to report safety incidents and improvements were made when things went wrong.

People had their needs assessed in line with current legislation before support was provided. The assessments took into account their protected characteristics such as their sexuality or ethnicity.

Staff were trained to have the knowledge and skills to deliver effective care to those being supported. Staff worked together to ensure that people received consistent and person-centred support when they moved between different services.

People were supported to eat and drink enough to maintain a balanced diet. Staff made referrals to health professionals when they were needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this in practice.

Staff were encouraged to develop caring relationships with the people they supported. People's independence and dignity was respected at all times. People were involved in reviewing their care. Staff supported people to express their views and they took part in making decisions about their care. The registered manager was able to describe how they would support people to have a comfortable and dignified death.

The service had a registered manager in post. 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 an oversight of and reviewed the daily culture in the service, including the

attitudes, values and behaviour of staff. They promoted transparency and fairness within the workforce. People, their families and staff were encouraged to be engaged and involved with the service. The registered manager was developing strong links with the local community. They had good relationships with the local authority, a local hospice, GPs and other organisations.

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.

People were protected from abuse.

People were kept safe from risks or avoidable harm.

There were enough suitable staff to support people safely.

People's medicines were managed safely.

People were protected by the prevention and control of infection.

Lessons were learned and improvements were made when things went wrong.

Is the service effective?

Good

The service was Effective.

People's needs were assessed before their service began and their care was delivered in line with current legislation.

Staff received the training they needed to carry out their roles effectively.

People were supported to drink and eat enough to maintain a balanced diet.

Staff worked together across organisations to help deliver effective care when people move between services.

People were supported to live healthier lives and have access to healthcare services.

Staff knew about the Mental Capacity Act, knew how to seek consent for care and understood the processes to help those who lacked capacity make decisions.

Is the service caring?

Good

The service was Caring.

People were treated with kindness, respect and compassion.

Staff supported people to express their views and be actively involved in making decisions about their care and support.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good

The service was Responsive.

People received personalised care that was responsive to their needs.

People knew how to make a complaint and were confident to do so if needed.

The registered manager was able to describe how they would support people to have a comfortable and dignified death.

Is the service well-led?

Good

The service was Well-led.

There was an open and inclusive culture at the service.

The registered manager was aware of their responsibility to comply with CQC registration requirements.

People and staff were encouraged to be engaged and involved with the service through meetings and ongoing feedback to management.

There were strong links with the local community.

Home Instead Senior 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 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.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

The inspection took place on the 26 June and 2 July 2018. It included visiting the site office and speaking to people and their relatives by telephone. The inspection team consisted of one inspector.

Due to technical problems, we did not ask the provider to complete a Provider Information Return. We took this into account when we inspected the service and made the judgements in this report. A Provider Information Return 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 examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We spoke to three people using the service, two relatives, two staff, the registered manager and the registered provider. We looked at care records for three people receiving a service. We also looked at records that related to how the service was managed including training, staffing and quality assurance.

Good

Is the service safe?

Our findings

People told us the service they received helped them to feel safe. One person told us, "My carer is going on holiday so they're sending me someone different but I've already met them. So that makes me feel safe." A relative said, "They look after her and we don't need to worry about her as much anymore."

People were safeguarded from abuse. Staff received training each year and told us it equipped them with the knowledge to help keep people safe. One staff member said, "The training was good. It taught us about different types of abuse, and what to do if we saw anything. I've not seen anything but if I did I know how to record it and report it. I have no doubt the manager would take any concerns seriously." Staff also had been encouraged to download an app onto their phone. This app made information on different types of abuse readily available for staff, and included information on domestic abuse and modern slavery.

