

Bertie & Bells Ltd

# Bertie & Bells Ltd

## Inspection report

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Date of inspection visit:  
05 October 2018  
08 October 2018

Date of publication:  
13 November 2018

## Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

The inspection took place on 5 and 8 October 2018 and was announced. The provider was given 48 hours' notice as the service provides a domiciliary care service. We wanted to ensure that people were expecting our calls and were available to speak with us.

Bertie & Bells Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It can provide a service to older people, those living with dementia, people who have a learning or physical disability and people who have mental health needs. Not everyone using the service received the regulated activity. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 53 people who used the service, 32 of whom received the regulated activity of personal care.

Most people funded their own care although one person had their care publicly-funded. The service was registered in October 2017 and is the only service owned by the provider, who was also the registered manager. A registered manager is a '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 home is run.

People were asked their consent for day-to-day decisions that affected their lives. However, people were not always supported to have maximum choice and control of their lives. Staff did not support them in the least restrictive way possible. The policies and systems at the service did not always support this practice. This was an area of practice in need of improvement.

People told us that they received a service that made a difference to their lives. Positive relationships had developed between people and staff. Staff took time to get to know people and their preferences. People and their relatives told us that staff were consistently kind, caring and compassionate. One person told us, "They are lovely people, they do anything I want and they are so caring". Another person told us, "We always have a chat. They are so interested in my family. They're more like friends than carers. They are very caring".

People were involved in their care. They were treated with respect and their dignity and privacy was maintained. Staff were introduced to people prior to offering support and people told us that this made them feel comfortable as they knew who to expect once their visits began. People were supported to maintain their skills and independence. Staff supported people to go to the shops, local cafes and the bank.

Care was person-centred and tailored to people's needs. People and relatives told us about a service that was responsive and adapted to changes in their needs and requirements. Efforts had been made to gather information about people's backgrounds, their hobbies and interests to provide staff with an insight into people's lives before they started to use the service. People were supported to maintain their interests and have contact with family and friends.

People told us that they would feel comfortable to raise issues or concerns and that the management team and staff were friendly and approachable. People, their relatives and staff were complimentary about the leadership and management of the service. A relative told us, "They honestly truly do care for their customers. They go the extra-mile and they do a superlative job monitoring my relative. They are obviously caring people, they are doing the job how it should be done. I had contacted a number of companies when I was looking for a care service for my relative. This was the only company that continually focussed on my relative. I knew what I wanted, but they kept going back to focussing on my relative". Another relative commented, 'Bertie & Bells is so on the ball and just knocks it out of the park'.

Clear aims and objectives drove the management team and staff to provide a good-quality service. Quality assurance processes ensured that people received the quality of service they had a right to expect. People, their relatives and staff told us that they were involved in decisions that affected people's care and the running of the service. That their suggestions and feedback were welcomed and listened to.

People told us that they felt safe due to the support that they received from staff. One person told us, "I fell in the bathroom once and was found unconscious, they called the paramedics. Another time, they found me unconscious against a wall and they had to ring the paramedics. I trust myself with them completely". Staff had a good understanding of how to support people safely and knew what to do if they had concerns about people's safety. There was a reflective approach to providing care and the management team and staff learned from situations to ensure that care continually improved.

People were supported to live healthy lives. People were supported to have their medicines safety and on time. Staff were responsive when people were unwell. There was good partnership working with external healthcare professionals to ensure best practice and maintain a coordinated approach to people's care.

People were protected from the risk of infection and cross-contamination. Risks to people's safety were assessed and minimised.

People and their relatives felt that staff had appropriate skills and were competent. One person told us, "Yes, they know what they're doing". Staff had a good understanding of the people that they supported. People told us that they received care from consistent staff who knew them and their needs well.

As part of some people's care packages, they were supported to have sufficient quantities to eat and drink. Staff promoted people's independence when offering support. People were involved in shopping for items of their choice.

## 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 consistently safe

There were sufficient numbers of skilled and experienced staff to ensure people received visits on time and in accordance with their needs.

Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding people's safety.

People had access to medicines when they required them. There were safe systems in place to manage medicines.

People were protected from infection and cross contamination.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were asked their consent before being supported. The registered manager had not always worked in accordance with the Mental Capacity Act 2005.

People were cared for by staff that had received training and had the skills to meet their needs.

Staff worked with external healthcare professionals to ensure that people received appropriate and coordinated care.

### Is the service caring?

Good ●

The service was consistently caring.

