

Primary Homecare Limited

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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?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 25 and 27 October 2016 and was announced. This was an announced inspection so that the service had time to arrange for us to visit and talk with people using the service in their own homes. We also inspected office based records and spoke with staff during this time. From November 9 to 24 we contacted other people using the service by telephone to understand their views of the service. At our last inspection of February 2014, using our methodology at that time the service was viewed as compliant.

The service is registered to provide personal care and is a domiciliary service. There were one hundred and fifty-seven people receiving support at the time of the inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service was outstandingly well-led which was demonstrated by how the staff were supported and how well the service was organised to ensure people received high standards of care according to their assessed needs.

The care plans were person-centred written to clearly identify the support required alongside what the person could do for themselves.

All staff had attended training as part of their induction to the service designed to help them recognise abuse and know what actions to take to protect people as far as reasonably possible from actual or potential harm. Staff had a clear understanding of their roles and responsibilities, whether this was staff involved with providing direct support or those working to organise and support. People using the service were supported by a sufficient number of suitably experienced and knowledgeable staff to meet their needs. The manager carried out appropriate recruitment checks before staff began work with the service. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred. As part of the assessment process to determine if the service could meet the individual's needs, people were asked about their preferences and choices and the support plans were written in a person-centred style.

The service had a medicines policy, staff had received training and systems were in place to manage medicines and people were supported to take their prescribed medicines safely. The service carried out an audit to determine that medicines were being managed safely.

People using the service experienced a service based upon their assessed support needs which was person-centred. The staff were knowledgeable about the people they supported. Individual goals were identified as

the service employed occupational therapist alongside experienced care staff and sought the advice of other professionals to organise and deliver the care support.

Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 including best interest meetings. A best interests meeting may be needed where an adult (16+) lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf.

Positive and caring relationships had been developed between the people using the service and staff supporting them. Staff responded to people's needs in an empathic manner. People's choices were respected as was their privacy and dignity. The care plans were written to take account of people's needs and to promote and maintain independence. People were involved in the planning and reviewing of their care and support, as were family members with their permission. The service was focused upon a solution based approach and to achieve this aim.

The service had a clear set of values, positive culture and ethos which were understood by the staff as these were shared across the organisation in meetings and company literature. People and relatives we spoke with were positive about the service. Saying the important things of coming on time and staff clearly knowing what to do to support them were carried out without fuss and people could enjoy a laugh and a joke with the staff.

Staff were supported and supervised in their roles and had an annual appraisal to discuss their performance and career development. Part of the supervision process was for the service to carry out spot checks of the care delivery. The service also supported senior staff with mentors for their career development.

Staff supported people with their health care needs including where required monitoring of people's food and fluid intake. The service reviewed people's care to ensure the service continued to meet their needs and they worked with other professionals to that end.

The staff told us there was an open culture as the manager was approachable and enabled people who used the service to express their views. People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service. The service had systems in place to check the quality of the support provided which included surveys to analyse people's views who used the service.

We consider the service was outstandingly well-led. This was because the manager was an effective role model actively seeking the views of people using the service and other stakeholders as well as supporting the staff. A positive culture had been created where people felt confident to challenge and raise concerns. Also the service had worked with other services to welcome apprentices and also supported staff that were working for the service while embarking upon nurse training.

Staff management systems were in place to provide sufficient staff at the correct times to support people with the care and support they required. The service was provided over a large geographical area to some remote parts of the county and there was management support in place to support the staff delivering the direct support. People using the service were consulted about having the staff of the gender they wished to support them.

People using the service were confident any concerns they raised would be listened to and resolved professionally. This was because there were policies and procedures in place as well as management

systems focussed upon delivering and developing quality services. Staff reported to the registered manager who in turn reported to the provider of the service. Senior managers were supported by mentors to help them to develop their skills and resolve management problems as they occurred.

The management systems in place we saw included audits of people's view that used the service the views of staff and also checking upon the standards of service delivery such as spot checking that staff attended to people on time. The organisation is one of a learning culture where information gained is shared across the organisation for the benefit of the staff and people using the service.