Other steps were taken to help keep people safe. The registered provider told us there was a policy of staff not wearing a uniform when supporting people, as this might identify the person being supported as being vulnerable to others in the local community and potentially becoming a target of abuse. Additionally, the registered manager and registered provider were part of a network aimed at protecting people from scams. A trading standards officer from the local authority had trained staff on how to identify potential scams, and on the action needed to be taken if there were any concerns identified. On three different occasions staff had recognised signs of a potential scam against a person using the service, and took steps to help prevent future fraud. For example, on one occasion a person had given out their bank details over the phone. When staff became aware, and the person suspected this may be fraudulent, they supported the person to cancel their bank card to consider a call blocking service on their phone which would help keep them safe in the future. The registered provider also provided information to people about potential scams in the local area based upon information obtained from the local training standards team and the police. This helped people be protected from potential fraud.

Processes were in place to deal with safeguarding concerns, and were being followed by staff. For example, one staff member saw a person who had a bruise on her head. Staff completed an incident report, and based upon this information the registered manager knew to inform the local authority and the Care Quality Commission of the concerns. This meant professionals such as care managers could investigate and put in plans to keep the person safe.

Risks to people were assessed, and plans were put in place to help minimise them. Staff took a holistic approach when assessing risks, considering information from the person, their friends and family and other professionals such as nurses and occupational therapists to help ensure risks were minimised. When the person began receiving a service, the registered manager completed an assessment which included assessing risks with the person's speech and swallowing, sight, hearing, memory, continence support and skin conditions. Where risks were identified, guidance was provided to staff to help reduce them, and staff were given time to read through and understand the guidance. For example, one person was at risk of falling over in the shower. Records showed staff were to ensure a slip mat was put into the shower before starting to support the person. Risks were reviewed every three months, or when people's needs changed, and

changes were made to care and support when needed.

Risks to the environment were also assessed, with registered manager looking to make sure it was safe for staff and for those being supported. Electrical cables were secured and gas and water cut-off points were recorded in care records so staff knew how to access them in an emergency. Referrals were made to the fire brigade to check that fire alarms and smoke detectors were in working order. It was identified that one person might forget they have taken their medicines and would be at risk of taking too many. The staff held a meeting with the person and their family, and it was agreed by all that family members would keep the medicines in a safe place, out of reach of the person being supported. Risks to staff were also considered. When one member of staff became pregnant, their rota was reorganised following advice that they no longer carry out strenuous physical activities like personal care.

There were enough staff to meet the needs of people using the service. The service monitored the staff available against the people being supported to make sure there was a sufficient number available. An electronic planning system was used when organising staff rotas to ensure people received support at the time they wanted, and from the person they wanted. Staff were given enough time to travel between each visit. The registered manager told us that continuity of staff was important to them. They said, "People generally see the same person. Nobody will meet a new person without an introduction." Staff worked in small teams of two or three staff based upon the geographical area in which they lived, and staff told us this helped with continuity. Senior staff were available 24 hours a day to respond to staff and people's concerns. The registered provider had a business continuity plan in place, which provided guidance for staff when there were risks to service delivery, such as during bad weather.

People were recruited safely. The service had a dedicated recruiter who used recruitment websites, social media and recruitment open days to identify potential candidates. The recruiter sought people who had a personal experience of care. The registered provider told us, "You can teach people the right skills, but you can't teach them to have a good heart. We know we can train people moving and handling skills, our policies and procedures, about safeguarding or medication. But ultimately if the staff member is willing to think only about the person they are supporting then you know you have got it spot on."

Records showed the registered manager carried out background checks on new candidates. During the recruitment process, candidate's employment history was checked and any gaps were explored. Referees were sought and asked about the candidate's strong and weak points. Checks were made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. These measures helped to establish the applicants' previous good conduct and to ensure that they were suitable people to be employed in the service. The registered provider told us they used the 'mum test' when choosing candidates. This was where they considered whether they would be happy to have the candidate supporting one of their parents or loved ones. Each candidate completed a three-day assessment process, where senior staff were able to observe their interactions with others to see if they had the necessary characteristics for employment. Additionally, they would shadow more experienced staff, and have their competency checked before they were able to work alone with people.