People were supported by kind and caring staff who knew their preferences and needs well and who could offer both practical and emotional support.

People were treated with dignity and respect. They could make their feelings and needs known and were able to make decisions about their care and treatment.

People's privacy and dignity were maintained and their independence promoted.

### **Is the service responsive?**

The service was consistently responsive.

People received responsive and personalised care to meet their needs.

People were involved in the development of care plans. These were detailed and provided staff with personalised information about people's care.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback to improve the service provided.

**Good** ●

### **Is the service well-led?**

The service was consistently well-led.

People were involved in decisions that affected their lives and support was tailored around their needs and preferences.

Good quality assurance processes ensured the delivery of care and drove improvement. There were links with other external organisations to share good practice and maintain staff's knowledge and skills.

People, relatives and staff were consistently complimentary about the leadership and management of the service.

**Good** ●

# Bertie & Bells 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, 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 5 and 8 October 2018 and was announced. The provider was given 48 hours' notice as they provide a domiciliary care service. We wanted to ensure that people were expecting our calls and were available to speak with us. The inspection team consisted of one inspector and two assistant inspectors.

The service was registered in October 2017 and this was the first comprehensive inspection. Before the inspection we looked at information we held about the service. We looked at notifications that the provider had submitted. A notification is information about changes, events and incidents which the provider is required to tell us about by law. 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 used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with five people, four relatives, four members of staff, the care manager and the registered manager, who is also the provider. We reviewed a range of records about people's care and how the service was managed. These included the individual care records for five people, medicine administration records (MAR), four staff records, quality assurance audits, incident reports and records relating to the management of the service.

# Is the service safe?

## Our findings

People and relatives told us that people were safe. One person told us why they felt safe. They told us, "I fell in the bathroom once and was found unconscious, they called the paramedics. Another time, they found me unconscious against a wall and they had to ring the paramedics. I trust myself with them completely". Another person told us, "They make me feel at ease". A relative told us, "I feel that my relative is very safe and I know that someone else is there for them and dealing with things".

People were supported by staff who were safe to work with them. Pre-employment checks had been conducted as well as staff's employment history and references obtained. Potential staff were asked questions at interview which enabled them to demonstrate their values to ensure that these aligned with the providers. Staff's car insurance details and MOT certificates were gained to ensure that both staff, and people who travelled in staff's cars were safe.

There was sufficient staff to cover people's visits. Rotas had been designed to ensure that people received visits in accordance with their needs and preferences. New staff were allocated to work with more experienced staff. This helped ensure that staff were aware of people's needs so that they could support them safely and effectively. Where possible, staff were allocated to work with people with whom they shared the same interest. Staff told us that this helped people feel at ease and provided opportunities for conversation.

Staff received appropriate training to enable them to carry out their role and ensure people's safety. Safeguarding policies informed staff of what they should do if they had concerns about people's safety. Staff knew how to keep people safe from harm and who to report concerns to if they were worried about people's safety or wellbeing. The registered manager had made referrals to the local authority when there had been concerns over people's safety. They had liaised with them as well as other external healthcare professionals to ensure people were safe.

People were aware of who to speak to if they were unhappy about any aspect of their care. Regular reviews of people's care and communication with management provided an opportunity for people to raise issues and discuss any concerns in relation to their safety. This helped to ensure that people knew how to keep safe and what to do if they needed assistance. Some people had emergency alarms and records showed that staff had been reminded to ensure that people had these with them before the staff left their visits.

Staff's safety was equally important to the registered manager. Staff told us that when they worked during the evenings they were encouraged to contact the on-call manager to inform them when they had finished their calls. This made them feel valued and safe as the registered manager cared that they had got home safely. Staff logged-in and out of people's homes using a telephone. This alerted an automated system so that the registered manager knew staff's whereabouts in real-time. This also helped them to monitor if people had received their call and therefore ensure their safety and needs had been met. People told us that they always received a call and that if staff were running late that they would be kept informed. One person told us, "If carers are going to be late I get a phone call from the office. There have not been any missed calls."

They always come out to me".

Risk assessments for people's healthcare needs were in place and were regularly reviewed. People were involved in the development of their care plans and risk assessments. These identified the hazards, the risks these posed and the measures taken to reduce the risk to the person. For example, when people required support to move and position, risk assessments provided clear and detailed guidance for staff. They were informed of how to support people and which equipment to use. Staff were made aware of risks to people's safety through the care plans, staff meetings and weekly updates. Risk assessments were stored in people's own homes, as well as in the office. This meant that they were accessible for staff and they were aware of how to support people to fulfil their wishes whilst being aware of the measures to take to assure people's safety. Risks associated with the safety of people's home environment as well as any equipment, were identified and managed appropriately.