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 as far as reasonably possible by staff who had received training to recognise abuse and how to report any issues.

There were sufficient numbers of staff to meet people's needs and people were supported by staff that knew them.

There were appropriate systems in place for handling and administering medicines.

There were robust recruitment practices in place designed so that only suitable staff were employed.

Is the service effective?

Good 

The service was effective.

People were supported by motivated staff. The induction for new staff was robust and all staff received regular and effective supervision and support, including spot checks of direct support staff.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and best Interest meetings.

People were supported to maintain good health and an appropriate diet for their needs.

The service worked with other professionals as required to support people to meet their needs and involved other professionals as needs were identified.

Is the service caring?

Good 

The service was caring.

The service provided support to people using person-centred and regularly reviewed care plans.

People were treated with respect by staff who were kind and compassionate.

People were treated with privacy and respect

Is the service responsive?

Good 

The service was responsive.

There was an assessment process in place designed to determine the personalised support people.

Staff knew people well because they were organised to work with a small number of people using the service.

Any issues, complaints or ideas for improvement were listened to and addressed promptly.

Is the service well-led?

Outstanding 

The service was outstandingly well led.

The manager set the example of how the service was to perform and was approachable to people using the service and staff.

People using the service had access to on-going assessments from occupational therapists employed by the service.

The service had clear values which were put into practice by organised and caring staff.

There were effective systems in place to assess and monitor the quality of the service.

The service communicated clearly with people using the service by newsletters and customer calls.

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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 inspection took place on 25 and 27 October 2017 and was announced. We had given the service 48 hour's notice that we would be inspecting in order that it could make arrangements for us to visit people with their permission in their own homes. Over the period of 9 to the 24 November we contacted people by telephone to ask for their views of the service.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, this included any safeguarding alerts and statutory notifications which are related to the service. We have also received a number of complimentary enquiries about the service from both people using the service and relatives. Statutory notifications include information about important events which the provider is required to send us by law.

We concentrated upon visiting people and speaking with them to learn what they thought of the service. We visited five people who used the service to find out about their experiences and spoke with twenty people by telephone. We also spoke with the registered manager, the provider, a mentor to the service, seven members of the care staff and two other professionals.

We looked at eight people's care records. We looked at the complaints and compliments and the safeguarding policy. We also looked at three staff recruitment records, medication records, rota for peoples planned call visits and checking that staff had time between visits to travel. We also examined staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We looked at information which related to the management of the service such as health and safety records, quality monitoring audits, supervision, spot checks and records of management and quality meetings.

Is the service safe?

Our findings

Managers expressed to us the importance of people feeling safe and they out to achieve this by assigning regular and small groups of staff to the same person. People told us they felt safe using the service. One person told us, "I know all of the staff, that come here." Another person told us, "Nearly all the time, I have the same few people and if not the office informs me about a new person coming."

Staff told us that they enjoyed working for the service as they did not feel rushed when supporting the person, there was sufficient time to carry out the support need and also time to travel between appointments. A member of staff told us, "All I can say but it is a big all, things are well organised."

We saw that risks to people who used the service had been assessed, managed and reviewed both as a matter of regular routine and also as required in response to any unforeseen events. The service used experienced staff to assess people and involved occupational therapist and other professionals such as physiotherapists at the assessment stage as required. This was so that an accurate need of assessment could be determined. Then the assessment was related to the support plan which was outcome focussed. This also included the assessment of how the service would support the person with minimising the risk of harm to people.. This included environmental risk assessments in each person's home. We saw from the information in the support plans that the staff had discussed with people and their relatives how to reduce risks of injury to the person in their home, such as rearranging furniture. One person told us, "My home had become a bit of an army assault course, so we had to make some changes for my safety now that I am using aids and equipment."

The risk assessments gave detailed guidance and were linked to other parts of the support plan. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm. Staff were aware of risks to individuals which were identified and subsequent action to be taken was recorded in the persons care plan such as, people choking, support for diabetes care and epilepsy support as identified.

