

Beyea Care Limited

# Beyea Care 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults. At the time of this announced inspection of 7 March 2018 there were 60 people who used the service. We gave the service 48 hours' notice of our inspection to make sure that someone was available during the inspection.

At our last inspection of 23 September 2015 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However we have rated the key question Caring as Outstanding. This is because without exception people and relatives told us about the caring and compassionate care that they received. The care that people received was designed to demonstrate to people that they mattered. People talked about how their views and comments were listened to and acted on. The ways that people's care was planned for and met demonstrated the exceptionally caring service provided.

At our last inspection safe was rated as Requires Improvement, and there was a breach of Regulation 12; Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had not retained the information received from the pharmacy with people's monitored dosage system blister packs. At this inspection we found that the service was no longer in breach of the Regulation. There were systems in place to guide care workers about the types of medicines people had.

There was registered manager in post, who was also a director. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided a safe service to people. This included systems designed to minimise the risks to people, including from abuse. The service ensured there were sufficient care workers to cover people's planned care visits. Recruitment of care workers was completed safely. Where people required support with their medicines, this was carried out in a safe way. There were infection control procedures in place to guide care workers in how to minimise the risks of cross infection.

People's needs were met by care workers who were trained and supported. The service understood the principles of the Mental Capacity Act 2005 and people were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people required support with their dietary needs, systems were in place to support them. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, if required. A complaints procedure was in place and complaints were acted upon and used to improve the service.

The service continued to have an open and empowering culture. The service used comments from people and incidents in the service to learn from these to drive improvement. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

Further information is in the detailed findings below.

## 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.

There were systems in place designed to reduce the risks to people and keep them safe from harm.

Systems were in place to ensure that there were enough staff to meet people's needs. Safe recruitment processes were in place.

Where people needed support to take their medicines this was done safely.

Systems to minimise the risks of cross infection were in place.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

Without exception, people and relatives told us about how they were provided with kind and compassionate care.

People's care was planned for and met in ways that were respectful to their rights and diversity.

People's preferences, about how their care was delivered, were promoted and respected.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Beyea Care 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 checked 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.

This announced comprehensive inspection was carried out by one inspector on 7 March 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available.

The inspection activity started on 7 March 2018 and ended on 9 March 2018. It included a visit to the office location and telephone calls to seven people who used the service and the relatives of eight people.

We visited the office location on 7 March 2018 to see the registered manager and office staff. We spoke with the registered manager, who was also a director, the co-director, the care coordinator, the field quality manager, the associate field quality manager, one senior care worker and one care worker. We also spoke with a person who used the service who visited the office at the time of our inspection. We reviewed 10 people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of four care workers.

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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection we contacted the local authority contracts and provider support teams for feedback about the service. We received no information of concern.

We sent questionnaires to 49 people using the service, 49 to relatives, and 33 to staff. This was to gain feedback about the service provided. We received completed questionnaires from 22 people, two relatives and 15 staff.

# Is the service safe?

## Our findings

At our last inspection of 23 September 2015 the service was rated Good. Safe was rated Requires Improvement and there was a breach of Regulation 12: Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had not retained the information received from the pharmacy with people's monitored dosage system blister packs. At this inspection we found that the service was no longer in breach of the Regulation. There were systems in place to guide care workers about the types of medicines people had. At this inspection we rated this key question as Good.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "I can do them myself, they [care workers] put them out for me though and remind me to take them." Another person said, "I used to be self-sufficient, I just need reminding now because of my memory. They [care workers] always ask me if I have taken them."

Medicines were administered safely. Care workers were trained in the safe management of medicines. Records included the support that each person required with their medicines and that medicines were given to people when they needed them. People's records included what medicines they took, what they were prescribed for and any side effects that the care workers should be aware of if they noted any changes in people's wellbeing.

