Opieka Limited

Opieka Limited 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?	Good

Summary of findings

Overall summary

This was an announced inspection which took place on the 19th December 2017, and 25th and 26th January 2018. The inspection was announced to ensure that the registered manager would be available to assist with the inspection visit. This was our first inspection of this service since they registered with the Care Quality Commission (CQC).

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people with a range of needs, including people living with dementia. At the time of our inspection there were 37 people using the service.

Not everyone using Opieka Limited was receiving the 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.

The services provider is also the 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 who used the service and their relatives had a positive view of the care and support they received. People we spoke with told us they felt safe and could trust the care staff to look after them. One person told us, "I am always comfortable with the care workers." People's needs were met in a timely manner by sufficient numbers of experienced staff.

Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. Recruitment practices ensured that staff were of good character and suitable for the roles they performed.

Staff were trained in infection prevention and control and provided with appropriate protective equipment to help minimise the risk of cross infection.

People's prescribed medicines were administered safely, in accordance with the provider's policy. Staff had their competency to administer medicines checked to ensure they maintained their skills and knowledge.

Staff had the knowledge and skills necessary to meet people's needs and promote their health and wellbeing. People's health and personal care needs were met and support plans guided staff in how to do this. People were supported to access healthcare professionals promptly when needed.

The service worked in line with the principles of the Mental Capacity Act 2005.

People and their relatives complimented the staff team for being caring and kind. Staff had a good awareness about peoples preferred support needs and preferences. People's privacy and dignity was respected and they had been involved in planning their care and support where able.

The service had a clear person centred culture which was reflected during our discussions with staff and the registered manager.

There was a complaints policy in place. People and their relatives told us they could speak with staff if they had any worries or concerns and they would be listened to.

The provider had a system to request and receive feedback from people who used the service, their relatives and staff about the services provided. Quality assurance procedures and audits were used to monitor the service delivery.

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.

All staff had received training in safeguarding adults from avoidable harm and were aware of the signs and types of abuse and how to report them.

Risk assessments were detailed and staff were knowledgeable about the steps they could take to minimise risks to people's health and safety.

The service had recruitment procedures in place to ensure suitable people were employed to meet the needs of the people they supported.

The systems in place ensured people received their medicines safely.

Staff were deployed in sufficient numbers to meet peoples needs and promote their safety.

Is the service effective?

Good

The service was effective.

Staff received appropriate training, supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to maintain their health and well-being, and to access healthcare professionals promptly when needed.

Staff acted in accordance with the Mental Capacity Act. People gave their consent to care and their rights were protected.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the staff visiting them and those working in the office. People told us they were treated with kindness and respect. Staff knew people well and

spoke respectfully about the people they looked after.

Staff understood the importance of respecting people's privacy and choices. Staff promoted people's independence and wellbeing.

People were supported to contribute to their support plan.

Is the service responsive?

Good

The service was responsive.

Support plans were regularly reviewed with people and their relatives, and included information on what was important to the person receiving support. People received personalised care and support and were involved in making decisions about their care.

A complaints policy was in place and people knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led.

People and their relatives told us they would recommend the service to others. The registered manager demonstrated a clear knowledge of the staff they employed and the people who used the service.

Clear leadership and management was in place at the service which ensured staff received the knowledge, support and skills they needed to provide people with good care.

The registered manager had effective quality assurance and governance systems to drive continuous improvement at the service.

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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.

The provider was given notice before our visits and advised of our plans to carry out a comprehensive inspection of the service. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to provide information we would require as part of the inspection process.

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the 19th December 2017 the Expert by Experience spoke by telephone with four people who were receiving a service and three relatives. On the 25th and 26th January 2018 the inspector completed the inspection at the provider's office.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We considered information we held about the service, such as notifications which the provider had told us about. We also contacted the local authority and safeguarding team to seek their views about the service. We were not made aware of any concerns about the care and support people received.

During this inspection we spoke with the registered manager, strategy manager, administrator, a field care supervisor and three care staff. We visited and spoke with one person in their own home, and observed how their care was provided. We spoke by telephone with four people and three relatives. We also received feedback from two health care professionals to obtain their feedback about this service. We looked at four people's care plans and associated records to see if people were receiving the care they needed. We reviewed four staff files including the recruitment process and reviewed some of the provider's quality assurance and audit records to see how they monitored the quality of the service and other records related

to the day-to-day running of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe when staff were in their home. One person said, "I am very happy in the company of care workers. I always feel safe." Another told us, "I am definitely safe with the care workers at all times." A relative commented, "My relative is safe with the care workers."