When support was needed, people received their medicines in a safe way. Staff received training on how to prompt or administer medicines, and people's ability to manage their medicines themselves was assessed when the service began. If they needed support, staff would complete a record of what was given, when, and these records were audited by the registered manager each month to check medicines were being provided accurately. Specialist support, such as providing eye or ear drops, was provided only after staff had been trained by a qualified person. Staff supported people to dispose of their medicines in a safe way.

Staff practice was observed by senior staff during regular support visits in people's homes. If issues were identified, the registered manager took action. For example, when an audit identified a staff member was supporting a person with their medicines even though this wasn't recorded on the care plan, the registered manager organised a review of the person's care. Additional training was arranged for the staff member.

People were protected by the prevention and control of infection. Staff had access to personal protective equipment such as gloves, shoe protectors, aprons and protective sleeves. Support visits in people's homes were used to check staff were using them. Staff had training in infection control, and as part of the training an ultraviolet light was used to demonstrate the importance of washing hands thoroughly enough to remove all bacteria. The registered provider worked with the local pharmacy so that staff could attend to receive a flu vaccination. If a staff member was recovering from an infection such as a cold, they were to leave 48 hours before returning to work duties to help prevent the spread of the infection. Staff also supported people to understand the importance of good hygiene when managing their food, such as explaining the importance of throwing away out-of-date food from their fridge.

Accidents and incidents were reported by staff in line with the provider's policy, and the registered manager took steps to ensure that lessons were learned when things went wrong. Staff were confident to report any near misses, and incidents were recorded and reviewed by the registered manager to look for trends or patterns. For example, incident records showed one person had fallen on several occasions. The registered manager arranged for a review of their care to take place, which resulted in an increase of support being provided as well as changes to where their walking frame was to be located in order to prevent further falls.

Good

Is the service effective?

Our findings

People told us they thought their needs were met and staff were skilled in carrying out their roles. One person said, "I think she's a very knowledgeable lady, she is well trained. I think she has a lot of medical knowledge. Another said, "She is well trained and would do anything for me."

People's needs were assessed before support was provided to them. One relative told us, "We had an assessment at mum's house. Myself, my brother and sister were invited. The registered manager was lovely. She sat next to mum and held her hand. Mum had turned support down in the past so it was important that she could build a bond with them. And that bond started at the assessment." The assessment took into account what people could do for themselves as well as the help they needed.

Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff received training which helped them to have the skills and knowledge to deliver effective support. New members of staff who didn't have a background in care were trained towards the Care Certificate as part of their induction. This is a nationally recognised system for ensuring that new care staff know how to care for people in the right way. Existing staff were offered a wide range of training to help them support people, which was grouped into three learning areas; the aging process, safety and communication. Practical sessions using equipment were offered to staff to help them better understand the difficulties people might have in carrying out simple tasks like writing or opening bottles. Staff confirmed these sessions were valuable, with one telling us, "It was a real eye-opener. I never really considered how normal tasks could be so difficult and I know now to be more considerate and patient."

Training was provided to staff in a flexible way, including sessions outside normal working hours, for example in the evenings or at weekends, for those with family or other commitments. Staff told us they thought the training helped them in their role. One staff member said, "We couldn't get better training. We recently had dementia training which has helped me enormously. One person I support was seeing things in the garden. I was able to use the distraction techniques I learned to help calm her down." The registered manager sought feedback from staff about training and used the feedback to revise future sessions. For example, when feedback suggested some members of staff found the session on policies and procedures to be difficult, to follow, the registered manager revised the day to give staff more time to understand each policy. The registered provider told us that staff were more able to retain the information needed in the new sessions.

Specialist training was offered to staff supporting people with conditions such as Parkinson's Disease or diabetes. People living with dementia were cared for by staff who understood their needs well. Staff were provided with accredited training courses on Alzheimer's Disease and dementia, and were encouraged to become 'Dementia Friends'. A Dementia Friend is someone who has been trained to a nationally recognised

standard in order to support people with dementia. Assistance for family members supporting people with dementia was provided, with a publication being available which aimed to help them with practical advice and techniques. A local optician trained staff on optical awareness, and staff told us this helped them be more informed about how eye conditions affect a person's ability to support themselves. Basic life support training was provided to staff to help them feel confident if they needed to help people in an emergency. When equipment such as a hoist was needed, staff received specific training on how to use the hoist for the particular person. Staff received supervision every three months during which they discussed any issues of concern and their development and training needs. Staff also received a yearly appraisal to review their performance over the past year and set goals for the coming year.