The registered manager was not risk averse. People were supported to maintain their independence and skills. A member of staff told us how they were planning to support one person to go swimming as this was something they had enjoyed. Plans were in place to carry out a risk assessment of the environment and the activity before staff supported the person. Staff told us that they always tried to help people to do what they wanted to do and found compromises so that people could continue to do what they enjoyed with some slight adjustments. One person who had been cared for in bed, had expressed a wish to see a carol concert. Staff had worked with external healthcare professionals to ensure that the person was supported safely to attend the event, without compromising on their safety or wellbeing.

Accidents and incidents that had occurred had been recorded and monitored to identify patterns and trends. Relevant action had been taken to reduce the risk of the accident occurring again. For example, risk assessments and care plans had been updated to reflect changes in people's needs or support requirements. There was a good oversight and a reflective culture to ensure that when instances had occurred or care had not gone according to plan, lessons were learned and changes made as a result.

People were assisted to take their medicines by trained staff that had their competence assessed. People and relatives told us that people received their medicines on time and were happy with the support that was provided. People confirmed that if they were experiencing pain that staff would offer them pain relief and records confirmed that this had been provided. Some people administered their own medicines or had support from their relatives. Care records documented who was responsible for ensuring that sufficient stocks of medicines were available. Medication records showed that people had received their medicines on time and in accordance with their needs. These records were collected from people's homes monthly and audited to identify any errors. Appropriate documentation was in place so that information about people's medicines could be passed to relevant external healthcare professionals if required, such as when people had to attend hospital.

There were suitable procedures to ensure that people were protected from infection and cross-contamination. Staff were provided with personal protective equipment and clothing and people and relatives confirmed that these were used. Unobserved observations which were conducted by the management team also ensured that staff used the equipment provided to assure people's safety.

Some people required support to prepare food. Staff had undertaken food hygiene training as part of their induction. This ensured that they were aware of the risks and took appropriate measures to ensure people's safety when providing food.

## Is the service effective?

### Our findings

People and their relatives told us that they had faith in staff's abilities, that staff were well-trained and had the appropriate skills to meet their needs. One person told us, "Yes, they know what they're doing". Despite this, we found an area of practice that needed improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff gained people's consent for day-to-day decisions that affected their lives. People and their relatives told us that they were provided with choice and able to make decisions. One person told us, "They always ask for my permission and always respect my wishes if I say no to something". One member of staff told us, "They are people in their own right. I try and involve them, give them the information and get them to make decisions". However, staff did not always adhere to the legal requirements associated with formally assessing people's capacity to make decisions and to gain their consent. Some people had a health condition that had the potential to affect their level of understanding and decision-making ability. Restrictive practices such as having medicines locked away had been implemented for some people. Although this decision had been made to assure people's safety, their capacity in relation to these restrictive practices had not been considered or assessed. There was no documentation to confirm that people or their representatives had been involved in the decisions or consented to the practice.

When the management team were asked how these decisions had been made, they told us that they had requested that people's medicines were locked away and had asked people's relatives to purchase locked boxes. The registered manager had not ensured that people's capacity had been formally assessed in relation to these specific decisions and that people, or their representatives, had formally consented to their use. Applications to the Court of Protection had not been considered. The Court of Protection can make decisions on financial or welfare matters when people cannot make decisions at the time they need to be made, for example, if they lack mental capacity. They can make decisions about when a person can be deprived of their liberty under the MCA. This is an area of practice that needs to improve.

People were supported by staff that were knowledgeable and had the skills to meet their needs. Staff had access to an induction and on-going training which the registered manager felt essential for their roles. Fact sheets providing information on specific healthcare conditions were provided to staff. This helped to ensure that staff were aware of people's health conditions and had an understanding about how they might affect people. Staff that were new to the service were supported to undertake an induction which consisted of shadowing existing, more experienced staff and familiarising themselves with the provider's policies and procedures.

Staff had an opportunity to meet people prior to providing support. They gained an awareness of the expectations of their role and completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. There were links with external organisations to provide additional learning and development for staff, such as the local authority and external healthcare professionals. Some staff held diplomas in Health and Social Care and were encouraged to develop within their roles. A relative told us, "They've definitely got the right skills-set".

