

Unique Homecare Services Ltd

# Unique Homecare Services Ltd

## 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

The inspection visit at Unique Homecare Services Limited was carried out on 22 November 2017 and was announced. The provider was given 24 hours' notice because the service delivered domiciliary care to people who lived in their own homes. We needed to be sure people in the office and people the service supported would be available to speak to us.

Unique Homecare Services Limited is a domiciliary care agency. It provides personal care support to people living with dementia. It supports people with companionship, reablement, respite and end of life care, all whom live in their own homes. The agency is situated in Bolton-Le-Sands near Carnforth. At the time of our inspection there were 22 people receiving a service from Unique Homecare Services Limited.

Unique Homecare Services Limited registered as a domiciliary care agency with the Care Quality Commission in November 2016. We had not previously inspected the service.

The service had a registered manager in place. 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.

During this inspection, we found staff had received training to safeguard people from abuse. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of adults who may be vulnerable. Staff we spoke with told us they were aware of the safeguarding procedure. One staff member told us, "One of my priorities is making sure people are safe. I want to know I've done everything I can do and I've delivered care that's safe."

There was an appropriate skill mix of staff to ensure the needs of people who used the service were met. New staff worked alongside experienced staff members whilst they learnt their role. One relative told us, "They [care staff] know what they're doing, use their common sense and initiative, and do things off their own back."

The registered provider planned visits to allow carers enough time to reach people and complete all tasks safely. One person's friend told us, "Ten out of ten for punctuality."

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about the care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. The registered provider completed spot checks on staff to observe their work practices were appropriate and people were safe.

Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

The registered provider had put in place procedures around recruitment and selection to minimise the risk of unsuitable employees working with people who may be vulnerable. Required checks had been completed before any staff started work at the service. This was confirmed during discussions with staff.

The registered provider had regularly completed a range of audits to maintain people's safety and welfare.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their personal care and emotional support needs.

Staff told us they received regular formal and informal support from the management team. A staff member said, "I have regular supervision but also have contact with the office and can drop in anytime."

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

When appropriate, meals and drinks were prepared for people. This ensured people received adequate nutrition and hydration.

Care records contained information about the individual's ongoing care and rehabilitation requirements. This showed the registered provider worked with other health care services to meet people's health needs.

People said they had a team of regular carers with whom they had built up good relationships. For example, one relative told us, "They are very good. The regular one at night, they are really lovely, always chatty and pleasant, always polite. I can relax as I know [relatives] are properly cared for."

Staff we spoke with understood the support needs of people they visited. They knew how individuals wanted their care to be delivered. One person told us, "[Member of management team] did a brilliant job of drawing up the care plan. She and [registered manager] are prepared to listen and learn, it was very detailed and covers all my needs."

A complaints procedure was available and people we spoke with said they knew how to complain. At the time of our inspection, the registered provider had received no formal complaints.

The registered manager had sought feedback from people receiving support and staff for input on how the service could continually improve.

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team.

There was recorded evidence that showed the registered provider worked in partnership with other agencies to provide safe care and treatment.

## 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 had been trained in safeguarding and were aware of their duty to report suspicions of poor care and/or harm.

Risks to people were managed by staff who were aware of the assessments to reduce potential harm to people. Staff were provided with personal protective equipment to minimise the risk of spreading infection.

There were enough staff available to meet people's needs safely. Staff members we spoke with consistently said they were allocated sufficient time to visit people and provide the support required.

Recruitment procedures the service had were safe. Gaps in employment were documented as being explored.

Staff were trained in the administration of medicines. Medicines protocols were safe.

### Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training and support to meet peoples' needs.

Staff told us they received effective support and communication with the management team was good.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard. They had knowledge of the process to follow.

Where appropriate, people were protected against the risks of malnutrition and dehydration.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff we spoke with told us they had developed strong relationships and spoke about those they visited in a warm, compassionate manner.

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

**Good** ●

The service was responsive.

People said the service ensured they were supported by the same staff who were consistently punctual.

People told us they received personalised care that was responsive to their needs.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with by the management team.

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

**Good** ●

The service was well-led.

People, their relatives and staff felt the management team were supportive, visible, accessible and approachable.

The registered provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team were creative to ensure they had oversight of and acted to maintain the quality of the service provided.

The management team had sought feedback from people, their relatives and staff.

# Unique Homecare Services 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.

Unique Homecare Services Limited is a domiciliary care agency. It provides personal care and companionship to people living in their own houses and flats. It provides a service to people living with dementia. It supports people with companionship, reablement, respite and end of life care, all whom live in their own homes.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced when accessing the service.