There were robust systems in place to identify and address any incidents that arose with medicines administration and management. These were analysed to check if there were any patterns. This included where there had been omissions in the medicines administration records (MAR). For example, investigations had been undertaken and found that the administration had been recorded in the daily records. To address this it had been raised in a staff meeting and with the care workers involved. This was also followed up in spot checks on care workers and if required further training was provided. This demonstrated that the service had systems in place to identify when things had gone wrong and take actions to drive improvement in the service and reduce the risks of recurrence.

Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and in their homes. The registered manager explained that when care workers were given their rotas, information relating to how staff accessed people's homes (for example via a key pad), was provided separately to ensure that the information was safeguarded.

People told us that they felt safe with their care workers. One person said, "They [care workers] make sure I am safe at night, ready for bed and lock up, check the house is secure." One person's relative said, "They are totally trustworthy, I know [relative] is safe with them." All of the questionnaires we received from people said that they felt safe from abuse and or harm from their care workers. All of the questionnaires from people's relatives said that they believed that their relative was safe from abuse and or harm from the care workers.

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding. All of the questionnaires from care workers knew what action to take if they suspected a person was being abused and that people were safe from harm and abuse from the staff working for the service. Discussions with the field quality manager demonstrated how they had acted swiftly after concerns of the risk of abuse were raised by a person and care workers. Following the referral they had made to the local authority safeguarding team, the management team had worked with other professionals involved in the person's care to reduce the risks of abuse. We saw records which identified that when concerns had been raised about the provision of the service, these were fully investigated and where learning had been identified this was addressed. For example, providing care workers with training.

People and relatives told us that if the care workers were going to be late, they were informed. One person said, "They [care workers] are pretty prompt." Another person said, "They can be a bit late, five minutes or so, but I understand that." One person's relative said, "The traffic in Ipswich can be a nightmare, but they [care workers] always get here," we heard the care worker arrive to visit their relative whilst we were on the telephone and the person's relative said to us, "Right on cue." Staff spoken with told us that there were enough care workers to cover all the care visits. We asked one care worker what they felt that the service did well and they told us, "Everything, the planning in the office is good, they get everything covered and tell me what I am doing."

The staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. The field quality manager told us that the service did not take on any new care packages unless they were assured that they had the care workers in place to support these people. The registered manager explained how, when there had been a reduction of care workers in one area, they had made the difficult decision to reduce the care provided in this area.

The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. This included checks from previous employers and Disclosure and Barring Service (DBS). A DBS provides employers with information, such as if prospective employees have been convicted of offences.

All of the questionnaires from people and relatives said that care workers did all they could to prevent and control infection, for example by using hand gel, gloves and aprons. One person's relative told us, "I have seen them [care workers] washing their hands."

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. This was confirmed when a care worker collected boxes of gloves on the day of our inspection visit. They told us, "I just come in and get them when I need them." The registered manager told us that care workers were guided on good infection control processes in using gloves straight from the box and not transporting them in their uniform pockets and always to wash their hands before and after using gloves.



## Is the service effective?

### Our findings

At our last inspection of 23 September 2015 Effective was rated Good. At this inspection we found Effective remained Good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The management and the care workers worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. For example, health professionals and occupational therapists.

People continued to be supported to maintain good health and had access to health professionals where required. One person said, "They [care workers] will tell me if something is wrong, if my skin is dry, they will give me advice and offer to call the doctor." Another person told us that their care workers attended appointments with them, "Went with me and waited, I felt better with them there, I was worried." One person's relative said that their relative was prone to urinary tract infections, "They [care workers] are really on the ball, if [relative] is ill they will let us know and organise for someone [health professional] to come out."

People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans. The field quality team told us how they supported people to attend health appointments. During our visit to the service's office we saw members of the field quality team in telephone calls to people and other professionals regarding their health needs. One care worker made a telephone call to the management team about concerns in relation to a person's wellbeing. They were provided with the telephone number of the person's community nurse and asked to call them and explain what they had observed.