Staff had received training regarding safeguarding people from harm or actual abuse and staff training records confirmed this. A member of staff told us about the types of abuse which had been covered in the training. Other members of staff, we spoke with was able to demonstrate a sound understanding of safeguarding issues and gave examples of how they would identify abuse. Staff said this was because of the induction training where they had been able to listen and to talk to the trainer providing the training.

The staff knew about whistleblowing and assured us they would make use of the whistleblowing procedure if necessary. We saw the service had a whistle-blowing policy in place. The manager had a log for recording safeguarding incidents. The log also related to the organisations policy and procedure for safeguarding people and included a section of how to learn from events and actions taken. We were aware since our last inspection that matters of safeguarding had been reported and the manager talked us through each one and how any lessons learnt had been applied. Key members of staff reviewed each situation and in the latest exemplified the process of working closely with organisations and how this would be achieved were

noted.

There were effective staff recruitment and selection processes in place. Each person that applied for a position with the organisation was required to complete an application form and attend an interview. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. A member of staff told us, "I was not allowed to start until my references and DBS had been checked, I did feel welcomed and supported by the staff who supervised me to begin with."

People who used the service and their relatives said there were sufficient staff to meet people's needs. One person told us, "They come on time and stay for the time required." Another person told us, "I am very impressed with the time-keeping of the staff."

A senior member of staff explained to us how they based the roster on time and care needs of each person in a geographical area with the rota of staff availability to work. They said that once established unless the person's needs changed or staff went on leave, they could use this as a blue-print for the next week. It was checked daily, as people's needs changed as did staff availability. They explained to us it was all about good communication with all involved. Cancelled visits and requests to change appointment times were accommodated where possible..

People informed us they received regular information from the service about who and when staff were coming to support them. In turn the staff we spoke with considered the office staff were well organised and informed them well in advance of their schedule and this meant they could be flexible to change.

Staff had been trained to administer prescribed medicines. Care records had been completed so that they contained detailed information about the medicines, what they were for and any possible side-effects. We saw that medication administration records (MAR) were in place. A member of staff told us how they supported a person with their medicines. Again emphasis was placed upon the same group of staff supporting the same people regularly and hence were aware of any changes in people's condition and physical well-being. The service had a policy and procedure for the administration of medicines and had a clear recording system. Staff were encouraged to speak to the manager at anytime if they had concerns about people's medicines. Medicines management was covered in supervision. If staff were concerned they would work with the person to discuss and consult their GP for further advice. A member of staff told us about the importance of getting medicines correct. This was emphasised in the training. They felt confident after the training they could perform this role.

Is the service effective?

Our findings

Staff were supported to provide the assessed care to people as they had received training and were supervised in their role. Staff were supported through spot checks and staff meetings. All staff had a yearly appraisal meeting to discuss progress and set agreed goals for the forthcoming year. The services employed apprentices and the manager felt this was an achievement to support younger people to come into the caring profession with support and a career ahead of the person.

A member of staff told us. "The training was really good, highly detailed." Another member of staff told us. "I have supervision which is arranged in advance and I can also talk to the manager by phone if I ever need any advice."

We saw there was a training program for all staff which included the dates for updating the staffs training. The training room was well equipped with hoists, beds and chairs so that staff could learn and practice the skills they would require when supporting someone in their own home.

The training records we looked at showed staff were up to date with their training. Further training for the year ahead had been identified and booked in advance so that the staff were aware and could plan in advance to keep their practice up to date. The manager sought feedback from the staff for the training that was delivered to gauge if it had been effective. The service gave each member of staff a handbook which provided information to them about standards to be achieved and had implemented training with regard to the care certificate. The care certificate is recognised as the new minimum standards that should be covered as part of induction training of new care workers.