When required, people were supported to eat and drink enough to maintain a balanced diet. At the time of the inspection, the people being supported did not have complex nutrition or hydration needs. However, the registered manager was able to tell us about the steps they would take to support people if they did, such as referring to the local Speech and Language Therapist team. When people were assessed to be at risk of losing weight, care plans included information on how staff would support them to maintain a balanced diet.

Care staff were trained in food hygiene as well as how to ensure people received a balance of vegetables, carbohydrates, dairy, protein and fruits in their diet. The registered provider told us, "We don't like to give people microwave meals, we prefer to cook them something as it's healthier. But if they want a ready meal we'll ask if they want some extra fresh vegetables or fruit with it." Care records showed staff supported one person to be healthy by making them a blended fresh fruit smoothie each day.

Arrangements were in place to ensure that people received effective and coordinated care when they were referred to or moved between services. Each person's care records held easily accessible information which could be handed to health professionals if the person needed to attend hospital, for example. The sheet contained details of the person's allergies, the name of their doctor and details of medicines if staff were supporting the person with them.

The registered manager told us they made sure they had up to date information on people if they had spent a period of time in hospital, telling us, "I will always carry out a new assessment regardless of how long someone has been there." Information was shared with other services, such as a local day service, with the person's consent. This meant other services always had accurate information to help them deliver effective support.

People were supported to have access to healthcare services and to receive ongoing healthcare support. The registered manager made referrals to health professionals when people required/needed further support. Care staff identified one person was at risk of developing a pressure area. Records showed the registered manager had contacted the district nurse and incontinence nurse to arrange for an assessment. A health professional told us, "When liaising with the team to organise a care package they have been very helpful, responding quickly to my requests offering their support." When staff identified that a person might benefit from equipment such as a commode, referrals were made to an occupational therapist to help them stay independent.

Another person's care records showed a family member had emailed to thank staff for supporting their mother. The email read, "This morning mum was feeling very unwell and she was having problems with breathing. [Staff member] rang me of her concerns and I called the doctor who came this afternoon. Mum has developed the first signs of a chest infection and thanks to [staff member]'s swift action mum is on the necessary medication." Another person told us, "She got in contact with the GP after my leg operation, I

needed to go to hospital and she took me. She saw how swollen my legs were."

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 law 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 make 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. The procedure for this in community settings is via application to the Court of Protection.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and found staff were taking steps to ensure people were fully protected by the safeguards contained within the MCA. Staff received training on consent as part of their induction, and the registered manager knew of their responsibilities to carry out mental capacity assessments when concerns were identified. One person was identified as not having capacity to consent to care and support being provided, and the registered manager's initial assessment had noted a member of the family had a lasting power of attorney (LPA). An LPA is a legal document that lets a person being supported appoint one or more people (known as 'attorneys') to help them make decisions. A meeting was held with the family member and a decision was made that it was in the persons best interests that the person received regular support.

Good

Is the service caring?

Our findings

People told us they were supported by staff who treated them with compassion and kindness. One person told us, "When she gets here she will have a smile on her face. And she will always know how I'm feeling." A relative said, "All the carers love my mum and make such a fuss of her."

Staff were encouraged to develop positive, caring relationships with those they supported. The registered manager used a matching process which meant people were supported by staff who might have similar interests, hobbies or backgrounds to them, so people were able to choose the staff who supported them. Staff were able to describe people's likes and dislikes. For example, one staff member told us that one person liked listening to music, and they would take records for them to listen to together in the garden when the weather was nice. A staff member said, "It's the details that are important, like knowing how someone likes their tea or coffee. Or if they like warm milk with their cereal."