There were systems in place to support people in transitions to other care services. For example, the service had offered to support people's move to another domiciliary care service. This included meeting with the new care workers and explaining how people's needs were met. The registered manager had met with people and explained what they could expect during the change. They had worked with the authority who purchased the care for these people throughout the process to support a smooth transition and to ensure their needs were met consistently and effectively.

The service continued to provide care workers with training and support to meet people's needs effectively. One person's relative said, "I think they [care workers] are well trained, we have never had any issues." All of the questionnaires from people's relatives said that the care workers had the right skills and knowledge to give their relative the required care and support. People and relatives were asked for their views about the service in the provider's satisfaction questionnaires. We reviewed the results from the process in 2017. One comment from a relative identified that they felt that the care workers had the skills to meet their relative's needs, "All of the carers are kind, sympathetic and very professional, they are well trained."

The service continued to have systems in place to provide care workers with the training they needed to

meet people's needs effectively and to achieve qualifications in care. Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported. This included training in dementia, equality and diversity, end of life and diabetes. The registered manager told us that when people had specific conditions care workers were provided with information sheets on these subjects.

Before they started working in the service care workers were provided with an induction which provided them with the training they needed to meet people's needs and shadowed more experienced care workers. One person told us, "They are well trained, when there is a new one [care worker] they get training on the job, shadowing they call it." Care workers were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to. One care worker told us, "I have done the Care Certificate, all training, safeguarding, dementia, Mental Capacity Act. If anything changes we get training."

Records and discussions with care workers showed that they continued to receive one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

The service continued to support people to maintain a healthy diet, where required. People and relatives were asked for their views about the service in the provider's satisfaction questionnaires. We saw the results from the questionnaires received by the service in 2017. One person commented about the support they received with their dietary needs, "Warm up my food and give me something to drink, they are very caring." One senior care worker told us about the support they provided to a person because they had been reluctant to eat. In consultation with the person and their relatives they had developed a strategy to support the person. We spoke with this person who was happy with the arrangements and they were enjoying eating meals out. Records demonstrated that people were provided with the support they needed in this area. People's records identified the support that they required and warning signs that care workers should be aware of relating to their dietary needs. For example if people were at risk of choking, care workers were guided in the actions they should take to reduce the risk.

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 told us that the care workers asked for their consent before providing any care. One person said, "They [care workers] always ask what I need." People's care records continued to identify their capacity to make decisions. People had signed their care records to show that they consented to the care they were being provided with. Care workers had been trained in the MCA and continued to demonstrate they understood this and how it applied to the people they supported.

## Is the service caring?

### Our findings

At our last inspection of 23 September 2015 Caring was rated Good. At this inspection we found Caring was Outstanding. This was because the management team and care workers provided an extremely caring service. Management led by example and care workers and staff working for the service were committed to care for people in a compassionate and person centred way.

Without exception people told us about the very caring and compassionate service they received which was respectful of their diversity. All of the questionnaires from people and relatives said that the care workers were caring and kind. People told us that their care workers treated them with kindness and respect. One person said, "They are lovely lovely people. [Regular care worker] is an absolute dream, couldn't do enough for you. The others are lovely as well, they really are wonderful, very caring, treat me with so much respect." One person's relative said about the care workers, "[Relative] has got to know them so well, they [care workers] give [relative] a little kiss on the cheek, it is so sweet. It is a more personal service, excellent." Another relative told us how the care workers were compassionate when caring for their relative. This included communicating effectively with the person who had sensory loss, "They touch [relative] when they arrive so [relative] knows who it is." They said that their relative was fond of their regular care worker and that the care worker read to their relative and talked with them about their interests, "Makes my [relative] feel like normal [before their sensory loss]. Brightens up [relative's] day."

