My Little Angels Care Company Ltd

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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

We undertook an announced inspection at My Little Angels Care Company Ltd, on 18 and 19 June 2018. This was the first inspection for the service under their current registration.

My Little Angels Care Company Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of our inspection, the service told us they were providing care for 59 people. CQC only inspect the service received by people provided with personal care; as well as help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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.

People knew the registered manager personally. They had either had their initial assessment completed by the registered manager, had spoken to the registered manager in the office, or had received support from them during a care visit.

Prior to the inspection we spoke with nineteen people who use the service. Where it was not possible to speak with the person, we spoke with their next of kin. We received positive feedback about the service and people told us that they liked the care staff. Comments included, "They are kind and caring." Also, "I like them very much, they just care so much, we find them very supportive."

People told us the care staff were respectful of their home and belongings. Some people received support with domestic tasks such as cleaning. They told us staff completed these tasks to a good standard.

Staff understood their responsibilities to identify and report any safeguarding concerns. People told us the staff helped them to feel safe. Relatives told us they had no concerns regarding their family members safety while being supported by the care staff.

Some people told us that they knew the service had been experiencing difficulties in recruiting new staff. One person said, "They seem to have lost a lot of staff, I'm not sure why." Another person explained, "There has been a lot of staff changes recently."

The registered manager told us that there had been some recruitment challenges over a six-month period prior to the inspection. We saw that the registered manager and trainee manager attended care calls during the inspection. The registered manager told us new staff had been recruited, however they were awaiting employment checks and completion of their notice period before starting.

Staff received face to face and online training. Changes had recently been made to the staff induction. The registered manager explained that this was to improve the retention of new staff.

There were regular spot checks completed by the training manager. The training manager explained that they complete care visits alongside the care staff, so they can observe their practice. When training needs were identified during the spot checks, the training manager then arranged this support with the member of care staff to address this.

The registered manager sent feedback forms to people on an annual basis. People were asked to let the service know of any areas where improvements could be made. Almost all feedback received was positive. Where suggestions were made for improvements, these were areas such as identifying a training need for individual staff members, rather than relating to the service overall. We saw evidence that action was taken in response to each suggestion or concern raised in the feedback forms.

Staff achievements were rewarded and when positive feedback was received, staff were given a certificate of commendation. We saw one staff member receive their certificate and a bunch of flowers to thank them following feedback received from a person's family.

Care plans were written using dignified language and contained person centred details. We saw people's preferences were documented, such as what they would like staff to prepare them for breakfast. People's preferred routines were also detailed in the care plans, such as where they liked staff to accompany them on a social visit. People and their relatives were involved in reviewing the care plans, to ensure the information remained up to date.

The service had identified that some aspects of the care plans could be improved to include more information about how staff can support the person's wellbeing. The trainee manager was due to explore this further as part of their leadership qualification.

Records for people's food and drink intake were not always completed to evidence how much the person had eaten or drank. We discussed with the registered manager that they should consider if the recording format was suitable for the nature of the service. The registered manager and trainee manager discussed different ways this information could be captured.

Daily care records included information about the tasks that staff had undertaken as part of their visit, but also records about social interactions and the person's wellbeing.

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 understood their responsibilities to identify and report abuse.

Risks were identified and assessed.

People told us they felt safe receiving care.

Spot checks took place to ensure safe care was being delivered.

Is the service effective?

Good

The service was effective.

People's care needs were assessed prior to the care package commencing.

The service worked alongside relevant health and social care professionals.

People's skin integrity was monitored.

Staff received additional training where the need was identified.

Is the service caring?

Good

The service was caring.

People felt that staff were kind in their approach.

Care plans contained information into people's life histories.

People and their relatives told us they usually had the same care staff visit.

Is the service responsive?

Good

The service was responsive.

People's independence was promoted.

Positive feedback was received through annual surveys sent to people. Where suggestions were made, the service was quick to act upon these.

Care plan reviews took place on a six-monthly basis, people and their relatives were involved in the review process.

Is the service well-led?

Good

The service was well-led.

The registered manager and management team knew people well.

There had been lessons learned and reflective practice took place.

Staff praised the management team for how supported they felt.

The registered manager was keen to develop staff.

My Little Angels Care Company Ltd

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, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection was carried out by one inspector on 18 and 19 July 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available.

When planning for the inspection, we used information the provider sent to 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 any improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events.

The day prior to our inspection we spoke with 12 people who use the service, and relatives of seven different people who were not able to share their feedback with us.