Procedures were in place that ensured if people were at risk of experiencing avoidable harm or abuse, the appropriate authorities were notified. We saw safeguarding and whistleblowing (telling someone) procedures were in place for staff to report unsafe or poor practice. Staff had received safeguarding adults training and told us they would feel at ease raising their concerns if they felt people were at risk or were being harmed to ensure people were protected. Comments included, "I would talk to the manager or supervisor and the safeguarding team."

Staff received a handbook which contained detailed information on confidentiality, personal safety and lone working. A lone working system was in place and staff were issued with a mobile phone fitted with a software system that was being developed to allow them to make a phone call or send a text message to summon help in an emergency to help keep them safe. This system will be fully accessible by the registered manager and support staff at the office location. Each person's plan of care in their property held a 'Near field communication tag' which omitted a GPS signal that flagged on the registered managers' computer system. This system allowed the staffs' whereabouts to be tracked and would alert the office administrator or registered manager if a member of staff had not logged in or out of the property following a visit.

During discussions about lone working one member of staff told us, "We are able to send group messages from our mobile phones. We can also send emails." Another said, "We are given torches, we double up on some calls (to people's properties) and when we log in and out of properties this is tracked via GPS. There is also a lone working policy and we are provided with identification badges and uniforms." GPS or Global Positioning System is a global navigation satellite system that provides location and time information to a GPS receiver anywhere on or near the Earth. These systems helped promote the safety of the people using the service and the staff team.

Environmental and home risk assessments had been completed to promote the safety of both the people and staff. We saw these risk assessments considered the immediate living environment and the person including lighting, smoking, animals, trip hazards and security. Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs. Support plans contained risk assessments that identified the risk and the actions required of staff to reduce and mitigate the risks in relation to medicines, moving and handling and malnutrition. For example, we saw one person's risk assessment for malnutrition stated, 'I only eat small amounts, gently encourage me to have small meals and leave me snacks.' We found the risk assessments we reviewed were relevant to the individual and promoted their safety.

Staff told us they used specialist equipment to position and move people such as hoists, slings and slide sheets. The staff we spoke with told us they performed visual checks of the equipment before using it. One

member of staff said, "We check the hoist is charged and safe to use. We also check we are using the correct sling." Staff also told us they were vigilant for other risks in relation to falls, medicines and peoples presentation. One member of staff was able to give us an example of how they supported a person who may present in a verbal or physical manner. They told us they would step back and sit down with the person, reassure them and talk with them. This meant staff were aware of new risks which could arise within people's homes and they took proactive steps to prevent these.

We saw a policy and procedure was in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures.

There was a business continuity plan, which set out plans for the continuity of the service in the event of an emergency situation such as disease, fire, flood or power failure. Staff received additional training on how to keep people safe, which included infection control, first aid and moving and handling.

There was a system in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately on an 'incident log.' Each recorded incident included a description, outcome and any follow up action.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service, their care needs and location. The registered manager told us they were receiving more enquiries from local authorities and people looking for care in their own homes and they were increasing their recruitment as a result of this.

Staff rotas were managed on a 'Quick Plan' system. Quick Plan is a cloud based staff rota, care management and finance system that automates domiciliary care processes. The system showed each person's call times daily, if this was attended and the length of the call, if the call had been cancelled and why and also highlighted any calls that required two staff to attend. This system provided consistency and minimised missed and late calls.

Travel time was factored into the rota for staff to help ensure that people did not have to wait for staff who had been delayed. People we spoke with confirmed this. Their comments included, "Yes they [staff] are on time. It is on odd occasions they may have an emergency but they will ring me if they are late" and, "Oh yes and they are on time all the time." A relative said, "On the dot, they are always on time." We received one comment from a relative of a person using the service who told us the timeliness of their relatives' calls had deteriorated and staff were attending late. We discussed this feedback with the registered manager who assured us these concerns would be addressed at the person's review which was due in February 2018.

We looked at the recruitment records for four staff which showed that they had been recruited safely. Application forms were in place, interview documentation, two references had been obtained and an enhanced check with the Disclosure and Barring Service (DBS) had been undertaken. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role.