People told us that they were provided with care workers who were known to them. One person said, "We keep a routine with the carers, I know them quite well, there are no strangers on the list [their visit schedule provided to them weekly]." One person's relative commented, "They team up the right carer with the right client, they seem to get that right." Another relative said, "It is important to [relative] to have a small group [of care workers] for continuity. They know how to care for [relative] and what makes [relative] anxious, they know how to talk to [relative]." This showed that people were provided with a consistent service.

All of the questionnaires received from people and relatives said that they would recommend the service to others. One person's relative we spoke with told us, "They do an absolutely fantastic job, I would not hesitate to recommend them."

We saw cards and letters received by the service thanking them for the care and support provided. One from a person's relative stated, "[Person] thought the world of you all, [person] enjoyed the fun, jokes and discussing how well or bad Ipswich town were doing." Another stated, "I have always been impressed and very thankful for the way my [relative] is treated. Always with care and respect." A card from one person stated that they had problems with hearing and had to ask care workers to repeat themselves, which they did. The person stated, "I am never made to feel a nuisance or silly."

People and relatives were asked for their views about the service in the provider's satisfaction questionnaires. The results from the process in 2017, which were all complimentary about the care and compassion they received from the service and the care workers. Comments included, "All the carers are lovely with [relative] and very caring," "Patient with me in communication and my slow movement," and,

"Friendly, calm, allowed [relative] time, didn't rush [them], important because of [relative's] dementia."

The service demonstrated their caring nature when they had continued to provide support to people living alone during recent bad weather which affected travel and services in the community. One person was speaking with the field quality manager and asked to share their views with the registered manager and office staff about the recent weather issues and how their care workers had arrived as planned. The person agreed to be placed on loud speaker and they stated that they were very happy that their care workers had visited them during the bad weather, "Those [care workers] of yours are remarkable, they deserve praise. Last week they were brilliant." One person we spoke with told us that they had originally cancelled their visit because a relative was planning to stay with them, but because of the snow they had not been able to travel. The person said that they had called the service to tell them about this, "To my amazement they [care worker] came right on time, brilliant."

The service had systems in place to show people that they mattered. The registered manager showed us a birthday card that was being sent to a person. They said that these were ordered for people and were personalised. This was because it was difficult to find cards for people over 100 years of age. The card they showed us had the person's age and their name printed on the front. We saw thank you cards and letters received by the service. One was from a person who had received a birthday card stated, "It made my day to receive it," and that their birthday was, "Made special by all your kindness."

The registered manager, care workers and the staff we spoke with talked about people in a compassionate manner. They all knew the people they cared for very well. People's records included information for care workers about their interests and history. During our visit to the office we saw a care worker and a person visit for a coffee. They were passing the office after an outing and the person had wanted to see the staff. The staff in the office made a fuss of the person and they all clearly knew each other well.

All of the questionnaires from people and relatives said that care workers treated people with respect and dignity. Care workers and staff understood why it was important to respect people's dignity, independence, privacy and choices. Care workers were provided with guidance on how people's rights were respected in their care plans. One person told us, "My privacy is definitely respected. Put it this way when I have a shower I never feel uncomfortable or embarrassed." Another person said, "They make sure I am safe in the shower, then wait the other side of the door until I call for help." One person's relative commented, "They shut the curtains, [relative's] privacy is respected I would say so."

All of the questionnaires from people and relatives said that people were supported to be as independent as they could be. One person told us why they used the service and that they needed support to, "Get better," they said about how the care workers respected their independence, "They stand back and wait for me to ask for help, they always listen. This is very important to me." The person told us that they felt that their health and wellbeing was improving as a result of the care and support they were receiving. People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected.

People told us that the care workers listened to them and acted on what they said and they were consulted relating to their care provision. One person said, "When we first started using them, someone came out and we talked about it. We have got into a nice little routine now." Another person said, "They listen to what I want, always ask if I need anything before they leave." One person's relative said that they had a communication book in their relative's home, "If I need to tell them [care workers] anything I put it in the book and they always act. They leave me little notes to say what they have done." Another relative said that they had a similar system of communication with the care workers, "We have good lines of communication,

if they are worried about anything they let me know by text or will leave me a note."