The inspection took place on 22 November 2017. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection included an on-site office visit and postal questionnaires. We visited the office location on 22 November to see the registered manager, office and care staff; and to review care records and policies and procedures.

During the inspection, we spoke with six people who used the service, four relatives and one friend of someone who receives support. We spoke with the registered manager, two members of the management

team and three members of staff. We looked at the care records of six people and training and recruitment records of three staff members.

We looked at what quality audit tools and data management systems the provider had. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received.

# Is the service safe?

## Our findings

We asked people if they felt safe being supported by care staff who come into their home. No one we spoke with reported any concerns. One person told us, "Safe, trust them? Most definitely." A relative commented, "We've have never had any problems like that. [Registered provider] is very careful who she employs, from the youngest to the eldest they have all been excellent." One person's friend said, "We would know if there was anything untoward. She's happy, comfortable and content with them and looks forward to the next visit."

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "The training was interesting; it built on what I already knew." A second staff member said, "One of my priorities is making sure people are safe. I want to know I've done everything I can do and I've delivered care that's safe." Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies if they felt they were not being dealt with effectively. This showed staff could protect people by identifying and acting on safeguarding concerns quickly.

During the inspection, we viewed six care records related to people who were supported by Unique Homecare Services Limited. We did this to look how risks were identified and managed. Every person we spoke with told us they had a care plan in their home that guided staff on their support needs at specific times of the day. There were step-by-step guidelines for morning, teatime and evening visits. One person told us, "Everything that should be done is covered." A second person also stated, "They do everything I need, the way I want it."

We found individualised risk assessments were carried out appropriate to peoples' needs. For example, staff were guided to prompt people to manage their low blood pressure. There were contact details to liaise with significant people to manage one person's mental health safely. Staff we spoke with were able to tell us effective ways to support people to keep them safe. This indicated care documentation contained clear instruction for staff to ensure risks were minimised.

We saw evidence that care plans were reviewed regularly. This ensured the safety of people being supported and their staff was monitored and managed safely.

Care staff told us members of the management team completed unannounced visits to make sure they were delivering appropriate support and wearing protective personal equipment such as gloves to protect people from infection. We saw documentation in their files of these visits. This showed us the registered provider had systems to manage the risk related to the delivery of personal care and infection prevention. These safeguards supported people to remain living in their own home.

We looked at how the service was staffed. We reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did



this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. People we spoke with did not have any concerns about punctuality or staffing levels. No one we spoke with told us they had missed visits. One person's friend told us, "Ten out of ten for punctuality." A relative commented, "Always the same people and they come on time which is the reason we chose them. It makes a massive difference to [relative]." The registered manager told us people had at least an hours' visit and stated, "We take an holistic approach to keep people safe and well at home. You can't do that with an in and out visit." This showed the provider delivered consistent support to maintain people's safety.

We looked at recruitment records of three staff. All required checks had been completed prior to any staff commencing work at the service. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed and to keep people who could be vulnerable safe.

We looked at the procedures the provider had for the administration of medicines and creams. The registered provider liaised with the person or their family about the medicines they had been supported with. Every person we discussed the administration of medicines with told us there had never been any concerns or issue. One relative told us, "[Family member] can be belligerent and sometimes won't take her tablets. They always let me know. In fact they rung me last night to say [family member] had refused her tablets." One staff member told us, "I shadowed staff and I received training before I dealt with medication." We saw evidence staff received observations from management to assess their competency in the administration of medicines. This showed the registered provider had systems to ensure staff had maintained the skills and knowledge to administer medicines safely.

We spoke with the registered provider about accident and incidents and what actions are taken to lessen the risk of accidents happening again. The registered provider told us they had a system to document and review incidents. The registered manager was able to explain the process they would follow in order to reduce the risks of a recurrence and learn from incidents. At the time of our inspection there had not been any recent accidents or incidents that had required analysis.

## Is the service effective?

### Our findings

People and their family and friends told us they felt staff were well trained and had the right skills and experience to support them. People were positive about their competence and especially complimentary on how they worked with clients living with dementia. One relative told us, "They know what they're doing, use their common sense and initiative, and do things off their own back. They have a good relationship with [relative] that can be resistant but they know exactly how to handle [person] whether their mood is up or down." A friend commented about staff, "[Carer] specialises in dementia, she's doing a course and it's obvious she has an understanding of the condition, she knows just how to speak to [friend] and how to deal with her."

Before providing care and support, staff received an induction from the registered provider. The registered manager told us new staff shadowed experienced staff and were registered and supported to complete a vocational training course related to adult social care. Staff we spoke with told us they felt their induction gave them the knowledge and skills to support people effectively. One staff member said, "The shadowing was good, quite positive. It showed me the ropes and introduced me to clients and their needs."