During the inspection we spoke with six members of staff, including the registered manager, trainee manager, director, training manager, and care staff. We reviewed care plans for six people and reviewed daily care records for three people. We looked at records relating to the management of the service, including policies, procedures, and five staff recruitment files. After the inspection we contacted four health or social care professionals to request their feedback about the service. Only one professional responded to our request.

Good

Is the service safe?

Our findings

Risks were identified and thoroughly assessed. For example, one person was registered blind and their risk assessment stated, "Staff should not move furniture around. Any items being used or moved should be put back to their rightful spots. Make sure that all walkways are kept clear to avoid trips and falls." A risk calculator was then used to identify the risk rating and how often the risks should be reviewed. The risk assessments also included the use of personal protective equipment, cleaning products and domestic equipment within the person's home. For example, one person's risk assessment stated, "When ironing, be careful not to burn yourself, and make sure [person's name] is aware of where the iron is cooling down." Risk assessments were reviewed during the six-monthly reviews, or sooner if needed.

Accidents and incidents were recorded within 24 hours of the occurrence, using a reporting form. We saw that these had been completed where care staff had entered people's properties and found that they had fallen, or sustained an injury. The forms prompted care staff to provide a description of the incident, whether the person went to hospital and what action they took.

Staff understood their responsibilities to identify and report safeguarding concerns. One staff member told us they would look for signs and changes in the person, as these could indicate the person was experiencing abuse. They said, "I would look for bruises or other physical changes, changes in the person's mood, if they withdraw socially." The member of staff said they usually visited the same people, and this meant they could identify concerns based on knowing the person well.

People's care plans had treatment escalation plans (TEP) in place. The TEP for each person was completed by the GP and they documented decisions regarding resuscitation. The TEP guides staff and medical professionals as to whether resuscitation should be attempted.

There was a policy in place for the administration and management of medicines. This included reporting staff's responsibilities to report medicine errors. Staff signed to confirm they had read the policy and knew where to access it for reference.

People's care plans explained how staff could support them to take their medicines. For example, one person's plan stated, 'Administer my medication from my [medicine] box into my hand because of my eye sight. I will take this with a glass of water.' This meant that staff who may not always support the person had guidance to follow around the person's preferences.

Staff considered people's safety and present state prior to supporting people with their medicine administration. We saw notes in daily records for one person that explained that the staff member assessed if the person had consumed alcohol prior to the care visit. The member of staff documented that the decision was made that it was not safe to administer the medicines. The daily record stated, "No meds given, on call [supervisor made] aware, due to not being sure on alcohol consumption." The staff member contacted the on-call supervisor and the information was then communicated to the next staff member due to visit the person, as well as the person's GP surgery.

We checked medicine administration records for three people and saw that most were completed appropriately. For one person, there were gaps in the record that could relate to when a relative administered the medicines. We discussed how the management team could improve this process, to ensure that the record clearly identified if the gaps were due to family administering, or if there was a staff training need. The management team were quick to respond and discussed with each other ideas around how they could improve this process.

Each person we spoke with told us they had never had a care visit missed by the service. They also said that they generally received care at or around their preferred time. One person said, "I am more than happy with the arrangements." Another person told us, "I prefer early mornings and most of the time they come before 08:30am. There have been no missed calls." The registered manager told us that each member of the management team will always help and complete care visits in the event of staff being unavailable. They explained, "People come first." This meant that even when issues with staffing levels arose, the impact to people was minimised and a staff member was always available to provide the required support.

The training manager explained that they complete spot checks to ensure that staff follow procedures appropriately. They told us, "I have a strong focus on infection control, so I look to see that staff have the correct personal protective equipment [such as gloves and aprons]." They said that they observed care practice, such as changing catheter bags and the administration of medicines. If staff were unsure, or needed a training refresher, this would then be completed. The spot checks were completed monthly.

People told us staff left their homes in a clean and tidy manner. One person said, "Yes, they respect my home and leave things clean and tidy." Another person told us, "They'll wash the breakfast things, it is very helpful." A different person explained, "They do cleaning for us. It is very, very good." This meant that people felt comfortable having staff support them to maintain the cleanliness of their home to their preferred standard.

People and their relatives told us they felt they received safe care. One relative told us, "My [relative] is very happy. I'm happy that [my relative] is safe and comfortable. It is a very good service, we are delighted with them, it just works so well for [my relative]."

Prior to employment, staff completed an application form and if shortlisted, were then invited to interview. Interviews were completed by two members of the management team, with the candidate's responses recorded.