Rotas were organised so people received support from a small number of people, meaning staff knew the people they supported well, and were given the opportunity to meet the person before they began providing support. When one person with dementia forgot who she was going to be supported by, staff helped her by writing the rota on a white board in her house. Staff were given time to provide support, and people told us they didn't feel rushed. One person said, "She stays for as long as I need her too. One day I needed some help with some phone calls and she was more than happy to do that." The registered manager told us each person received a minimum of one hour for a visit, and this helped staff build close relationships with the people they supported, as well as understanding their likes and dislikes. A relative said, "What is amazing is that mum has accepted them. I think that is because they have time to take things slowly with her." The registered provider told us that staff would often go over and above what would normally be expected in the agreed care plan with the person. This might include visiting a person when they were in hospital or on one occasion supporting someone to fix the lock on their front door.

People were supported to express their views and to make decisions about their care. People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care. The registered manager told us they knew how to access external advocacy for those who needed help expressing their views but had nobody to support them. Reviews took place yearly, or when people's needs changed. One person had family abroad and the registered manager ensured they were kept informed of changes to the persons care by email. Staff were able to respond to people's wishes. For example, one person enjoyed football so staff visited at a different time to usual so they could watch World Cup matches.

People received care in a respectful way and staff maintained their dignity. The registered provider told us that treating people with dignity was a priority in the induction training for staff, telling us, "We ask staff, 'How would you like to be cared for?' We care for people in the way we would like to be cared for ourselves." Staff were able to give examples of how they maintained and protected people's privacy and dignity whilst providing support. One staff member said, "I make sure I close the bedroom door if there are family members around. I'll cover them with a towel to help them be more dignified."

People were supported to be as independent as they wanted to be. Assessments took into account their strengths as well as their support needs and people were encouraged to do things for themselves, for example washing the parts of their body they could reach themselves, whilst staff support them where needed. One staff member said, "I make sure I don't take over. Our job is to assist them to do the bits they can't do."

The registered manager was taking steps to make sure information was accessible to all of those being supported. This included plans to make the service agreement and other documents available in braille for those with a visual impairment.

People's information was treated confidentially. The service's electronic rostering system was password protected and only staff had access to computers in the office. Personal information such as care records were stored securely in a locked cupboard. The registered manager was aware of new data protection legislation and staff had received training so they complied with the law.

Good

Is the service responsive?

Our findings

People we spoke to told us the care and support they received was responsive to their needs. One person said, "I have an excellent carer. I only have to ask her once." Another said, "She knows how I want things to be done." A further person said, "She is very polite, I have no complaints."

People received personalised care that was responsive to their needs. Each person had a care plan, which detailed the support to be provided. The registered manager met with them individually and drew up the care plan, which considered their needs and preferences. The care plans included their overarching goals, such as to carry on attending a day service, or to walk safely to the local pub. Information was provided to staff on the kind of support needed, and was drawn up in a way which ensured staff involved the person in any decision making. For example, one person's care plan detailed how they need support with shopping, but meat was only to be bought from one supermarket. Staff told us they thought the care plans helped them provide personalised care to the people they supported. Staff had access to 'life journals' which included information about the person's lives such as their childhood or relationships. One staff member said, "The care plans are the best I've seen. They give us what we need. But people change every day so it's always a conversation."

Senior staff made regular calls to people to confirm the support being provided was meeting their needs. If people's needs changed, senior staff made sure information provided in the care plans reflected the change in support required, such as if someone needed support with a new medicine. Staff were able to respond to people's needs at short notice, for example if they needed help attending an hospital appointment or needed additional visits.

People were supported to maintain links with the local community to ensure they were not socially isolated. For example, the provider promoted the memory café organised the local Alzheimer's dementia support service to it's clients. These are café's where people can strike up friendships, chat informally to professionals, find out more about dementia and support from a wide range of speakers, and enjoy refreshments and entertainment.

People and their families were encouraged and supported to raise any concerns with the registered manager. There was a formal complaints procedure in place, and details of how to complain were held with the person's care records in their home. This included how to take things further if needed, such as via the Local Government Ombudsman. The policy covered timescales for complaints to be responded to.