We saw the registered manager had a structured framework for staff training. Staff we spoke with and records we viewed showed staff received regular training to ensure they were able to provide effective support to people. One staff member told us, "The training was really useful. Having no experience in care, it helped me." A relative commented, "I know there's lots of training going on. They put a brochure out with details of who's doing what courses. It says a lot about an organisation when they look after their staff. They go the extra mile looking at innovative ways to train people and bring them on."

We spoke with the registered manager about ongoing training. They told us they had introduced a 'mindfulness based stress reduction course.' Staff we spoke with who attended the training gave positive feedback. For example, one staff member told us, "The mindfulness course was good for me. It gave you ways to think empathetically and look at why behaviours occur." This showed the provider had a framework to train staff to meet people's needs effectively and support individual staff development.

We asked the registered manager how they supported staff. They told us staff received supervision. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. We saw records that indicated staff received regular supervision to support them to carry out their duties effectively. One staff member told us, "I have supervision every three months, it's really useful." A second staff member said, "I have regular supervision but also have contact with the office and can drop in anytime." They went on to say, the management team are always available and can be contacted at any time. Unique Homecare Services Limited had a 24-hour on call service to manage the support delivered and ensure effective communication.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. People told us their care plans were regularly reviewed and they had agreed to the support they received. People told us they were consistently offered choices during the support they received. For example, one member of staff told us, "In our induction, we discussed choice and consent. We looked at if someone had an advocate and the balance between choice and unsafe choice."

People who received support from Unique Homecare Services Limited had capacity to make decisions about their care and support. Prior to receiving support the registered provider had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw evidence they and sometimes a family member had been involved with and were at the centre of developing their care plans. We saw people had signed their support plan and medicine consent form to demonstrate their agreement to this care. One person told us, "[Member of management team] and [registered manager] are prepared to listen and learn it was very detailed [the care plan] and covers all my needs." This showed the registered provider assessed people's care needs and listened to people's views on how the support was delivered.

We looked at how people were supported to have sufficient amounts to eat and drink. One staff member told us, "Meals are a big part of what we do. We document what has been offered and how much has been eaten." Care staff also shared strategies that encouraged people to eat. For example, one person preferred to eat alone. Staff prepared the meal, left and recorded what had been eaten at the next visit, based on what was left. People who had meals prepared said they choose what to eat and food and drinks are prepared to their taste and staff cleared up after themselves. One person told us, "My drinks are hot and she [care staff] knows how to do it. They do what I want the way I want it." One relative commented, "[Relative] chooses what she wants for her meals." Care plans we looked at guided staff on how people liked their meals prepared. For example, one person's care plan documented, 'I like runny porridge made in a jug and with my own specific bowl.' We also read, 'I need a box of biscuits by my bed in case I get peckish in the night.'

The registered manager told us, it is not just about microwaving a meal. There is no pleasure in that. It is about cooking together about washing up together. This was supported by staff who told us they would prepare vegetables to go alongside a ready meal. One relative commented, "I've noted the sandwiches look nice and have cling film on them and there's a cup of tea there." This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. Visits were planned to coincide with district nurse visits. One staff member told us, "I like to be there when the district nurse is present so we are doing it right. We are all working together for the client." The registered manager and a member of staff told us there were established links with the mental health team and their support network to monitor people's mental health. This was reflected in care plans. This confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs.

## Is the service caring?

### Our findings

We asked people about staff that visited their homes and if they had time and treated people with compassion, dignity and respect. All the responses were very positive, saying staff are kind and caring. People said they had a team of regular carers with whom they had built up good relationships. For example, one person told us, "Very nice, very friendly people. I give them full marks, top of the class." A second person said, "They're pleasant and helpful, will do anything I ask."

Relatives spoke about care staff who visited in a warm, compassionate manner. For example, one relative told us, "They are very good. The regular one at night, they are really lovely, always chatty and pleasant, always polite. I can relax as I know [relatives] are properly cared for." A second relative commented, "I can't fault them they are lovely, lovely people."

Regarding their role, a member of staff told us, "I love it, making a difference. We are bringing the best out of our clients." A second staff member commented, "I'm passionate about what I do. I'm going the extra mile." All the staff we spoke with told us they had regular clients that allowed them to build positive relationships with them. A member of the management team said, "I think it is important to know clients and their routines. We don't like to send new staff to clients who haven't been introduced by someone they know." This showed the registered provider had sought to provide regular staff to maintain continuity, foster positive relationships and promote valued communication.