It's fundamental to health care that the person receiving the care agrees to receive it, but also that time has been taken to explain so that the person is giving their consent to staff entering their home and supporting them. The staff we spoke with although working in people's homes in the community understood the Mental Capacity Act 2005 (MCA) which were relevant to them. Hence staff were aware that the documentation they were most likely to see was regarding best interest decisions. Staff were aware of how to report and summon assistance if they at anytime became concerned about people's capacity to make their own decisions. Time had been taken to speak with people about consent which had been recorded to give an accurate account of the support required and how staff were to provide that support. This was a page within the support plan which explained what consent meant so that the person, any relatives and the staff were clear upon what consent meant. The review process used included checking that the person had given their consent to the support provided.

The support plans had been written in conjunction with the person and had been signed with regard to consent. The plans were sufficiently detailed in order that the staff would know, understand and be able to provide the support to the person as they wished.

Some people received support with their nutrition and fluid intake. Some people required no or little

support while others required staff to assist them with each meal. The people we visited told us staff always left them with access to drinks and snacks if they so wished, so that they could enjoy these between visits.

When we spoke with staff they informed us that part of the role was to be mindful of peoples overall well-being and this included noting if they lost their appetite. One person told us, "They considered their regular carer a very good cook, but could not take the credit for teaching them." Another person told us, "The carer is a very good cook considering they used a microwave, there was a running good natured banter between the person and their carer." The person told us, "how much they appreciated the visits and help."

Assessments and care plans showed that people were supported to maintain good health. This included recording information about the GP, Chiropody and Dentist appointments. Information was recorded about how people accessed those services and if and when staff would be required to support them to attend appointments.

The care plans included information about people's past medical history and current health needs. As part of the review process people told us that they were asked about their health and well-being and then the service having taken account of that information would agree any changes with them. The service worked with the person their families and GP to arrange medication reviews or health checks when an ailment had been noted.

We saw a member of staff encouraging a person to undertake some prescribed exercises to assist with their rehabilitation and mobilisation. The exercises had been clearly written and explained with the support of diagrams in the support plan. The person informed us they appreciated the support and encouragement given by the member of staff.

Is the service caring?

Our findings

People told us that they received a service from staff who were caring. One person told us, "No problems, not only do they come on time and do as the plan states, always check if there is anything else they can do and also always pleasant." Another person said, "Took some getting use to having people come into my home, but they do care."

The staff we spoke with said they took a pride in their work and one person spoke to us about empathy. One member of staff explained how they ensured people's privacy and dignities were respected, such as closing doors and curtains. A relative told us, "It is far from ideal having staff come to the house but it means [my relative] can stay here with me which is what we want." They went on to say, "When I have stopped to think about it, it is not an easy job and they do it well."

A member of staff explained to us, "The first thing I do is speak with the person to see how they are, next I read the plan to see if there have been any changes." The member of staff explained to us that they saw the care as meeting the persons choice, that is they wished to live in their home and sometimes this was the home they had known all of their life.

Time and thought had been given to the structure of the support plans to be clearly organised while also being person-centred. Staff had received training and developed skills to develop care plans with the person in a person-centred style. Emphasis was placed upon what the person did for themselves, with the support plan being outcome based. This demonstrated that people were in control of their own care and supported to make decisions.

People told us that they felt valued because their views and needs were listened to. This included, agreeing times that staff would visit them to provide support and because they were consulted with in a number ways. Such as reviews of their support and also surveys. Staff told us how they respected peoples dignity when providing personal care but also throughout their engagement with the person. For example how the person liked to be addressed.

People who used the service and their relatives said they had been involved in developing and reviewing care plans and said they felt fully involved in this process. Everyone we spoke with told us that they had their own support plan and they had a review regularly as planned or in response to an event to consider if the support needed to be changed. One person told us, "I thought I needed some extra support with dressing, undressing is not a problem." They further explained that care staff agreed without any fuss and changed the plan so that it was accurate. They further explained they needed to change the plan at the office. The person told us, "Never dawned on me there was one there, but of course it makes sense so everybody knows what is happening."

A relative was trusting of the service to meet their relatives needs because they told us, "They care because they are never rushed, always take their time and help." They were assured that staff would not leave if they found their relative to be unwell. They told us, "Staff told us these things do happen and they would inform

the office and stay with us for however long it took to summon help, that is a great comfort."