Records demonstrated that people made decisions about their care and that their views were listened to and used when planning people's care. People's care records identified that they had been involved throughout their care planning. This included their choices about how they wanted to be cared for and supported, for example if people wanted a specific gender of care worker. The registered manager told us that the computerised planning system flagged up people's choices, such as the chosen gender of care workers and if they preferred to receive care from a non-smoker. The records identified the routines that people had with regards to their personal care. This ensured that care workers received guidance about how people's routines and preferences were respected. The care plans identified people's diverse conditions and how these affected their daily lives. Care workers were guided in how to meet people's needs. This included both physical and mental health conditions. We asked one person's relative what they thought the service did well, "Dementia care, they [care workers] are familiar and keep the same [care workers] which is ideal."

The associate field quality manager told us how they used good communication strategies with people to ensure that they were supported to express their views if something was not right. This included quarterly quality control meetings with people where they were asked for their views about the service they were provided with. A person told us that when they had the quality control meetings their views were listened to. A person's relative said that these meetings happened often and their relative saw it as a, "Coffee and chat, talk about what is happening and if anything is wrong. They do listen to what you say." Where areas for improvement were identified these were addressed promptly, for example by updating care records.

## Is the service responsive?

### Our findings

At our last inspection of 23 September 2015 Responsive was rated Good. At this inspection we found Responsive remained Good.

All of the questionnaires received from people and relatives said that they were happy with the care and support provided. One person we spoke with said, "I am more than happy with everything that they do." One person's relative commented, "It means a lot to me that [relative] is looked after well. They [care workers] know about [relative] and how to care for them." We saw correspondence received by the service from a social care professional which complimented the service on the, "Excellent care," provided to people.

We saw cards and letters received by the service thanking them for the care and support provided. Some of which thanked the service for how they responded to people's needs. This included a comment from a relative, "Sometimes they [care workers] have to stay longer especially in the morning when [relative] may have had an accident. They stay till everything is at it should be." One person stated that when they needed to change their visit times the service, "Never mind if a change has to be made to my schedule." We saw an example of how the service responded to people's needs and preferences during our visit to the office. A person had telephoned the care coordinator and discussed their visit times because they had a planned appointment with a health professional. The care coordinator offered options for the person and they agreed on a later visit from their care workers after their appointment. They then telephoned the person's care worker and arranged for this change to be made to accommodate the person. One person's relative told us, "If we are going out, they [care workers] will come in earlier for us."

The service continued to ensure that people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. The records provided care workers with information about how to meet people's specific needs and preferences. The records demonstrated that people received care and support which was tailor made to their needs and preferences. We saw the weekly rotas that were provided to care workers of their care visits. These included important information specific to people. For example, allergies, and one person, at their tea time visit wanted to have their preferred their mouth care items left out for them to use.

Care reviews and quality control visits were held every three months with people and their relatives, where required, to ensure that the records were up to date and reflected people's needs and preferences. People's daily records included information about the care and support provided to people each day and their wellbeing.

People told us they knew how to make a complaint and felt that they were addressed to their satisfaction. One person said, "I really don't have any complaints. [Name of staff member who completes their quality visits] comes in and if I have anything to say we talk about it and I know it is looked at." One person's relative said that they had raised a concern with the office staff and this was addressed by ensuring the care workers observed their relative taking their medicines.

All of the questionnaires from people said that they knew how to make a complaint and that the service's staff responded well to any concerns or complaints raised. There was a complaints procedure in place, each person was provided a copy with their care plan documents. People told us that they knew how to make a complaint and were confident that any concerns would be addressed. Records of complaints showed that they were listened to, addressed and used to improve the service.