We checked the recruitment files for five members of staff and found that the recruitment processes minimised the risk of unsuitable staff being employed. This included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and reduce the risk of unsuitable people working with vulnerable children and adults. Recruitment files also included proof of staff identity, health questionnaire's and signed contracts of employment.

Staff used their own vehicles to travel on company business to care for people in their own homes. The service ensured checks were completed to ensure staff suitability to undertake this activity. We saw photocopied evidence confirming that staff had a valid driving licence, MOT certificates, and motor insurance which included travelling for business purposes.

Good

Is the service effective?

Our findings

People's care needs were assessed prior to the care package commencing. This included assessing people's needs with regards to their hearing, speech, continence, mobility, washing and dressing. The registered manager explained when people enquire about the care packages, they would offer to visit them and complete the assessment while discussing their care needs. This meant that people had a no obligation opportunity to find out more about how the service may be able to meet their needs.

People told us that staff usually asked for their consent before providing care. One person said, "Yes, they explain what they're going to do. They always get my permission."

People's consent to receiving a service was recorded and the service was working within the principles of the Mental Capacity Act 2005 (MCA). We saw evidence that staff were aware of the MCA and best interests decision-making process when people were unable to make decisions themselves. Staff had received appropriate training in the MCA. The registered manager was aware that they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection, or Office of the Public Guardian.

The service had an equality, diversity and human rights (EDHR) policy in place. The registered manager spoke enthusiastically about how the service supports people without prejudice. They said, "Everyone involved in the service needs to be open and supportive, without any bias." Staff received training in EDHR when joining the service, and were required to sign to confirm they understood the policy.

Staff attended face-to-face training sessions, as well as completing online learning modules. The face-to-face training courses included, moving and handling, catheter care, and wound care. Online training modules included safeguarding vulnerable adults, and medicine administration.

Staff received training in domestic skills, this was in response to feedback the service received as part of their annual survey. The registered manager explained that staff were taught bed making and basic cookery skills, to ensure they could support people in these areas. The office had a bed and kitchen where staff could practice their training.

New staff completed a company induction, which included training in personal care, hand hygiene, record keeping, dementia awareness, basic first aid, and tissue viability. The staff member's competencies in each area of their induction programme were assessed through spot checks and during face-to-face training sessions. We saw that one staff member's induction programme was completed and signed off in six weeks. The registered manager said some staff may take a little longer than this, but that they would be supported to complete their induction regardless of the timescale.

Observational spot checks were completed by the training manager. This included observing whether the staff member looked presentable and how the staff member interacted with the person. We reviewed copies of the spot checks and saw positive feedback, such as, "[Staff member] was very respectful of the client, had

fun with the client and shared good banter." The training manager explained that staff could contact them with any questions outside of the spot checks and could request additional training or support if needed.

The annual appraisals for three members of staff were overdue. The registered manager explained that due to a shortage of care staff, the appraisals were delayed. We saw that the registered manager met with staff during the working week, as well as speaking with staff on the phone most days. This meant that staff maintained regular contact with the registered manager and could discuss performance or any concerns on an informal basis while awaiting their appraisal. One staff member told us, "The [registered] manager and trainee manager are both very approachable. I know I can go to either of them." As part of the appraisal process, staff could discuss their 'professional knowledge', 'communication skills', and 'general motivation'. Staff were encouraged to think about their personal development and career aspirations.

The service worked with other health and social care organisations and professionals. They had received support from the local authority quality assurance team to introduce person centred care planning tools. These tools were in place at the inspection, and the management team had plans to develop these further. We also saw evidence that the service worked with the community nurses to report concerns about people's skin care when needed. For example, one person who was prone to sore skin was assessed at each visit with checks of pressure areas, and to ensure that appropriate pressure relieving equipment was in place and being used.

People's emotional and physical well-being were supported. The care plan for one person stated, "I suffer from depression and will usually decline food. As I have made myself very ill in this way, it is essential that you always prepare me cereal and toast on the morning visit." Also for the tea time visit, "It may help if you have a snack with you that you can eat at the same time [as I eat my evening meal], but regardless, please try to stay with me during my meal and encourage me to eat as much as I can." This meant that staff could refer to the care plan for practical guidance in supporting the person.