A person told us, "I do not know what to eat, and they never mind they go through the cupboard and freezer and encourage me. Perhaps if they did not come I would forget or not bother which is not good, so I appreciate the company and the help."

Is the service responsive?

Our findings

People who used the service and their relatives liked the way in which the staff had responded to people's needs. People told us that they had been included in the planning of their care. This had helped them to improve or maintain their lives in their own home. The person-centred care plans were developed from the assessments and had recorded the persons needs, their likes, dislikes and preferences to make them individualised.

The service was flexible and responsive to people's individual need and preferences. They responded in an emergency by involving the appropriate professionals to support the person. The service had also taken account of peoples spiritual, religious and culture needs. The service worked with people and their families to fulfil those choices, so that the focus of a person-centred service was paramount at all times.

Prior to providing any support the service undertook a detailed assessment to determine if it could meet the person's needs. We saw that the assessments were recorded in the person's care plan. The assessment had been used to write a support plan which was updated appropriately through reviews at set times and also on an, as required basis. One person told us about their experience of the assessment being thorough, "I thought how much more are you going to want to know? But it was fair enough if you do not ask you will not know and important to get things right. I do not need much care but it was good that they checked."

Records showed that arrangements were in place to support people to meet their health needs. People who used the service told us they received appropriate support to manage their health needs. One person told us, "Sometimes I have appointments and the staff will come at a different time." We saw in the care plan, time had been taken to record the person's abilities and any issue with which they required assistance, as well as personal preferences.

People who used the service told us they received appropriate support to manage their health needs. One person told us, "Sometimes I have appointments and the staff will come at a different time." We saw in the care plan, time had been taken to record the person's abilities and any issue with which they required assistance, as well as personal preferences. The care plans were written in a person-centred way and focussed upon the positives of what the person did for themselves as well as how the staff would support them.

The support plans we viewed were written on the service standard care plan document which included the time that staff would attend and the time allocated for the service visit. The support plan was detailed to show how people would like to receive their care and allow the person to express their choice. For example one support plan we looked at recorded that a person only needed assistance in the morning, as family members supported them in the evening. While another focussed upon the need for a person to receive their medicine and the staff visited twice per day.

The support plans contained personal information including a life history about the person and their preferences but focussed upon their needs and also how these were to be achieved. One person said, "I

cannot fault them and they are here to help me on parade as, I say."

People were clearly involved in the planning of their support. One person showed us their support plan and were knowledgeable and content with the document. All the plans we saw confirmed that people were involved in the initial assessment, care plan and subsequent reviews of care.

The service had a policy and procedure for the recording of complaints and compliments. We noted that the service had received a number of compliments from people using the service and relatives. These were about overall satisfaction or to thank the manager and staff for individual circumstances.

There were no complaints at the time of our inspection. The manager explained that people could make complaints and they would be dealt with fairly and appropriately as per the procedure. They considered that the staff and themselves were pro-active at resolving any issues as they arose. This was confirmed by the staff we spoke with who tried to solve matters at the time but also ensured people were aware of their right to complain should they wish to do so.

Is the service well-led?

Our findings

The service had a clear statement of purpose underpinned by the policies and procedures of the organisation which were regularly reviewed to provide person-centred support to the people using the service. Throughout our inspection we were aware of two important issues to fulfil that aim. These were accurate assessments of need and staff trained and supported to be able to provide the support required to fulfil those identified needs.

The registered manager worked closely with the provider supported by the management team. When speaking with people using the service, relatives and staff, we were aware of the positive culture and ethos across the company. During our inspection we became aware that the manager was dealing with stakeholders wanting to place contracts of work with the organisation and the next minute listening to a relative and then a person using the service. The manager demonstrated through their behaviour values of consistency with their drive to deliver person-centred care.

The manager expressed to us the importance of staff being informed that they were doing a valuable and good job both verbally in supervision and also sharing surveys of positive information. While also quickly identifying an issues and raising them with the individual concerned while also offering support. There was a reflective practice culture in place and a desire to drive improvements wherever possible. Whoever we met we found a culture of staff questioning and looking to find if and how they could improve. Staff were enthusiastic about their role and enjoyed working for the organisation. A member of staff told us, "It is satisfying being able to help someone."