People were cared for by staff that had access to appropriate support and guidance within their roles. Regular unannounced observations of staff's practice as well as supervision meetings took place. These enabled staff to be provided with feedback about their practice and identify further learning and development needs. Staff told us that these meetings were supportive, however, felt comfortable to approach the registered manager at any time.

When required, people had support to shop for and prepare food and drink. They told us that they could choose and were supported according to their choices and preferences. Staff used these opportunities to support people to retain their skills and independence. They told us that they often asked people if they would like to go to the shops with them to purchase items. Staff knew which people required additional encouragement to eat and drink. Records reminded staff to ensure that drinks and snacks were left for people in-between their care visits. Staff had been informed of the implications the hot weather could have on people's wellbeing. The provider had reminded staff within a recent staff meeting of the importance of prompting drinks for people, as well as themselves, to ensure they were hydrated.

People's needs were assessed when they first started to use the service. Regular reviews took place to ensure the guidance provided to staff was current and met people's assessed needs as well as their preferences. People were supported to live healthy lives. When necessary, staff supported people to make and attend routine health care appointments to maintain their health. Staff monitored people's health and wellbeing and supported them to access or request referrals to services as and when required. Observations showed staff acted promptly when they were concerned about one person's health. A member of staff contacted the office to report their concerns. A community nurse was immediately contacted to ensure that the person's health could be reviewed by an external healthcare professional. There was a coordinated approach to people's healthcare and information about people's health was shared with other professionals on a need to know basis. A relative told us that the management team had helped set-up GP home visits and that carers had helped to resolve an issue with the pharmacy.

## Is the service caring?

### Our findings

People and their relatives consistently told us that staff were compassionate and that they cared about people. Comments from people included, "They are lovely people, they do anything I want and they are so caring", "We always have a chat. They are so interested in my family. They're more like friends than carers. They are very caring" and "Yes, they are really nice. Before they leave they always ask me if there is anything extra they can do. I was nervous when I first had to have people in to help me, so it does help a lot".

The management team and staff spoke fondly of the people that they supported. People were treated with respect. Staff's caring nature was demonstrated through their practice. They took time to think of the 'little touches' that would make a difference to people's lives. One member of staff was aware that one person did not own a tumble dryer. They had offered to take the person's laundry home with them to dry. Another person had their daily newspaper picked up by staff on the way to their visits. Another member of staff had purchased bedding plants and had planted these in their own time for the person. When supporting people in the community, staff took time to think about what people might enjoy doing. They had taken diversions to look at the bluebells in bloom or the blossom on the trees. The management team ensured that each person was provided with a Birthday card and a present on their Birthday. They had sometimes taken the time to visit people and share tea and cake with them to celebrate their day.

People were valued as individuals and they were involved in their care. Information about their backgrounds, interests and hobbies had been gathered and was provided to staff within people's care plans. Care plans ensured that consideration was made for people's social and emotional needs. One person's care plan advised staff to take time to sit and talk with the person. People confirmed that staff stayed for their allocated time and took time to get to know them and engage in conversations.

People's independence was encouraged. Care plans documented people's skills and abilities, enabling people to continue to do as much as they could do for themselves. People were supported by staff to go to the shops or the bank. This provided reassurance to people as staff were with them, yet they were still able to undertake tasks themselves. A relative told us, "The service has enabled my relative to be independent and to stay in their home".

The registered manager understood the importance of encouraging positive relationships between people and staff. Staff had been introduced to people prior to their visits starting. This demonstrated respect for people and ensured that people could meet staff before receiving any support from them. Emphasis was placed on the importance of ensuring that staff and people shared similar interests so that positive relationships could develop. People told us that they looked forward to their visits from staff and that they were provided with both practical and emotional support. Relatives told us that the support their loved ones received provided them with peace of mind. A relative told us, "The company has helped both my relative and me". Another relative expressed their view about the caring nature of staff. They told us that they had mentioned to the management team that they were worried about their relative's health. They explained that they had not asked for an additional visit but that the care staff went to see their relative without them asking, and reported back to them about their relative's health to offer reassurance.

People were treated with dignity and respect and their privacy was maintained. Staff's practice was monitored through unannounced observations and feedback was gained from people to ensure that they were treated with dignity and respect. Information held about people was kept confidential, records were stored in locked cupboards and offices.

People's diversity was respected and staff adapted their approach to meet people's individual needs and preferences. Care plans considered people's religious and spiritual needs and measures had been taken to ensure that people had access to places of worship.

People were supported to maintain contact with those that were important to them. People were supported to meet up with friends at support groups, local churches or cafes.