People's medicines were administered safely, in accordance with the provider's policy and by trained staff. Staff told us they had received medicines management training and their competency was assessed. Records confirmed this. The staff we spoke with were aware of what they could and could not do when supporting people with their medicines. One told us, "We have to follow the risk assessment for medicines and follow the instructions on the Dom Mar (Domiciliary Medication Administration Record) and the labels

on the medicines to ensure we give them correctly." Where staff were administering medicines, people had medicines administration records (MARs) in place. Each person MARs was returned to the office at the end of every 28 day medicine cycle and checked to identify if there were any omissions. We reviewed five peoples MARs during our inspection and saw these had been completed correctly.

Good

Is the service effective?

Our findings

Feedback we received regarding the service was consistently good. People and their relatives spoke positively about the quality of care provided by trained staff, who understood their needs and knew how they wished to be supported. One person told us, "The care workers are extremely good, they know exactly what to do .They are very skilled" and another said, "They are confident and know what they are doing, in fact they do more for me and they are always one step ahead." We saw a comment that had been given to the service by a relative of a person which said, 'All staff are knowledgeable, helpful and efficient. You made a difficult time easier to cope with. From the initial contact to the last minute changes of plan, including the extremely efficient start-up of care. The service has been exemplary.' A health professional told us, "Staff always talk to people to find out how they like the service to be given to them. They find out their likes, dislikes and what they enjoy."

Newly recruited staff told us their induction programme and shadowing of experienced staff gave them the skills and confidence to support people. One member of staff told us, "My induction was fair. I completed online training and I was checked upon to see if I felt confident. I shadowed other staff and during my six months' probation I had spot checks on my practice in the community."

The induction programme included completion of the Care Certificate which is a set of minimum standards that should be covered as part of a new member of staffs' induction. The registered manager told us that training was provided in topics which included moving and handling, medicines, safeguarding, food hygiene, basic life support, fire awareness, and infection control. Training records we reviewed confirmed this. The staff handbook also included information about people's diversity, different cultures and values. One member of staff told us, "People have the same rights whether they are married, single or gay. We support one person who is a catholic and has communion regularly. We have to show respect for people's beliefs."

The majority of the staff training was completed on-line. Whilst staff told us they were happy with the level of training received they felt they would benefit from some practical training. One member of staff told us, "I feel competent with my training. You do a knowledge test at the end of the online training which requires a high pass mark. I do think some face to face practical training would be better." All of the staff we spoke with agreed that some practical training would be helpful. We discussed this with the registered manager who told us one senior staff member had recently completed 'Train the trainer' for medicines and was booked to complete this for moving and handling. This would mean the staff member could deliver face to face training with the staff team in these subjects. We spoke with this member of staff who said, "They [registered manager] always listen to my ideas. I want to take on training and deliver it to staff within the service."

The registered manager told us that some staff training was tailored to the needs of the people who used the service. For example, one person who used the service could potentially present in a challenging manner so one member of staff who was supporting them at home attended training on behaviour that may challenge. We reviewed the persons support plan and saw it contained detailed person centred information to guide the staff in supporting the person. For example, 'Good timekeeping, having a routine, and watching

programmes are important to me.' This showed that the registered manager helped to ensure that where required staff had additional training they needed to meet the specific needs of people who used the service.

The staff we spoke with told us they were supported in their role and received regular supervision, and spot checks of their performance. We saw evidence in the staff files to confirm this. Comments included, "I find [Name of manager] really approachable. I am currently doing my NVQ and [Name of registered manager] is very supportive", "I had supervision in November (2017) and [Name of registered manager] asked if I was confident and told me what I was doing was good. I discussed my aims and objectives" and, "I have had two supervisions and if I telephone for anything it's always actioned."

The service communicated and worked in partnership with other professionals to ensure people received effective, person centred care. The registered manager communicated effectively with the local safeguarding teams if they had potential concerns around people's safety and with the local funding authorities if and when people's needs changed. This was confirmed by health professionals we spoke with, one told us, "I can trust the service staff and manager to meet the needs of the clients and let care management know if there are any problems or deterioration in clients. They [staff] always turn up to reviews and if they have any concerns they will let us know."