Even though the registered manager had not received any formal complaints, people told us they knew how to complain. One person said, "I've not needed to make any complaints but if I needed to I know to speak to the office." The registered manager told us, "We have had a couple of issues, like when we left a sheet in a washing machine by a mistake, but nothing that escalated to a complaint."

The registered manager was able to describe how they would support people to have a comfortable and dignified death. There was a policy in place which they said would be followed if required. The registered

provider had visited the local hospice to learn about how they provide support in a dignified way. Close working relationships had been established with district nurses and other health professionals who support people with end of life care.

Good

Is the service well-led?

Our findings

People and their relatives told us they thought the service was well-led. One person said, "It is like a family." Another said, "Whenever I have needed to call the office there has been someone on the end of the phone." A relative said, "They seem to be well organised. They always let me know what is going on."

There was a registered manager in post. 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 was aware of their responsibility to comply with our registration requirements and had sent CQC notifications when they needed to. The registered manager was also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

The registered manager had the skills and experience to carry out their role. They held a nationally recognised qualification and were working to further develop themselves by working towards other qualifications. They were supported by other registered managers from other local Home Instead branches. A registered managers' online forum was used, where people could ask for advice and support. The registered manager told us it was useful, saying, "I went on it as I had a question about the Care Certificate. A manager came back and told me what they had in place, and I used this to develop out training plan." They kept up-to-date with changes to legislation and looked for good practice by registering with umbrella organisations such the Skills for Care Registered Managers Network. Regular audits and checks were carried out by the registered manager on all aspects of the service to make sure practice was safe. Senior staff from Home Instead's central quality team carried out audits of the service every six months. The registered manager told us there were no outstanding actions from the last audit completed.

The registered manager had an oversight of and reviewed the daily culture in the service. This included the behaviours and attitudes of staff. The service had a mission statement, which was 'Giving the elderly the most personalised highest quality care they deserve.' The registered manager told us, "We expect our staff to have the same values as we do. Only about one in five have previously worked in care. We have an ex-district nurse, an ex-dentist, mums, people who have been caring for family members. This means we can work with them and help them be the staff we want them to be." Staff were supported with initiatives such an employee assistance scheme, which provided counselling and financial advice to those who needed it.

Staff were complimentary about their manager, and felt the values displayed by the manager was reflected in the support they provided. One staff member said, "I think the vision of the service are that the service user gets the best possible care." Staff told us the registered manager provided support and encouragement. They had the opportunity to discuss any concerns informally with the manager in a Friday drop-in surgery. The registered provider had also recently implemented a rewards scheme for employees once they had passed their induction, where staff could get discounts on cinema tickets, for example. They told us this was a way of showing their appreciation of the dedication and professionalism of staff.

The views of staff, people receiving support and relatives were sought to help develop and improve the service. Staff were encouraged to feedback formally during supervision sessions and meetings. One staff member told us, "They listen to us if we want to make a suggestion. We attend team meetings each month, they are informative and casual. We are made to feel comfortable in our role." The registered manager sought anonymous feedback from staff following training sessions. When people stopped using the service, the registered manager spoke to them about ways in which the service could have been better. An annual survey being carried out by an external agency had begun, and results were due a month following our inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements.

The registered manager was developing strong links with the local community. The provider supported people's relatives to understand peoples' dementia-related needs. The registered provider was involved with the local dementia action group, which brought together local health and social care organisations to share best practice and innovative ideas about dementia. As part of this the provider held workshops with families to help them understand how dementia affects their loved ones. The registered provider told us, "We are aware that family members can feel isolated, so if we help them we can help the person maintain relationships with the people who matter most to them."

The provider also had good relationships with the local authority, a local hospice, GPs and other health professionals. They were also building links with services and organisations which the people they supported might find useful, such as local plumbing services or other local care providers. The provider had been sharing information appropriately with relevant agencies for the benefit of people who use the service.