AM2PM Quality Care Limited

AM2PM Quality Care

Inspection report

Lombard Business Park
8 Lombard Road
London
SW19 3TZ

Tel: 02071172936
Website: www.am2pmcare.com

Date of inspection visit:
23 May 2018
05 June 2018

Date of publication:
02 July 2018

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?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection carried out on 23 May and 5 June 2018.

AM2PM Quality Care is a home care agency. The service provides personal care and support to both younger and older adults living in their own homes in and around South London and Surrey. At the time of our inspection seven people with a range of health and personal care needs were using the service including, people living with dementia and those with physical disabilities. Some people receive 24-hour home care and support from this agency and have live-in care workers.

All seven people currently using this agency received an activity regulated by the Care Quality Commission (CQC). The 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 consider any wider social care provided.

The service had a registered manager in post who was also the company's co-director. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

This provider was newly registered with the CQC in January 2018. This comprehensive inspection is the first time this new home care agency will have been inspected and rated by us. We have rated them 'Good' overall and for the four key questions, 'Is the service safe, effective, caring and responsive?'

However, we rated them 'Requires Improvement' for the one key question, 'Is the service well-led?' This was because the provider did not always maintain sufficiently detailed and easily accessible records in relation to people using the service, staff and the overall management of the service. During our inspection we discussed this record keeping issue with the registered manager who agreed to review the way the service maintained and stored records they are required to keep. Progress made by the provider to improve their record keeping and filing practices will be assessed at their next inspection.

In addition, although we saw risk assessments had been carried out by the registered manager and were available in people's care plans; we found the associated risk management plans for staff to follow were not always sufficiently detailed to ensure they had access to all the information they needed to mitigate these identified risks. This issue was also discussed with the registered manager during our inspection. They agreed to review all the risk management plans that were in place to ensure people were suitably protected from any hazards they might face. Progress made by the provider to achieve this stated aim will also be assessed at their next inspection.

These negative comments described above notwithstanding people using the service and their relatives told

us they were extremely happy with the standard of home care and support they received from this new agency.

This inspection was partially prompted because we received information from an anonymous source concerned the home care staff working for this provider might not be 'suitable' or 'competent' to perform this role because they had not been sufficiently vetted or trained by the provider. During this inspection we found the provider's staff recruitment procedures and training programme were sufficiently robust to mitigate the risk of people being cared for at home by unsuitable and incompetent staff.

People using the service and their relatives told us they felt safe with the staff who visited them at home. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. People and their relatives did not have any concerns about staff turning up late or missing scheduled visits. Staffing levels were well-coordinated by the registered manager to ensure people experienced continuity of care from the same group of staff who were familiar with their needs and wishes.

The registered manager and staff adhered to the Mental Capacity Act 2005 code of practice. People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People received the support they needed to stay healthy and to access healthcare services.

People and their relatives told us staff always treated them with dignity and respect. For example, staff ensured their family member's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received personalised support that was responsive to their individual needs. People were involved in planning the care and support they received. Each person had an up to date person centred care plan. People felt comfortable raising any issues they had about the provider and the service had suitable arrangements in place to deal with people's concerns and formal complaints.

The provider had an open and transparent culture. They routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the registered manager's audits and quality checks was used to continually assess, monitor and improve the safety and quality of the home care service children and adults using the service received. Staff felt valued and supported by the registered manager who was approachable and listened to what they had to say.

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.

However, although we saw risk assessments had been carried out and were available in people's care plans; we found the associated risk management plans were not always sufficiently detailed to ensure staff had access to all the information they needed to mitigate these identified risks. This issue was discussed with the registered manager who agreed to review all the risk management plans that were in place to ensure people were suitably protected from any hazards they might face.

Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

Where the service was responsible for supporting people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

Staff were aware of their responsibilities in relation to the MCA.

Where staff were responsible for this they supported people to eat and drink sufficient amounts. People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate advice and support was sought.

Is the service caring?

Good

The service was caring.

People using the service said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves.

Is the service responsive?

Good

The service was responsive.

Care plans reflected how people using the service wanted their personal care needs met. These were reviewed regularly by the registered manager.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Records kept by the service had not always been maintained in such a way as to ensure they were sufficiently detailed and easily accessible. We discussed this issue with the registered manager who agreed to review the way they maintained and organised records they are required to keep.

The provider routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

AM2PM Quality Care

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 was carried out on 23 May and 5 June 2018. The first day was unannounced and undertaken by two inspectors. We told the provider we would be returning for the second day, which was conducted by just the lead inspector.