## Is the service responsive?

### Our findings

People and relatives received a flexible and personalised service that was responsive to their individual needs. People were involved in decisions that related to their care. One person told us, "They have always very been very accommodating when I have to change times of my appointments owing to double booking. They will move my appointments around at short notice". A relative told us, "They totally adjusted what they were giving based on our requests. For example, my relative didn't need much personal care to begin with, but I noticed that they needed help with their oral care, and they've now added that in. It works vice-versa, anything that they are noticing they raise with me".

People's needs were assessed before they started to use the service. Care plans were then devised that contained specific information about people's skills, abilities and needs. Staff told us that they found care plans helpful and would look at these before supporting people. People were involved in the development of care plans to ensure that they were person-centred and reflected the person's wishes and aspirations. One person told us, "The manager came to our home and met with us. We planned my care together and that included my husband. My husband is included in all aspects of the planning of my care and communication with the service. We are very much involved and kept in the loop". The registered manager was responsive to people's differing needs. One person required support with their finances. In response, they were sent fortnightly invoices for their care. This had enabled them to manage their finances and budget more effectively.

People were contacted for their feedback following the initial four weeks of receiving the service. This helped to ensure that the care they had received met their needs. People told us that they were involved in decisions that affected their care and could approach staff and management at any time if they had any concerns or wanted to make changes to the support that they received. Regular care plan reviews provided an opportunity for people to make their feelings known. People told us and records confirmed, that people could speak freely and air their views and concerns without the worry of any repercussions to their care. People's care plans were reviewed following these meetings or when changes occurred. This helped to ensure that their care was current and that up-to-date guidance was available to assist staff to deliver effective and responsive care.

People's preferences and life histories provided staff with information to enable them to develop and build relationships with people. Care plans contained information about 'the person', their personalities, preferences and interests. Staff had a good understanding of people's preferences and needs and people told us that they had had confidence that staff knew them and their needs well. The registered manager allocated staff that shared a similar interest to the people that they supported. Staff told us that this helped them to develop relationships with people. One member of staff told us about their shared love of music with one person. They often spoke together about music, suggested new music to listen to and enjoyed listening and dancing to it together.

Most people funded their own care and received calls to meet their social needs. People were supported to access places of interest such as garden centres, shops and cafes. One person told us that their hobby was

to do jigsaw puzzles and that staff always showed an interest in the jigsaw puzzles they were doing and asked questions about them. Staff were mindful of ensuring that people led enriched lives and supported people in such a way that minimised the risk of social isolation.

Although most people funded their own care, one person's care was funded by the local authority. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. The registered manager ensured that people's communication needs were identified and met. People's care plans contained information on the most appropriate way of communicating with them. People were cared for in a way that was specific to them. Staff adapted their approach to meet people's needs. One person required additional support to communicate their needs to staff and alternative methods were used to promote effective communication. Documents such as care plans and timetables of their care calls were provided in larger font as they were visually impaired.

Some people had personal alarms that enabled them to call an external emergency response centre for help should they have an accident when alone. This provided people with a means of calling for assistance when needed and meant that people could independently remain in their own homes. Care plans reminded staff of the importance of ensuring that people had their personal alarm pendants before leaving people's homes. People told us that the management team and staff were responsive to their needs should they need any urgent assistance or if there were changes in their support requirements.

People were informed of their right to make a complaint. They told us that they knew how to make a complaint and would feel comfortable doing so. An easy-read version of the complaints procedure had been written for people who had a learning disability or who were living with dementia. This ensured that all people had equal access and were supported to understand that they could comment and complain if they were unhappy about their care. Minor concerns that had been raised had been dealt with promptly and in accordance with the provider's policy. Records demonstrated that the provider was transparent and open with people who used the service.

## Is the service well-led?

### Our findings

People, their relatives and staff were consistently positive about the leadership and management of the service. Staff told us that management at all levels were approachable and fully invested to ensure that people received a good quality service.

Bertie & Bells Ltd, is a privately-owned service which provides care to people living in their own homes. Most people funded their own care, however, one person's care was publicly funded. The service was registered in October 2017 and is the only service owned by the provider. The management team consisted of the registered manager, who was also the provider and a care manager. The management team were experienced and staff told us this helped them as they always had someone that they could seek assistance and advice from. Staff told us and observations showed, that the management were accessible and approachable. This ensured that both people and staff knew who to approach if they had any queries or concerns.