Records for people's food and drink intake were not always completed in enough detail to evidence how much the person had eaten or drank. The registered manager told us that due to the length of time staff have allocated to people, sometimes it is not possible to observe much how food or drink they have had. They told us for example, staff at the evening visit would check to see how much lunch the person had eaten. However, this information was not recorded. Instead, we saw records frequently stated that the person was "Eating", instead of recording how much they had eaten. We discussed with the registered manager that the format for documenting the person's intake of food and drink was not currently reflecting the support the person had received. The registered manager and trainee manager discussed different ways this information could be captured.

Good

Is the service caring?

Our findings

People told us they felt the staff were kind and caring. One person said, "Some are lovely, I enjoy my chats with them." Another person told us, "They are kind, very caring, we enjoy a chat and a grumble. I'm comfortable in their company, absolutely no problems at all. I like them all." A different person explained, "The staff are like one of the family, you couldn't ask for more than that."

Staff also referred to people as being like family. One staff member told us, "The people are my favourite part of my job. We are all like one big family." The registered manager spoke with fondness and said, "I love caring for the elderly. They are part of our family."

The service received positive written feedback from the people they support. Comments included, "Carers are always very cheerful and caring." Also, "I always struggled with the experience of having carers, but have now found the ideal company to help me." As well as, "All the carers I see are lovely, very caring and helpful." One family member wrote, "Mum has been really happy with the care she has received. All staff have been friendly and professional. The regular carer is a joy and cheers mum up on a daily basis."

Positive feedback about specific care staff was used to produce a certificate of commendation for the staff member. One staff member's certificate of commendation stated, "[The person] was very impressed with you, not only with your cheery manner, but also the way you approached, talked and assisted with her daily tasks. [The person] feels very safe and confident with you. A big thank you from all of her family." Another staff member received a certificate stating, "Your care is of a high standard… you do that 'extra' little bit. [The person] is so grateful for everything that you do and hopes that you will be one of his carers for many years to come."

People felt their dignity and privacy were respected. One person told us, "I prefer a lady carer and it is always a lady carer that I get." One person's relative said, "They are always respectful of [my family member's] privacy during personal care and treat [my family member] in a dignified way."

People and their relatives told us they usually had the same care staff visit. One relative said, "We are so pleased to get a regular carer. We like the carer and feel comfortable with her. She is really kind and caring." Some people told us that there had been changes in staffing over the past six months. This was also discussed with the management team. The registered manager said that where possible they try to ensure consistency as far as possible, however this had not been as easy when covering staff shortages.

Care plans contained an insight into the person's life history as part of their one-page profile. For example, one person's profile included a paragraph about where they were born and grew up; where they had lived and travelled; and when they moved to the town they currently live in. This meant that staff were aware of the person's background and previous interests and could engage with them based on this personalised information.

There was a book of remembrance located at the main office. The registered manager explained that this

included the funeral service details and photograph of each person who had passed away. They told us that sometimes staff would look through the book to reminisce about some of the people they had provided care for. The registered manager said, "They're not just numbers, they're people and it is important we always remember that, they're like family to us." They continued by saying, "I wanted to produce the book for a long time. I wasn't sure how well it would work at first. But it works really well, it really helps staff to remember those we have cared for."

We heard telephone calls being answered in the care office. Calls were received by the management team who knew the people well and were aware of situations they were calling about. This meant that people could contact the office and have their enquiry handled by staff who could provide a response tailored to the individual's needs. Staff answered calls in a polite and friendly manner.

Good

Is the service responsive?

Our findings

The service responded to people's requests raised in their six-monthly reviews. One person's review stated that they were happy with all care staff, "except one". When people told the service that they didn't wish to have a certain carer visit them, the service could then schedule this in their system to prevent the carer being rostered to visit them. The director explained that sometimes personalities did not connect and that staff could also explain to the service if they felt they did not wish to visit a person again due to not feeling comfortable.

People's independence was promoted. One person's care package was to receive two hours of support, two days a week. The first day was focussed around domestic tasks. For example, "Assist me with any washing that needs doing, sometimes I can manage, sometimes I need help. If I have managed to do the washing, please put into the tumble dryer in the garage." The second day was focussed around social activities and community engagement. For example, the care plan stated, "I like visiting garden centres. Sometimes I need encouraging to go out, so need you to offer me options on where I can go, this encourages me to go out." Another person received support to attend social clubs two days per week. The support detailed in the person's care plan included specific steps for staff to follow in supporting the person's independence while ensuring they are safe. For example, when staff support the person to attend their Sunday social club, they should "wait until [person's name] has gone in before leaving."