At the start of each new care package people using the service had an initial assessment which included the level and frequency of care or support the person needed, and the times and duration of the calls. We saw examples where the staff had monitored and changed this if required to meet people's needs. For example, one person's support plan had been updated following a noted deterioration in their memory. Their package of care was increased to four calls each day with additional medicine support.

Peoples required support was contained in their support plan and consisted of the initial assessment, about me, daily routine, professionals, risk assessments, reviews and incidents/accidents. When support plans had been updated, staff were informed of this via group messages, emails, telephone calls and using communication sheets kept in peoples properties. This meant staff had the most up to date information on how peoples care and support should be delivered effectively.

When required, people using the service were supported by staff to have adequate food and drink during their call. The staff we spoke with knew the importance of making sure people were provided with the food and drink they needed to keep them well. One member of staff told us, "I am supporting one person to eat more healthily. I support them with their shopping and we have changed their usual shopping plans. They now buy smaller sweet treats and small packs of grapes." One person told us, "They [staff] prepare the food I like."

The Mental Capacity Act (MCA) 2005 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager had a good understanding of the principles of the MCA and when to make an application. The staff

team had completed training in the MCA and were able to demonstrate to us how they sought people's consent before providing any care or support. One member of staff told us, "People make their own decisions. If they want to take risks then this would be included in a risk assessment." We observed one person being asked what they wanted to eat for their evening meal and if they wanted to take their medicines. A health professional we spoke with told us, "One person has communication difficulties due to hearing loss and the staff ensured they spoke face to face to help her lip read and also brought different items to her to help her choose what she wanted."

Good

Is the service caring?

Our findings

People who used the service consistently told us staff were kind and caring. They also said staff respected their dignity, privacy and treated them with respect. Comments included, "They [staff] are very caring, very good indeed. They are very respectful towards me" and, "They are marvellous, very kind and very respectful to me." A health professional told us, "I have observed staff giving one person privacy during a meeting by knocking before coming in and getting on with other tasks as required around the home."

During our conversations with staff they demonstrated to us how they maintained people's privacy and dignity during personal care and support. One member of staff told us, "If people can do this for themselves then I would encourage them. We never rush people." Another told us, "Better care makes people feel better about themselves."

Staff had developed caring relationships with people and their families, who praised the quality of care they received from the service staff. We saw when people had ceased to use the service 'Exit interviews' were completed with them and their relatives. One comment we saw from a relative said, "You [service staff] are all so kind. All [relative] wanted to do was stay at home and with your staff they felt comfortable and were well cared for. I hope your business continues to flourish and maintains the lovely high standard of care that you gave to [relative].' A relative told us, "My relative really looks forward to seeing them. They are very caring, polite and very respectful."

During our inspection, we spent time observing interactions between a member of staff and a person they were supporting in their own home. We saw the member of staff was kind, patient and respectful to the person and involved them in the visit, seeking their opinion on what they wanted to eat and drink. They asked the person what drink they would like to take their medicines with and if they were happy to take them. The member of staff was respectful and patient with the person. The person told us they were happy and relaxed in the company of the staff. This showed us the person was treated respectfully.

Staff spoke with affection and warmth about people. They were able to tell us about people's likes, dislikes, care and support needs and personal backgrounds. For example, one member of staff talked to us about a person who was living with dementia. They told us how the person believed other people were living with them and the staff went along with this to reduce distress. They were able to tell us how they supported the person using clear and consistent language and tone of voice. Another member of staff said, "I love my job. I go home with a smile on my face every day. I didn't sleep one night as I knew [Name of person] was in hospital." A health professional told us, "[Staff] helped to keep one person safe by calling round whenever they weren't in for their care call due to them living with advancing dementia. They ensured they knew where the person was and that they were okay."

The staff we spoke with were dedicated and driven to provide care that was compassionate and considerate and we saw an example were they had overcome an obstacle to support a person to maintain their independence. One member of staff was working closely with a person who was expected to go into residential care. The person was receiving four calls each day plus support to shop. Pictures of staff who

visited were on display in their home which aided recognition, and signage had been put around their home with reminders such as 'Don't leave the house its bedtime' and, 'Your next carer coming is [Name].' We spoke to a member of staff who was supporting the person and they told us, "We support with prompts about the time of day, appropriate clothing and changing bed linen. [Name] has some really good skills and can hang out their washing and take out their bins." The service had tailored the persons care to meet their specific needs and supported the person to be independent and remain in their own home.