This unannounced comprehensive inspection was prompted by information we received from an anonymous source concerned that people using the service might be being placed at unnecessary risk of harm because the provider's recruitment procedures were not sufficiently robust to check the suitably of new staff and they were not able to effectively carry out their duties of care because their training was inadequate.

Since this newly registered service had its inaugural inspection brought forward by eight months because of the concerns described above, the provider did not have enough time to complete a Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service.

On both days of our inspection we visited the agency's offices located in Morden and spoke in-person with the registered manager/co-director, the company's other co-director/head of finance and human resources and their data protection and information technology (IT) officer. We also looked at various records including, four people's care plans, five staff files and a range of other documents that related to the overall management of the service. On the second day of our inspection we visited a person using the service at their home and spoke face-to face with them and their live-in care worker. We also made telephone contact with three people using the service and four other people's relatives. We also received email feedback from seven care staff who worked for AM2PM Quality Care.

Good

Is the service safe?

Our findings

This inspection was partially prompted because we received information from an anonymous source concerned that people using the service might be at risk of harm because the provider was not checking staff they employed were 'suitable' or 'fit' to be home care workers.

We found the provider's staff recruitment procedures were robust. Records indicated when an individual applied to become a member of staff, the agency carried out thorough checks around their suitability to work in adult social care. This included looking at their right to work in the UK, employment history, previous work experience, employment/character references and criminal records. Records of staff interviews indicated all prospective new candidates were always interviewed by the registered manager and the questions asked to ascertain their competency to do the job were always relevant. These arrangements helped ensure only individuals that demonstrated the appropriate competencies, experience and knowledge would be deemed suitable to become home care workers for this agency.

Records indicated the registered manager had assessed risks people might face due to their specific health care needs. It was also clear from discussions we had with staff they understood the risks people might face and what action they needed to take to prevent or mitigate them. For example, one member of staff demonstrated good awareness of how to use a mobile hoist to safely transfer a person they regularly supported from their bed to their wheelchair. Other comments we received from staff included, "Risk assessments are easy to follow and we get briefed by the manager about any new or changes to risks people might face" and "During a double up call we ensure two carers are using the hoist with the proper sized sling."

However, although we saw risk assessments relating to the use of mobile hoists, preventing falls, skin integrity, medicines management, assisting people to eat and drink, and health and safety in the home were available in people's care plans; we found the risk management plans for staff to follow were not always sufficiently detailed to help staff prevent or manage these identified risks. We discussed this issue with the registered manager who agreed more could be done to improve all the risk management plans to ensure staff had access to all the information they needed to protect people from hazards they might face. Progress made by the service to achieve this stated aim will be assessed at their next inspection.

Maintenance records showed where staff used specialist medical equipment to support people in their own homes, such as mobile hoists and wheelchairs; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

The provider had robust systems in place to identify report and act on signs or allegations of abuse or neglect. Staff had received up to date safeguarding adults at risk training as part of their induction. Staff were familiar with the different signs of abuse and neglect, and action they should take to immediately report its occurrence. We saw information about how to report abuse and neglect and whistle blowing policy were included in the staff handbook, which was given to all new staff when they first started working for the agency. One member of staff told us, "I've received training to prevent abuse; I understand our

safeguarding policies and procedures and know I must tell the local authority, the CQC and sometimes the police depending on the seriousness of the abuse." Another member of staff said, "We have to download the safeguarding app on our phone so we can refer to it if we have a safeguarding issue." The registered manager knew how to contact the London Borough of Merton's safeguarding adults at risk team if required. No safeguarding concerns had been raised about this provider in their first six months of operation.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with emergencies, such as a fire in someone's home. The provider operated a key safe system which ensured keys for authorised care workers were kept secure. It was mandatory for staff to wear identity badges during a scheduled visit, which managers monitored during their bi-monthly spot checks. There was an out of hours on-call system in operation run by both the co-directors which ensured management support and advice was always available for staff when they needed it.

Staff's scheduled visits were well-organised. People using the service and their relatives told us staff were always on time and never missed a visit. Typical feedback we received included, "Carers from the previous home care agency I used were always late, but not my AM2PM carers", "My [family member's] carers never miss a visit and are always on time" and "Our carers from the last home care agency we used were always running late and sometimes never turned up at all, but we have no issues with staff punctuality at AM2PM… Staff time keeping is excellent." People were sent their rota a week in advance so they knew in good time the name/s of staff who would be visiting them and when. Staff told us their visits were well-coordinated by the registered manager.

Medicines were managed safely, where the service was responsible for this. Care plans contained detailed information regarding people's prescribed medicines and how they must be managed by staff. There were no gaps or omissions on medicines administration record (MAR) charts we looked at. Staff had completed training in the safe management of medicines and their competency to handle medicines safely was assessed at least annually.