People signed a contract with the company, which explained the number of hours support they were to receive, as well as their preferred times. The contract also directed people as to how they could raise concerns, advising them to use the complaints form found in their folder. With regards to complaints, the contract stated, "We expect all our members of staff to treat all clients and their families with the upmost respect. Should an incident occur where this is broken, please telephone the office immediately and ask to speak to a senior member of staff so that action can be taken to resolve the issues." People told us they were comfortable raising any concerns they had and knew how to contact the management team in the office.

The registered manager sent annual "Client Audits" out to each person using the service, to gain their feedback through a survey. People received the audit, with a stamped addressed envelope, and a letter from the registered manager inviting them to provide their views around the service they receive. The feedback about the carers was mostly very positive. People were asked to provide feedback around the times of their visits and most people were happy with the times that the carers visited. People's responses showed that they understood that it may not always be possible for the service to provide carers each day, at their preferred time due to many people wished to receive care at a similar time.

The service received thank-you letters and cards from people and their relatives. One card from a relative stated, "A huge thank-you for your patience, understanding, friendship, humour, affection, love, flexibility, the list goes on!" Another family member wrote, "We just wanted to let you know how much we appreciated the wonderful kindness and care you gave to our dad. Not easy to start with, but you soon had a good relationship going. Dad always enjoyed your company."

Relatives felt they received good communication and were kept well-informed. One thank-you card from a relative referred to the support their family member had received when they had fallen and were then admitted to hospital. The card stated, "[Person's name] is desperate to get back to the smiley faces of her Angels." The relative described the care received from the carer who had found their family member. They wrote, "I know [staff member's name] was deeply affected by [person's name's] fall. Mum would have taken great comfort from the [staff member's name] caring nature, reassuring her, liaising with the paramedics. [Staff member's name] put all fear and panic aside to give the best possible focussed care. She made sure I was informed and again was compassionate in breaking the news."

People were supported to receive end of life care based on their needs and wishes. The registered manager explained one example of a person who had been admitted to hospital. The healthcare professionals advised the registered manager that the person required 24-hour end of life care and treatment. Because the person did not have any family members involved in their care, and they had made a clear wish to spend their final days in the comfort of their own home. The registered manager sourced funding to provide the 24-hour care and support that the person needed. The person passed away a few weeks later, as they had wished, in their own home, rather than in hospital.

People were involved in developing their care plans. For example, the care directions for one person's morning visit included, "Knock and call out who it is. If I have not had breakfast, make porridge with honey and ground linseed." The afternoon and evening visit for one person included, "sit and have a chat". Another person's care plan included domestic tasks around the home, such as, "bin out on a Sunday evening", and "ironing". Staff could clearly understand what support the person would like, based on the information recorded in the care plans.

Care plan reviews took place and people's family members were involved in this process. At the reviews medicines were discussed, as well as ongoing health needs. The care visits were discussed, including whether any changes were needed. We saw that one person requested that they would like to, "sometimes go to the chip shop, and to get a bit of shopping if needed." We also saw that people could inform the service if they did not wish to receive care from a certain carer. The director explained that this information was then added to the roster system which would recognise not to assign the staff member to the person. This meant people's preferences for staff members were respected and acted upon.

Care plans included some brief details around indicators that could help staff identify if the person was experiencing a "Good day", or a "Bad day". For example, for one person if they were having a good day they would share "banter" with the staff and engage in a "singalong". If they were having a bad day, this could be identified if the person was "feeling weak", or "struggling to be independent." However, the documents were not always completed in detail to explain how staff could support the person "to have more good days and less bad days."

One-page profiles were in place, these included information such as a list of what is important to the person and what people admire about them. For example, one person's one-page profile stated that it was important to them that they could "be independent", and that they had their daughter. The profile stated that people admired that the person "is independent and will do as much for themselves as possible." The one-page profiles could be more detailed. For example, one person's profile stated, "I enjoy a good chat", as well as "I belong to a few clubs." However, the profile didn't explain in detail what types of clubs the person preferred . This could support care staff in having topics to chat with the person about.

The trainee manager explained that as part of their leadership qualification they were due to commence a project around developing the care plans. This included exploring how the service could make better use of

the good day and bad day profiles and one-page profiles. The service had already identified this as an area where improvements could be made prior to the inspection.

Good

Is the service well-led?

Our findings

The service had an open and supportive culture of promoting learning from feedback. The registered manager actively sought feedback from people using the service. There was a good rapport with people and this meant they felt comfortable phoning the service to raise any concerns, but also to provide positive feedback. One person told us, "They will always listen to me and I know I will get sensible answers from them." A relative said, "Whenever I have raised something, they listen and act upon it." The management team were keen and prompt to discuss practical options that could improve the service when shortfalls were raised with them during the inspection.