Two of the staff working for the organisation had been short-listed for an award at the Great British Care Awards. The registered manager had been short-listed twice in the past. This was due to a number of things which included staff looking beyond the original care assessment and talking to people about fulfilling psychological needs as well as the physical needs requiring support.

An example of staff going above and beyond meeting just care needs and understanding what is important to the individual was a person with a recent diagnosis of dementia and some chronic physical health problems. They considered their greatest need was to purchase Christmas presents for their loved ones. The staff worked with them to with regard to the physical health problems to visit the local town and purchase the presents of their choice.

The service employed, trained Occupational Therapy staff to assess people's needs and support the staff with training to help the person fulfil those needs. This was at no cost to the person but fitted with the ethos of the organisation to have an accurate assessment and be outcome focussed.

The manager and provider in consultation with the occupational therapy staff had devised policies to offer occupational therapy home visits for people using the service to identify needs. Should people wish to have this visit and needs identified, the service would attempt in the first instance to work the requirement need into the existing package of care. While working with and informing the referral agent, so that all parties

were kept informed and in agreement with the care package. We were aware from an assessment that a person enjoyed gardening but due to recent events was no longer able to enjoy that pursuit. The service taking a person-centred approach understood this important aspect of their life and supported them to develop some raised gardening beds. Therefore they could continue to enjoy this hobby. This showed that the overall wellbeing and quality of life was an important part of what the service delivered.

People told us the service was great, and others said it could not be better. Communication between the service and people was good. People told us they liked having the same carers and said they went the extra mile for you when needed. Another person said they could not praise the staff enough. They said the service provided the two qualities they were seeking which were that it was trustworthy and reliable.

The service was looking to the future and was only too well aware of the need to recruit supportive and caring people. The service was working well with Suffolk New College to provide health and social care students with apprenticeships to go hand in hand with their college training. Hence the apprentices were also encouraged as were all staff to sign up to the social care commitment promoted by the organisation. This refers to seven "I will" statements of positive support and intervention staff are expected to follow whilst undertaking their caring and supportive role in the community.

The service consulted with all people involved with the service to check their views and opinions. The service undertook service user audits and also consulted with relatives, other professionals and staffing surveys to gauge the feelings about the service. The findings were analysed for further understanding and this information was then used to continue to drive the service forward. For example people using the service liked a small number of staff to support them. However people understood that from time to time new staff to them were required to join the team supporting them. People told us, how they liked the way in which this information was shared and arrangements made with them, rather than a new person unknown turn up on their doorstep.

The service also sought advice from a number of professionals with regard to how it could continue to underpin and develop as a business providing person-centered care to people. We spoke with an independent health and social care professional visiting the service on one day of our inspection who was advising upon the strategic development of the service, mentoring staff and advising upon solution focussed resolutions.

The support plans had been written in conjunction with the person and had been signed with regard to consent. The plans were sufficiently detailed in order that the staff would know, understand and be able to provide the support to the person as they wished. We also spoke with professionals placing contracts with the organisation who saw strengths in the organisations speed and commitment and wanting to resolve problems together. For example providing support to people in remote geographical areas.

Staff told us that they enjoyed working for the manager, as they were approachable and knowledgeable from their fourteen years of experience of providing and managing care services.

The manager was considered a strength of the organisation by the staff and promoted that the service must focus upon outcomes for people. Within the support plans we saw distinctive yellow pages so it was clear what the outcomes were to be achieved from the assessed needs. These were regularly discussed, reviewed and adjusted as appropriate with the engagement of all relevant people.

People were involved and consulted about the running of the service. The service wrote a newsletter every month and shared policies with the people using the service upon which they could comment. The

newsletter also informed people of events and information about the service as well as providing useful information such as in issue 40 of August 2016, Living with Hay fever. There was also a 'just for fun section' which we understood also proved popular.