Support plans were person centred and clearly explained how people wanted their care and support to be delivered. Each plan contained information on why the person needed the support, what they could do for themselves and what they needed help with. For example, one person's care plan requested that staff made their food and drinks for them but they could eat these independently if staff cut the food up small. People were involved in making decisions about their care and support. Comments included, "We [service and person] have been through the care plan. They [staff] are there if I need them" and, "We [service and person] have a good relationship. They have been to see me to review the care plan. I have the number should I need to contact them." A relative told us, "We have been through the care plan and needs for my relative."

People received a 'Welcome pack' at the start of their care package which informed them what they could expect from the service and what services could be provided such as companionship, personal care and home help. There were contact details included for the service, local safeguarding teams, emergency duty teams and the Care Quality Commission.

Details of advocacy services were not circulated to people using the service. Advocacy services represent people where there is no one independent, such as a family member or friend to represent them. We discussed this with the registered manager who told us they would look into providing this information to people.

People's personal information was stored securely to maintain confidentiality and comply with the data protection act. The service used an encrypted computer based system to manage documents relating to the running of the service and peoples records. Records containing any safeguarding concerns and staff records holding their private details were kept in a lockable cupboard and computers were password protected.

Good

Is the service responsive?

Our findings

The service had a responsive recording and call monitoring system which maintained electronic care records, shared information and had the ability to monitor all calls in real time. The systems in place were 'cloud' based and were accessible from locations with a secure internet connection.

Assessments of people's care needs were initially completed by the registered manager or senior staff, who then developed an appropriate support plan for the person. People contributed to their assessment and plan of their care and support as much as they were able to. One person told us, "We [service and person] have been through the care plan. They [staff] are there if I need them." A member of staff said, "People have plans of care in place and they or their family are involved in them. We will go and sit with people at time of assessment and talk about their history." Relatives told us they were involved in the care planning process and kept informed of any changes by the staff.

The support plans we reviewed provided enough information to aid staff to provide people with person centred care that was individual to the person. For example, one person's support plan detailed how when the weather outside was bad they may feel lonely and staff should support them by 'letting them be.' Plans contained information about peoples past lives, interests and the people that were important to them. For example, one person's support plan detailed their married life, family and how they liked to look after their home. The persons plan stated how they liked to talk about and look at the abundance of family photographs in their home. During a home visit the person proudly talked to us and showed us these photographs. At each visit staff recorded what they had completed and addressed each area of the persons support plan.

People were supported by staff who knew them well. The staff we spoke with were able to demonstrate a good awareness of people's needs and give us examples of how people preferred to receive their care and support. One staff member told us, "One person likes a mug of warm milk with an exacting amount of sugar in it." Other staff were able to tell us about peoples life histories, previous jobs and food and drink they liked to eat. As part of their companionship services, where required, staff helped people to access their local community where they were able to shop for food, clothing, have a coffee and go for walks.

Staff had an understanding of their responsibility to consider people's needs around the protected equality characteristics. Support plans highlighted the importance for staff to understand people's individual preferences and life history, and included information on peoples individual religious beliefs, preferred name, spoken language and nationality. This enabled staff to support people to have as much choice and control over their care as possible.

Where required, the provider had complied with the Accessible Information Standard by identifying and meeting the information and communication needs of people. We saw examples where the service had looked at ways to make sure people had access to the information they needed in a way they could understand it. For example, in one person's property we saw they had a laminated sheet containing the days of the week, pictures of the staff members who visited, and what days the persons shopping was done.

Another person had written visual prompts in their property to remind them of things they needed to do.

The service had a complaints procedure in place which was included in each person's welcome pack. This explained the role of the service in dealing with complaints. This gave people clear information on what to do if they had any concerns about the service and how their complaint would be managed. People and relatives knew how to raise a concern if they had one. One person told us, "The manager always comes to see me. I have no complaints at all." A relative said, "I have only complained once in the early days. They [manager] sorted this out straightaway."

There were no formal complaints recorded. Staff told us they were confident the registered manager would deal with any concerns or complaints in an appropriate manner. The registered manager told us that any issues were dealt with during monitoring visits to the person and during reviews of their care package. One person had been showing signs of distress during their call and the service had reduced the length of this call. This was working much better for the person.