People were protected by the prevention and control of infection. We saw the provider had an up to date infection control policy and procedure which was included in the staff handbook. Records showed staff had completed up to date infection prevention and control training. Staff told us they were always given ample supplies of personal protective equipment (PPE), such as disposable gloves and aprons, when they were required to provide people with personal care.

Good

Is the service effective?

Our findings

This inspection was partially prompted because we received information from an anonymous source concerned that staff who worked for this home care agency were not suitably trained to meet the needs of the people they supported.

We found the provider ensured staff had the right skills and knowledge to deliver effective home care to people they supported. Staff were required to complete a thorough induction, which included shadowing experienced staff during their scheduled home care visits. The induction, which was mandatory, covered the competencies required by the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. This included, for example, understanding their role and duty of care, dementia awareness and manual handling. Staff we spoke with demonstrated a good understanding of their working roles and responsibilities. In addition, new staff received a handbook that included the home care agency's rules in relation to their code of conduct at work.

Staff spoke positively about the training they had received and felt they had received all the training they needed to effectively carry out their roles and responsibilities. Staff told us they had all completed the Care Certificate as part of their induction. One member of staff said, "We have to complete all our training before we can start work here." This member of staff went onto list all the training they had received whilst working for AM2PM Quality Care, which included: moving and handling, managing medicines, basic life support, fire safety, conflicts resolution, equality and diversity, safeguarding adults, infection control, food hygiene and record keeping."

Staff had sufficient opportunities to review and develop their working practices and knowledge. The registered manager told us they were having individual supervision sessions with staff every six to eight weeks and group team meeting's once a quarter. The registered manager said in the future when the service and staff team was more established they planned to have quarterly supervision meeting's, including an annual appraisal of staff's overall work performance. It was clear from discussions we had with staff they felt the registered manager supported them. Records indicated the managers routinely carried out spot checks on them during their scheduled visits to monitor their working practices. This was confirmed by one member of staff who said, "The manager always conducts unannounced spot checks on us and we have regular supervision meetings with her."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Care plans included guidance

for staff regarding consent and an individual's capacity to make decisions. We also saw people using the service, or their representatives, signed care plans to indicate they agreed to the support provided. Staff told us they asked people they supported for their consent before delivering their personal care and always respected their right to say no. One member of staff said, "I always ask people for their consent before providing any of their care and always respect their decision." The registered manager told us if someone did not have the capacity to make decisions about their care, their family members and professional representatives would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act (2005). Records indicated arrangements had been made for all staff to receive mental capacity and Deprivation of Liberty Safeguards (DoLS) training within the next few months. Progress made to achieve this stated aim will be assessed at their next inspection.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on people's specific health care needs and preferences. Staff had received basic food hygiene training.

People using the service were supported to stay healthy and well. Care plans included personalised details about people's past and current health needs. When staff had concerns about an individual's health and wellbeing they notified the registered manager so that appropriate support and assistance could be sought from the relevant health care professionals. A member of staff gave us a good example of prompt action they had taken to call an ambulance when they become concerned about the pain a person they regularly supported expressed being in.

Good

Is the service caring?

Our findings

Feedback we received from people using the service and their relatives was extremely positive about the standard of home care and support provided by this agency. Typical comments included, "I love this agency and get on really well with my carers", "The staff at the last agency I used weren't looking after me properly, but this AM2PM lot are amazing" and "The carers are really kind and caring...I would definitely recommend them to anyone." In addition, we saw written feedback the provider had received from relative's in the first six months of their operation were equally complimentary. One relative wrote, "I compliment you [registered manager] and your staff for the wonderful care you've provided my [family member]", while another remarked, "Staff have a lovely, friendly, relaxed attitude, which makes my [family member] always very happy to see them."

Staff were familiar with the needs and preferences of the people they supported. People using the service and their relative told us they or their family member consistently received 'good' quality care from the same staff who were familiar with their needs, daily routines and preferences. One person said, "When I was with another agency I use to get a different carer every day, but AM2PM make sure I have the same group of carers who know what I need and like." The registered manager told us as part of the initial assessment process they identified what people's preferences were in relation to the gender of staff they wanted to provide their personal care. This was confirmed by people using the service. One person told us they had requested to have both a male and female care worker attend their scheduled visits, which the agency ensured happened. Another person said their request for their regular care workers not to wear a uniform was respected by the agency.