The management team had undertaken risk assessments with regard to the need of staff requiring vehicles to reach people in their own homes to provide the assessed support. Many staff used their own cars but the service did have pool cars available to be used should the need arise. This meant that the managers were trying to ensure there was no service disruption in such an event of staff car problems and that people would receive a consistent and reliable service,

Managers at the service were accessible to people. People using the service were encouraged to contact the service to express their views and opinions. We were aware that people and relatives were encouraged to visit the service to pay their accounts if they chose, so that they could speak directly with management staff to check all was well or discuss any problems and resolutions. Hence people were involved with the way in which the service was delivered.

Robust systems were in place to challenge the quality of the service and to question the effectiveness of the service. Where concerns had been raised they were addressed in a fast and effective manner with the use of action plans and keeping people informed of progress. The provider and manager were aware of the key questions asked by the CQC when inspecting services. This information had been shared with and used to challenge staff to ask how were they providing a service with regard to the five key lines of enquiry. Then linking to the seven, 'I will' principles of the service asking, if they could do anymore to assist people using the service. The provider was actively involved with the smooth running of the service and the manager organised audits of the service performance designed to provide a person-centred service. Also the management of a large domiciliary care service requires staff to know their roles while also developing their skills. Staff told us and we saw the manager mentoring staff so that they could delegate roles to staff according and appropriately.

The senior staff provided a 24 hour on call support service so they would be quickly aware of any issues and could take resulting action to resolve the problem.

This in turn benefitted all staff because providing a quality service was seen as and was everyone's responsibility. Staff had roles within the organisation as champions and keyworkers. We could see that the service was keen to spot the skills and talents of staff and support them to develop. We were aware during the inspection that a number of staff now working part-time had commenced training to become qualified nurses. This was in some way due to the organisation employing and training them as care staff, so that in time with experience they had been successful in their career ambitions to train as nurses. The feeling of the senior management was not to stand in the way but celebrate the success of these individuals and there was a win-win situation as a number of these people continued to work for the organisation.

The service considered the needs of the staff and how to support people to perform their role. Time had been taken to arrange the office and use large display screens. Not only was this of benefit to prevent eye strain but a great deal of information was available on the screen which staff required to support their colleagues moving around the community and working in people's homes. The service continued to work with and update technology for the smooth running of the service. When looking at the computer screen it was clear for the Co-ordinator where the staff were working, when they had arrived and when they had left a service user. This fitted with the lone working policy of the service remembering that staff worked from early in the morning and late at night. The management staff also carefully managed the hours that staff worked so that they had regular breaks and day offs.

Records were appropriately well managed and of good quality. Records we saw at the service and in people's homes were well maintained and clearly written. Records that were computerised were maintained in accordance with the Data Protection Act 1998.

The management of the service had a track record of being effective. Complaints were handled quickly and effectively and viewed as an opportunity to learn and develop the service. Some staff had been promoted internally in line with succession planning while other staff with skills and experience had been brought into the organisation or were consulted with for support and mentoring of staff. The manager acted as a role model ensuring the on call system was in working order to always be available to support staff. While also remembering all staff needed time off and hence the on-call rota was fairly shared out between seniors. All senior staff went out of the office to meet with people using the service and see the staff in action to check upon them while also supporting them. This in turn developed and sustained a positive strong culture.

The service was established and had developed over time. The manager had oversight of the local care economy and their role within that. The views of the manager were how could they help and play a part in supporting people to live at their home while also supporting people to come home safely after a hospital admission. Hence the service was aware of the pressures of the current care economy and saw that it had an active part to play.

The management consistently put clear vision and strong values into practice and has quickly supported staff to sign up to the care certificate. Then continue with further training and development so that the staff saw their position as a career and not purely as a job.

The service had worked with and continued to work with other services particular the local authority. The view of the organisation was that for care and support to be delivered successfully then the organisation could not stand alone but had to work with and understand the difficulties of other organisations. In turn the service would continue to train and develop staff to provide outcome focussed care and support which was agreed by the service user first and foremost and by other parties involved in the care provision for the person.