People and their relatives told us they were involved in their care, had discussed, and consented to their care packages. They told us they had their care plans regularly reviewed. For example, one person said, "Yes I was definitely consulted on my care plan and I think I have the right level of care for my needs at the moment."

The registered provider told us people were able to make decisions about their wellbeing, care and treatment. However, if people wanted support from a relative, visits to plan and review care had been arranged to ensure family members were present. For example, one person had poor vision and their daughter read things to her. A relative told us, "We both had input into the care plan and they made a copy which we have here." A friend commented, "They sat with us both for a couple of hours and went through everything. They wrote down their likes and dislikes, what makes them comfortable and asked me to write up a profile. For example, '[Person] is very tactile and likes a hug, it makes them happy.' This was all wrote down and now we have everything worked out and they are very comfortable." This showed the registered provider promoted effective communication to allow people to have practical and emotional support when needed.

We discussed advocacy services with the registered manager. They informed us everyone they supported had capacity and/or a support network in place. They told us no one had an advocate at the time of inspection and all care delivered was discussed with people they supported and their family members, where appropriate. They confirmed, should advocacy support be required, they would support people to access this. They stated that some people did have a lasting power of attorney (LPA) in place and they had

received a copy for reference. They were currently not required due to people currently being able to make their own decisions. An LPA is a legal tool that gives another adult the legal authority to make certain decisions for you, if you become unable to make them yourself or do not wish to do so. This showed the registered provider had the knowledge to respect people's views and promote their independence and dignity.

Care records we checked were personalised and included a personal profile, a life history and past interests. The information promoted people's unique personalities. For example, information included, 'Likes keeping a diary.' A second person enjoyed expressing their views on current affairs. A third care plan identified the person enjoyed writing letters and listening to music. All staff we spoke with told us they had time to get to know people and build positive relationships.

This showed the registered provider had listened and guided staff to communicate with people in a personalised and caring manner.

People and their relatives told us how staff provided care supported their independence and protected their dignity. For example, one person told us, "They're really good, focused on me, I'm really happy." A second person gave feedback stating, 'All at Unique are wonderful.'

We read guidelines on how to support people with limited mobility to ensure they worked with the care staff and maintained some independence, where appropriate. One care plan highlighted one person was hard of hearing. The plan prompted staff to consider this when communicating with the person. A second person may say no to requests, as they may not understand the question. We noted there was guidance on how to respond to the 'no', and deliver support to gain positive outcomes. This showed positive relationships had developed and information was shared in an accessible way to support people to remain independent.

## Is the service responsive?

### Our findings

We asked people who received support from Unique Homecare Services Limited if the care they received was personalised and met their needs. One person told us, "[Member of management team] did a brilliant job of drawing up the care plan." A relative said, "[Registered manager] introduced herself along with the carers before we started. [Registered manager] has asked us a couple of times since if everything is ok. It covers all things and we are happy." One person's friend commented, "Staff are approachable and know exactly what they're doing. They're equally lovely with me."

Staff also told us they had regular visits that allowed relationships to form and they had got to know people and their needs. One staff member told us, "I always read my care plan. I need to know people's histories before dealing with their care." People we spoke with told us staff members completed all of the required care during each visit. People also said they were happy with the care and support they received from the carers. For example, one relative told us, "They give me peace of mind; we wouldn't change them for the world."

People told us they had been involved in creating their care plans and their care plans took account of their preferences, wishes and choices about how they wanted to be supported. One person told us, "I find them always ready to listen and learn. They're really good, always focused on me." Care plans were separated into time zones, morning lunch, teatime and evening. The guidelines offered guidance on how to be responsive in meeting people's needs. For example, 'up at 7am, cup of tea in bed, dressed 30 minutes later.' A second person's care plan guided staff with step-by-step guidance on how to support the person to get dressed. Evening visits guided people on when people liked to retire to bed and what support was required.

Care staff we spoke with told us they had specific clients who had requested male or female support, which was provided. One staff member said they were the primary carer for one person as they had responded well to the care and support delivered. This allowed a positive relationship to develop. It supported the person to receive and understand information from a person they trusted within a relaxed environment. On the day of our inspection visit another carer was being introduced to see if their personalised support network could be increased. This showed the registered provider respected people's views and was responsive in delivering personalised care.

We asked about supporting people with activities. One person had received support to go fishing. One person went for a regular walk that included coffee and a cake. One person had requested additional support to have a trip out to a museum. The registered manager had recently introduced a 'pat-a-dog' therapy activity to enhance people's lives through interaction with animals. People were supported with their shopping or just to get out of their house. The registered manager told us, "Just going out for 10 minutes for a breath of fresh air is good for people." This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people

these would be responded to appropriately. We saw the service had a system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. People said they had not had cause to complain formally. Everyone said they found the management approachable and friendly, and would have no problem in speaking to them if there was problem.