The registered manager and director had started the service seven years ago, with the registered manager having a background as a registered nurse. 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 supported by the director, trainee manager, and office administrator. The trainee manager started at the service as a member of the care staff team. The registered manager encouraged the trainee manager's development by supporting them to complete their social care leadership qualification. In addition to this, the trainee manager and office administrator were due to complete their training qualification so that they could deliver training sessions to the staff team. The registered manager explained that the office administrator had a background in administration and recruitment. In addition, their role included referencing and applying for DBS checks. The registered manager explained that the office administrator would also be working towards their leadership qualification.

Due to the management team needing to complete care calls, some office based management responsibilities were at times disorganised. Staff appraisals were overdue and care records were not stored in an organised, chronological manner. Also, some quality assurance systems were not fully embedded. For example, not identifying gaps in medicine administration records as they were returned to the care office. The registered manager explained that new staff awaiting their induction and that when they were working independently this would reduce the time management spent completing care visits. The office administrator also started work three weeks before the inspection, so was in the process of developing the recruitment procedures. This meant there were plans in place to address the shortfalls.

New care staff had been recruited and the registered manager told us that three were due to start their employment in the week following the inspection. They explained that when recruiting new staff, they are, "looking for staff who really care, we have a lot of interview questions, and we listen closely to how they answer them. A lot of the questions are common sense, but we also get a gut feeling about people during interviews. We need people who genuinely care, are flexible, and have a bubbly personality – someone the clients will bond with and who will go the extra mile."

The registered manager explained how the service had learned from experiences where things had not gone to plan. They told us that sometimes when new staff were recruited, there were issues in retaining the staff for the duration of their induction process. The registered manager said that people would receive their training, but then when shadowing care staff they would realise the role was not right for them. By this time, the service had paid for the person to have a DBS check, their uniform, and the time spent training. When reviewing how the process could be improved, the registered manager said the induction had recently been developed. New staff would now shadow care visits much sooner than they had previously, as this would give them greater insight into the role at an earlier stage.

The service operated an on-call system, where members of the management team and senior care staff were rostered to respond to calls outside of office hours. Staff told us that this system worked well and that they felt supported. The registered manager told us, "The carers are very responsive and if they notice someone hasn't drank very much, they will phone the on-call number and let us know. We can then send out a message to everybody to make sure that they monitor the person's fluid intake."

Staff attended informal team meetings, although the meeting minutes were not always recorded. The trainee manager explained that the meetings were monthly and that staff met to discuss training needs. Before the meeting they would talk through any updates or information that staff needed to be aware of. The director explained that the service used company phones to relay information by text message to staff. For example, if they were the next staff member due to visit someone, and the person was short of milk, they would ask the member of staff due next to ensure they collect some on the way. The director also explained that a new system was being introduced where staff could read the care notes using a care app on their work phone and that this would promote effective communication.

As part of the staff monthly training meeting, there were opportunities for staff to partake in reflective practice. The director explained that there had been two incidents where staff had entered people's homes and found them on the floor, with injuries from the fall. They said that some staff had been affected when this had been the first time they had experienced tending to an injured person following a fall. In the training session the staff team had discussed what happened, how it made them feel, and how they could learn from the experience.

Management meetings took place on a weekly basis. The management team discussed feedback from people, their relatives and staff that had been received throughout the week. They also talked through any communication updates that the management team needed to be aware of.

Policies and procedures were in place. These included policies for infection control, fire safety, medication, and missing persons. The procedures included those for confidentiality, staff training, and safeguarding. Staff signed as part of their induction to confirm they had read and understood these.

The registered manager spoke with pride about the company values and the future of the service. They told us, "The staff are marvellous, I can't fault the staff, they are amazing." They also said, "In the future, I know the company will have the same values as what is does now, as I know the team will carry that through." We spoke about whether the service would continue to expand. The registered manager said, "We have to have the right staff in place and then the care follows. We don't agree care packages and then have to source the staff. The growth has to work in that way."

Staff described the people they care for as being like family. The registered manager told us, "My Little Angels [Care Company Ltd], is a care company, but the people are like my family, I make it very clear when a new member of staff comes on board or a new client by saying 'welcome to my family', we all work together

as a team to look after everybody. That is what makes us a little bit different." One staff member said, "It is so family orientated. As in we treat the people like they are our family."