Staff communicated with people in appropriate ways. Care plans included detailed guidance for staff about the specific way people preferred to communicate. During our inspection we observed staff take their time to expertly translate exactly what a person they regularly supported with communication difficulties was telling us about the agency, their hobbies and family history. It was clear the person using the service and their regular care worker had an excellent rapport with one another and could communicate effectively with each other. Staff received communication training as part of their induction.

People were given essential information about what the agency could provide them. The registered manager confirmed people were given a 'guide' that included information about the home care services they provided. The registered manager also told us if any person planning to use the service was not able to understand this information they could provide it in different formats including, audio and large print versions, or in a different language.

The provider had a confidentiality policy and procedure in place. Training for staff in how to handle information confidentially formed part of their induction. One staff member told us, "I was taught as part of my induction to never share personal information about people we support."

Staff treated people with respect and dignity. People using the service and their relatives told us staff always treated them respectfully. One relative said, "Staff ensure doors are always kept closed when they provide

my [family member] with any personal care," while a relative told us, "Staff absolutely respect my [family member's] privacy and dignity and always treat them with the utmost kindness." Staff had completed privacy and dignity training during their induction. Staff spoke about people they supported in a respectful way. Typical comments we received from staff about respecting people's privacy and dignity included, "I respect people's privacy by knocking on their door before entering their room and ensuring their curtains are closed and they are covered with a towel when I'm providing them with personal care," "I always introduce my presence when I first come in and call people by the name they want to be called" and "When my client is on his phone I give them privacy by leaving the room."

The service respected people's equality and diversity. The provider had up to date equality and diversity policies and procedures which made it clear how they expected staff to uphold people's rights and ensure their diverse needs were always respected. Staff received equality and diversity training as part of their induction and they demonstrated a good understanding of how to protect people from discrimination and harassment. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

The service supported people to be as independent as possible. One person told us staff helped them maintain their independent living skills by encouraging them to continue managing their own medicines. Care plans reflected this approach and included detailed information about what people could and wanted to do for themselves and what help they needed with tasks they couldn't undertake independently. Staff confirmed they supported a person to participate in some household chores around their home, such as ironing and dusting, which was recorded in their care plan as activities they enjoyed doing.

The service respected people's equality and diversity. The provider had up to date equality and diversity policies and procedures which made it clear how they expected staff to uphold people's rights and ensure their diverse needs were always respected. Staff received equality and diversity training as part of their induction and they demonstrated a good understanding of how to protect people from discrimination and harassment. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

The service supported people to be as independent as possible. One person told us staff helped them maintain their independent living skills by encouraging them to continue managing their own medicines. Care plans reflected this approach and included detailed information about people could and wanted to do for themselves and what help they needed with tasks they couldn't undertake independently. Staff confirmed they supported a person to participate in some light household chores around their home, such as ironing and dusting, which was recorded in their care plan as activities they enjoyed doing.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us the registered manager had visited them at home to complete an initial assessment of their needs and were fully involved in the process of deciding the home care service they would be provided. One person told us, "Staff follow my care plan and always listen to what I have to say to them", while another person said, "My carers ask me every day what I would like to wear and eat at mealtimes." We saw care plans were personalised and focused on people's individual needs, abilities and preferences. They also included detailed information about staffs call times, the duration of those calls, and how they preferred staff to deliver their personal care. Staff had received training in how to work in a person-centred way as part of their induction. One member of staff told us, "I always treat people as individuals."

Staff were knowledgeable about the needs, choices and preferences of people they supported. Staff told us they had been given handheld electronic devices which contained the most up to date versions of people's care plan. Staff also told us these electronic care plans were "easy to follow". One member of staff said, "These care plans are very clear and they provide us with all the information about how to meet people's needs and wishes." It was also clear from the comments we received from another member of staff we spoke with in-person they knew what the person they regularly supported liked to eat and drink, what sporting activities they enjoyed doing, what football team they supported and what type of music they liked listening too.

Care plans were kept up to date. Care plans were reviewed at least bi-annually or much sooner if there had been changes to a person's needs or circumstances. Where changes were identified, care plans were updated promptly and information about this was shared with all staff. This ensured staff had access to the latest information about how people should be supported.

People participated in activities of their choosing in the wider community, where the provider was responsible for this. It was clear from one care plan we looked at what activities this person enjoyed doing. A member of staff gave us a good example of how they supported a person who was at risk of becoming socially isolated at home to regularly participate in sporting activities in the local community.