One person said, "[Registered manager] really listens and understands and appreciates where you're coming from." One person's friend commented, "They are quick to follow up on any problems. They have really high standards." At the time of our inspection, the registered provider had not received any recent complaints.

We asked about end of life care and how people were supported sensitively during their final weeks and days. We noted end of life care was a part of people's care plans. The management team and staff protected people's rights in line with the Human Rights Act 1998. This included Article Nine of the act, 'Freedom of thought, conscience and religion.' For example, they were conscientious about checking, documenting and assisting people with their spiritual and end of life wishes. The registered manager told us they had completed end of life care training. They commented, "End of life care, it's a positive plan. It doesn't have to be about the last few weeks. It is important these things need to be discussed and everyone made aware." This highlighted the registered provider had recognised end of life decisions should be part of a person's care plan.

## Is the service well-led?

### Our findings

Everyone we spoke with was very positive about the registered manager and management team at Unique Homecare Services Limited. The provider demonstrated good management and leadership. For example, about the management team, one person told us, "Great, fantastic! I'm thrilled to bits with them." People told us the registered manager was well known and was hands on, accessible and friendly. People said the registered manager delivered care directly and they had rung them or visited to check everything was fine.

About the registered manager, one staff member told us, "[Registered manager] is always available. They really care and go out and see clients, which I think is lovely." A second staff member said, "Registered manager is a good boss." A third staff member commented, "They [management team] are brilliant here. The registered manager, she knows her job."

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. They had clearly identified roles of accountability based on role and geographical area.

During this inspection, we were able to speak with several members of the management team regarding different areas of the service. They were all able to deliver comprehensive answers on the questions asked. This showed the management team were experienced, knowledgeable and familiar with the needs of people they supported.

The registered manager had clear visions around the registered activities and plans for improvement moving forward. Staff we spoke told us the registered manager encouraged new ideas and new ways of working. We found the management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

We saw minutes that indicated staff meetings took place. Topics discussed included, medicine training, handwashing, policies and procedures. One staff member told us, "We get praised and a thank you, in the team meetings it's lovely." A second member of staff said, "As a group we get together to look at ways to approach problems, it's good."

The registered manager had also started a WhatsApp group to promote and enhance communication throughout the service. WhatsApp is a messaging tool for mobile phones. WhatsApp uses the internet to send messages, images, audio or video. The service is very similar to text messaging. The registered manager told us it supported lone workers. For example, during recent bad weather care staff were exchanging local knowledge of road closures. The registered provider also knew in advance, where the problems were likely to occur and so were able to advise client's families in advance of possible delays. This communication allowed the registered manager to be informed of issues as they occurred and to initiate a timely response. This showed the registered provider was creative in supporting a robust service.

Spot checks were carried out when staff completed their visits. These were unannounced visits to observe



staff work practices and to confirm staff were punctual and stayed for the correct amount of time allocated. Records seen and staff spoken with confirmed observations or spot checks had taken place.

Files we looked at contained telephone monitoring and customer review information. This concerned staff contacting people to ask about the service they had received. The responses we viewed were all positive. For example, we saw comments included, 'Impressed with the service.' We also noted, 'Staff are lovely and so well mannered.' One person told us, "The team leader visited and did a quality assessment and I had a questionnaire through the post. I gave them all positive feedback and said keep it up." A relative said, "I've had questionnaires and [registered manager] keeps in touch by email to check all is ok." People we spoke with told us they were confident if they had concerns, their feedback would be acted on. This showed the registered provider regularly sought the views of people who received support.

The service had a range of quality assurance systems. These included communication sheets, medication and food diary audits. These were completed, formally reviewed and recorded on a monthly basis. As the management team worked alongside staff, they told us they reviewed paperwork during their visits into people's homes. People we spoke with confirmed this, for example, one person said, "[Registered manager] pops in once a month to check that all is in place." The registered manager told us they did this to ensure they had oversight of the service and they could respond to any concerns highlighted and lead the service in ongoing improvements

We spoke with the registered manager about working with other agencies. They told us they were part of a registered manager's network. They felt sharing information with other registered managers allowed them to gather new ideas and learn from each other. For example, the registered provider reviewed staff terms and conditions and this had positively affected staff retention and recruitment. This showed the registered provider was open to continuously learn and improve to promote the continuity of safe care.

We noted the registered provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should bad weather an incident or accident occur. This meant the provider had plans to protect people if untoward events occurred.