The registered manager's mission was to 'Exceed expectations and be the local community's home care provider and employer of choice' and 'Endeavour to meet, anticipate and embrace the needs of each and every individual, enriching lives through warmth, respect, efficiency, honesty, acceptance and trust'. It was evident that the management team and staff strived to ensure that their mission was embedded in their practice. Staff spoke with fondness of the people that they supported and of how much they enjoyed helping people.

People were fully involved in devising the type of care and support they required and were treated with compassion, dignity, equality and respect. The registered manager had used phrases from the film, 'The Wizard of Oz'. Their logo contained the phrase, 'There's no place like home'. This extended throughout the service with posters being displayed of inspirational quotes from the film. It also featured in the regular reviews that took place, enabling people to comment about their care. As part of the review people were asked that if they could make three wishes about their care what would they be. This further demonstrated that the registered manager and staff were passionate about providing care that was effective and made a difference to people's lives. One review showed that one person had commented, 'As I already have [carer's name] as my main carer, nothing needs to be improved as they're always so caring and forward-thinking'. When asked about the service they received, another person told us, "Oh yes, it does make a difference".

Staff told us that the service was managed in such a way that ensured that they were appropriately supported and had access to resources to enable them to provide effective care. One member of staff told us, "Very good. I feel valued. I'm always being told I'm a valued member of staff". Another member of staff told us, "Excellent, I have no worries about it at all. I love it. The pair of them work so well together, they're a really good partnership". People spoke highly of the management team and staff. One person told us, "I feel so privileged, I don't have to do anything, they do all the work for me, I feel life is good, I would recommend them to anybody". Another person told us, "The agency is not huge, not massive, so you get continuity of staff and care".

The management team and staff ensured that the service continually improved. Quality assurance processes provided a good oversight of the service. They ensured that the systems and processes worked well and that people received a service they had a right to expect. An electronic call monitoring system enabled the registered manager to monitor the time and duration of people's visits. This ensured that people received their visits on time and that any late or potential missed visits could be identified immediately. Appropriate action could then be taken to ensure that people received a visit from staff.

Records showed that audits had been completed and when minor areas for improvement were required, these had been recognised and appropriate action taken. Regular unannounced observations of staff's practice were conducted by members of the management team. These provided an opportunity to improve practice and ensure that people received support that was in accordance with their needs and preferences. There was a reflective culture within the service and it was evident that the provider and registered manager used situations as a chance to learn and develop the service and the care that people received.

Staff were kept informed of changes. Weekly updates were sent to staff as well as regular newsletters. These informed staff of any changes within the organisation as well as with people's needs. Staff meetings provided the opportunity for staff to come together to discuss people's needs and to enable them to feel part of a team. One member of staff commented, 'When we have meetings we come together, there is a sense of loyalty shown by management and staff. We all strive to get the company where it should be, which is at the top of home care companies'. Staff told us that communication was good and that they were provided with appropriate information to enable them to fulfil their roles. Staff told us that they valued this as they could ask each other questions and seek advice, as well as advise colleagues if there were changes in people's needs. Staff had access to regular one-to-one meetings with their managers and told us that they could approach management at any time if they had any concerns or needed further support. Staff were provided with regular feedback on their practice to enable them to reflect on and develop their knowledge and skills.

Staff consistently told us that the management team were friendly, welcoming and approachable. Observations showed staff contacting the management team when out in the community, they asked advice and sought support. Staff were welcomed into the office and the management team had ensured that staff knew that they could go to the office if they needed refreshments or comfort breaks. People also spent time in the office, one person told us that they often visited the office to see the management team when they went out into the community independently.

The registered manager demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. Records showed that people had been informed, within reviews of their care, of changes that were occurring. They had been involved in planning and contributing to any changes that were going to occur. One person told us, "They are very open about everything". Records showed that people and their relatives or representatives, if appropriate, were informed if people's health needs or condition had changed.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred at the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

There were good links with external healthcare professionals to promote best practice and ensure that people received coordinated care.

Comments made by people and relatives summed-up how they felt about the service. A relative told us, "They honestly truly do care for their customers. They go the extra-mile and they do a superlative job monitoring my relative. They are obviously caring people, they are doing the job how it should be done. I had contacted a number of companies when I was looking for a care service for my relative. This was the only company that continually focussed on my relative. I knew what I wanted, but they kept going back to focussing on my relative". A second relative told us, "'Whoever gets them next are very lucky because they are a really nice crew.' A third relative commented, 'Bertie & Bells is so on the ball and just knocks it out of the park'.