People received personalised care which was responsive to their needs. People told us the registered manager had visited them at home to complete an initial assessment of their needs and they were fully involved in the process of deciding the home care service they would be provided with. One person told us, "Staff follow my care plan and always listen to what I have to say to them," while another person said, "My carers ask me every day what I would like to wear and eat at mealtimes." We saw care plans were personalised and focused on people's individual needs, abilities and preferences. They also included detailed information about staff's call times, the duration of those calls, and how they preferred staff to deliver their personal care. Staff had received training in how to work in a person-centred way as part of their induction.

The provider had suitable arrangements in place to respond to people's concerns and complaints. People

and their relatives said they knew how to make a complaint if they felt dissatisfied with the home care service they had received. The provider's complaints procedure was included in the service user's guide, which set out how people's concerns and complaints would be dealt with. We saw a process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve any issued that had been raised.

The registered manager told us that no one currently using the service required support with end of life care.

Requires Improvement

Is the service well-led?

Our findings

The provider had established some good governance system to assess and monitor the quality and safety of the care and support people using the service received. For example, we saw they operated an electronic computer system that would automatically flag up when staffs mandatory training required refreshing, their annual work performance appraisal was overdue and when the provider needed to reassess existing staff's criminal records checks. The registered manager told us they planned to re-check staffs Disclosure and Barring Service (DBS) checks at least every three years. In addition, we saw spot checks were carried out every six to eight weeks by the office based managers to monitor staffs working practices including, their time keeping, attitude and knowledge of the people they supported. One member of staff told us, "Spot checks are regularly done by the office managers…They just arrive when we are on a call."

However, the positive points made above notwithstanding about the provider's governance systems; we found some of their record keeping was inconsistent and was not always accessible. Several relatives told us they were unhappy they could not access the electronic records staff kept on their handheld devices in relation to their family members who received a home care service from this agency. Typical comments we received included, "I don't have a daily record to read so I can see what's been happening with my [family member] …Staff talk about the information being available on their phones, but that's no use to me," "Staff record keeping can be a very hit and miss affair" and "A district nurse visited us the other week and was frustrated they couldn't find any of my [family members] daily notes carers should be keeping. This meant it was more difficult for the nurse to properly assess my [family members] health."

In addition, although people using the service and their relatives told us the office based managers regularly telephoned them to gather their feedback about the home care service they received, no record of the outcome of this contact was kept. Similarly, although staff confirmed they had attended two team meetings with their fellow co-workers in the last six months, the minutes of these meetings had not been recorded. The outcome of monitoring spot checks by managers on staff's medicines handling practices had also not been recorded on any spot check forms we looked at.

Furthermore, although the registered manager had provided us with all the information we had requested about staffs DBS checks and people's medicines administration records (MAR) by the second day of our inspection; they had been unable to find this information in a timely manner when we initially requested it on the first day.
We discussed these records keeping issues with the registered manager. They told us they were aware of the concerns raised by some relatives about not being unable to see information contained on electronic record's and were in the process of introducing a new portal system that would allow people using the service and their relatives to access relevant information. Furthermore, the registered manager agreed to improve the way the office based staff kept records and ensured they could be accessed quickly on request. Progress made by the provider to improve their record keeping will be assessed at their next inspection.

The service had a registered manager in post. People and their relatives told us the registered manager was very approachable. One relative said, "I have a lot of time for [registered manager's name] …She's

wonderful. Best manager of a home care agency I've known and I've dealt with quite a few in my time." Another relative commented, "The manager is very approachable and genuinely kind… [name of registered manager] came to see us the other day and I know I can call her anytime if I've got a query."

Staff were equally complimentary about the registered manager and her leadership style. Typical comments we received from them included, "She [the registered manager] is very hands on and approachable," "AM2PM has a well-run office and I would recommend them as a good home care agency to work for" and "You can speak to her [registered manager] at any time and she will be available to give you answers and guidance."

The registered manager demonstrated a good understanding of their role and responsibilities particularly about legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service. Notifications were submitted to the CQC as required.

The provider promoted an open and inclusive culture which welcomed and considered the views and suggestions of people using the service and their relatives. One person told us, "My carers always listen to me and do what I ask." The registered manager told us due to the small size of their current operation herself and co-director routinely gathered feedback from people and their relative's through regular telephone contact and bi-monthly visits to people's own homes. The registered manager told us they planned to introduce annual satisfaction surveys for people and their relative's.

The provider valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions to the managers through regular individual and group meetings. Staff also said they enjoyed working at the service and they received good support from the registered manager and the other office based staff.

The registered manager worked closely with various local authorities and community health and social care professionals to review joint working arrangements and to share best practice. The registered manager told us they were in regular contact with people's GP's, social workers, district nurses, and occupational therapists to discuss people's changing needs and/or circumstances with the relevant professional bodies.