Where people were at the end of their life the service provided the care and support that they wanted. People's wishes, such as if they wanted to be resuscitated, were included in their care records. The registered manager told us that care workers were provided with end of life training and the service's policy ensured that people's choices were respected. This included if people wished to be cared for at home during their end of life. The management team told us how they ensured that familiar care workers were supporting people at the end of their life. They understood that people's hearing was the last sense to be lost and that they felt that if people could hear familiar voices this would provide them with comfort. They provided a service where care workers would remain with people throughout the night if this was needed. They shared an example of the care and support provided with a person who had returned home from hospital to receive end of life care. However, this person's wellbeing had improved and they referred to them as their, "Medical miracle." A member of the management team told us how they were working with the person's family and other professionals to obtain equipment to support the person to get up from bed now they were improving.

One person's relative told us in a questionnaire we received, "I cannot fault the care and dignity which the carers treated my spouse, they were always on time, so gentle with them and kept them beautifully clean. They were also very supportive of me." We saw thank you cards and letters received by the service, some of these related to the end of life care provided. One started, "Thank you all so much for the care and attention shown to [person] for the [time] period until [person's] death on [date]. [Person] was very appreciative of you all for the respect that was shown at all times and for me the support and kindness. Keep up the good work." There were also cards thanking the service for the support provided to relatives when people had passed away. One card identified the support and advice provided regarding the coroner and stated, "Thank you for all your concerns." Another stated, "I was overwhelmed on [day] how [staff working for the service] were so kind to [person's spouse] and especially when [care worker] offered to stay with [spouse]."

## Is the service well-led?

### Our findings

At our last inspection of 23 September 2015 Well-led was rated Good. At this inspection we found Well-led remained Good.

The registered manager, who was also a director, was supported by staff to meet people's needs in a safe and effective way. The field quality manager and the associate field quality manager were responsible for managing care workers, including undertaking supervisions, and spot checks. Spot checks were observation of care workers in their usual work practice to check that they were meeting the required standards when caring for people. In addition these members of the management team undertook the quarterly quality visits and reviews with people and their relatives. The care coordinator was responsible for making sure that all care visits were covered.

The registered manager continued to promote an open culture where people and care workers were asked for their views of the service provided. We received positive comments about the service, the registered manager and how they led the service. Where comments from people were received the service continued to address them. People completed satisfaction questionnaires and had three monthly quality control meetings with the field quality team. People using the service were encouraged to feed back to the service about the performance of their care workers during care worker spot checks.

Care workers told us that they felt supported by the service's management team. They were committed to the service's aims and objectives and providing people with good quality care at all times. To show that care workers were valued the service operated an appreciation award system where they were recognised for their good work. Staff working for the service were provided with the opportunity to comment on the service, including in meetings. The minutes of a senior meeting in February 2018 identified discussions were held about rotas, out of hours on call service was working well, shadowing shifts and induction for new care workers. These minutes demonstrated that the senior's suggestions and comments were valued and listened to. The minutes of care worker meetings in 2017 showed they were kept updated about any changes and the requirements of their role including confidentiality.

The service continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management, health and safety and the care provided to people. We saw that these audits and checks supported the registered manager in identifying shortfalls and take action to address them. This meant that the service continued to improve. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. There was a system in place to monitor and address incidents of missed visits. These were analysed to check if there were any trends, for example the same care workers or reasons. Where incidents had occurred the person was apologised to, care workers and staff involved were advised of the improvements they needed to make, for example checking their rota for changes.

The service worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. The



registered manager told us how they had links with community initiatives, including a service to provide people with specific needs advice and support in healthy eating and living. They had also worked in partnership with another care service to provide a Christmas meal for people. We saw correspondence from this service which confirmed what we had been told. The service had organised a coffee morning to raise funds for a charity in September 2017. People were sent an invitation and advised that they could contact the service if they needed assistance with transport. One person's relative told us that they and their relative had attended the coffee morning which they enjoyed.