At the time of inspection the service was not supporting anyone with end of life care. However, we reviewed comments from bereaved families and public acknowledgements thanking the service and staff for the quality care provided to their loved one at the end of their life. One comment we reviewed described the care given to their loved one as 'Exceptional.'

Good

Is the service well-led?

Our findings

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. The registered manager was aware of their responsibility to submit notifications and other required information to CQC.

We asked people and their relatives for their feedback about the management of the service. One person told us, "Brilliant, no issues whatsoever. I can recommend them anytime" and another said, "I have no grumbles whatsoever. They are all wonderful people." A relative told us, "I can recommend this company, they are really good, approachable and they send good care workers" and another said, "We are extremely happy with management and have no complaints at all. We can certainly recommend the company."

The management structure was clear and the registered manager, field care supervisor, administration, strategy manager and care staff took their responsibilities seriously. The registered manager encouraged suggestions, opinions and the views of others. One member of staff told us, "It's nice to work for a company where you feel wanted." One member of staff gave us an example of where the registered manager had made special arrangements which had allowed them to change their working duties to support their health and wellbeing. They explained this had made them feel supported and valued and allowed them to continue working.

Staff felt they were appreciated and took an active role in making people's lives meaningful. All of the staff we spoke with, without exception spoke highly of the registered manager and their colleagues. A member of staff said, "The vision is to enable people to live at home. [Name of registered manager] is absolutely amazing and is the best manager I have ever had." The registered manager told us, "Staff is integral and instrumental in delivering the best care outcomes for people." The provider recognised the value of their staff and nurtured team spirit with support such as helping staff out in times of need and having a policy in place which allowed staff to borrow up to a quarter of their monthly salary if needed.

We spoke with staff about the culture of the service. They told us that the culture was very supportive and open. We observed there was an open, person centred culture and a commitment to providing good quality care and support to people. Both the registered manager and staff spoke with passion about the people they cared for and their aspirations to provide the best possible care for them. One member of staff said, "The best thing is the one to one we have with the manager and the connection." Another told us, "We make an impact to people's lives. One person told me they had missed me (when they had been off work)." A third said, "People light up and smile when you walk in."

Support was given and information shared with staff through supervisions, group messages, emails and informal chats. One member of staff told us, "The service is very open. I can talk to them [Name of registered manager] anytime. It's the most enjoyable job I have had." Another said, "I talk to all of the staff. Staff will ring the office for a chat and vice versa. It's brilliant." During discussions staff demonstrated they were clear

about their roles, and were confident that the registered manager would be proactive in addressing any concerns or issues they may bring to them.

We saw the service used various quality monitoring systems such as competency checks, spot checks, staff shadowing during induction, supervisions, group messaging, satisfaction surveys and joint reviews with the local authorities to monitor the quality of the service being delivered to people. Audits were in place to monitor records such as peoples MARs, support plans, risk assessments, daily records, accidents, staff files and complaints. The registered manager and administrator monitored the Quick plan system on aspects which included staff logging in and out of their calls and the completion of tasks. This meant the provider had clear oversight of the service.

We reviewed a selection of peoples support plans, staff records and other records related to the management of the service. These were stored securely and in line with data protection legislation. All of the records we asked to review were provided to us in an ordered manner and were accurate, up to date and completed legibly.

The registered manager and staff worked in partnership with other agencies in a collaborative and transparent way. They worked with local authorities that commissioned services for people and safeguarding teams, when required. Where any concerns had been raised the registered manager liaised with safeguarding and healthcare professionals in an open and transparent manner. This meant any concerns were addressed in a confidential and sensitive manner, and lessons were shared and acted on. A health professional told us, "From my dealings with Opieka I have found office staff and a carer who was present during one of my visits to be very professional. Opieka will do their best to put in care packages and pick up packages in areas where other providers won't. I feel confident in Opieka when they offer a package." This meant that people received a consistent approach to their care and support.

The service was registered with the association of healthcare trainers (AoHT). The AoHT is a non-profit membership association for those training within the healthcare sector. This gave the service access to accredited training courses, promotional materials and registered trainers with skills that could be shared within other member services. The registered manager told us they were planning to share access to training courses with another domiciliary care agency in the area. This showed the service was aiming to build and share best practice that was shared with them.