

Timeless Resources Limited

Astor Care and Nursing Agency

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 took place on 12 and 13 January 2017 and was announced.

Astor Care and Nursing Agency is a domiciliary care service providing personal care for people with a variety of needs including older persons, people with learning disabilities and people with mental health support needs. The service supported 283 people at the time of our inspection, 155 of whom were receiving personal care.

There was a registered manager in post who supported us during the inspection. 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.

People told us they felt safe and trusted the staff who supported them. Assessments of risks had been undertaken and staff were aware of the precautions they needed to take to keep people safe. People and their relatives told us that they were supported by regular carers who arrived on time and stayed for the planned duration of the visit. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe.

The registered manager made sure there were enough staff at all times to meet people's needs. Systems were in place to ensure people received their medicines safely. Staff received training in the administration of medicines and their competency was assessed. A contingency plan was in place to ensure people would continue to receive care in the event of an emergency.

Robust recruitment processes were in place to ensure that staff employed were suitable to work in the service. Staff told us they felt supported by the management team and were provided with supervision, training and development opportunities. New staff were required to undertake an induction programme which included shadowing more experienced staff members until they were confident in their role.

People told us that staff gained their consent before delivering care and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's health needs were closely monitored by staff and prompt action was taken where concerns were identified. Where people required support from staff to prepare food this was done in accordance with their needs and preferences.

People's care was provided by caring staff who treated them with compassion. People told us that staff respected their dignity when providing personal care and encouraged them to maintain their independence. We heard examples of staff responding to people with kindness and taking steps to ensure people were comfortable and felt well cared for. Systems were in place to ensure that people received care from small groups of staff who knew their needs well.

The service was highly responsive to people's needs. People and their relatives told us the service was extremely flexible, accommodating and responsive to their requests. We heard of examples where the service had responded quickly to people's changing needs and requests for additional support which had led to positive outcomes for people and their relatives. The service supported people to maintain contact with their family members and others who were important to them. Activities and opportunities to access day centres were arranged for people to minimise the risk of social isolation.

Assessments were completed prior to people being offered a service to ensure their needs could be met. People and their relatives told us that they were involved in developing care plans which were regularly reviewed by senior staff. They told us that staff followed their care plan and were aware of their needs and preferences.

The registered manager was passionate about the service and took steps to ensure that the quality of the service continued to improve. Quality assurance processes were in place to monitor people's experience of the service they received and regular checks of records were maintained. We noted that records for people did not always contain detailed guidance for staff to follow regarding people's needs. However, due to the highly personalised nature of the service there was no evidence to demonstrate this impacted on people's care.

There was a complaints policy in place and people told us they were confident that any concerns would be addressed. Records showed that complaints were investigated and responded to in line with provider's policy. Complaints were analysed by the registered manager to identify trends and learning to prevent them happening again.

There was an open and positive culture in the service. Staff told us the registered manager and office staff were always available for advice and would listen and act on any concerns raised. People and their relatives told us that they were given the opportunity to feedback on the service provided through regular calls and questionnaires.

The service was last inspected on 20 November 2013 and no concerns were identified.

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.

Robust recruitment processes were in place to ensure that only suitable staff were employed.

Accidents and incidents were recorded and action taken to prevent events from reoccurring.

Risks to people were identified and staff were aware of how to support people safely.

There were sufficient staff in place to cover care calls.

There was a contingency plan in place to ensure the service could continue to operate in the event of an emergency.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective

Staff received appropriate supervision, induction and training for their role.

People received care from regular staff who knew their needs well.

Staff supported people to have access to health care professionals.

People had been asked for their consent before care and was provided.

Where people required support with food preparation this was done in line with their choice and preferences.

Is the service caring?

Good ●

The service was caring.

Staff knew the people they supported well. People and their relatives told us that staff frequently went "above and beyond" their expectations.

People were supported to maintain their independence.

People's privacy was respected and people told us that staff treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

The service had a highly personalised in the way they responded to people's needs and requests.

The service worked flexibly to ensure that the needs of the person and their family members could be met.

The service supported people to engage in community activities to support them in reducing the risk of social isolation.

The service took a positive approach to complaints and used these as an opportunity to improve.

Is the service well-led?

Good ●

The service was well-led.

Records did not always contain detailed guidance on the support people required although staff had a good understanding of people's needs.

The registered manager was passionate about the service and was continually looking for ways in which it could improve.

Quality assurance systems were in place to monitor the service and people were given the opportunity to give feedback on the service they received.

There was an open and positive culture within the service and staff told us they felt supported in their roles.

Astor Care and Nursing Agency

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 was 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 inspection took place on 12 and 13 January 2017 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. The inspection was carried out by two inspectors and an expert-by-experience who spoke to people and their relatives on the telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at all the key information we held about the service which included notifications. Notifications are changes, events or incidents the provider must tell us about. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make

During the inspection we spoke with nine staff members and the registered manager. We also spoke with 7 people and 5 relatives to gain their views on the service they received.

We looked at the care records of ten people who used the service, nine recruitment files for staff and staff training records. We looked at records that related to the management of the service including, audits, risk assessments and contingency plans.

Is the service safe?

Our findings

People and their relatives told us they felt safe and were happy with the staff that supported them. One person told us, "I feel very safe. I have a regular carer and I trust her implicitly." Another person said, "I don't ever feel unsafe. Any new people always introduce themselves." One relative told us, "I am very confident with all the staff we have met."

People benefited from a service where staff understood their safeguarding responsibilities. Staff told us that safeguarding training formed part of their induction and regular updates were provided. Staff were able to describe the different types of abuse and what to do if they suspected or witnessed abuse. They were aware of the local authority safeguarding procedures and how to contact them if they felt it was necessary. One member of staff told us, "I would report it to management. If I did not think that the registered manager or the provider had taken the appropriate action about safeguarding then I would report my concerns to the police and the local authority." Records confirmed that where concerns had been identified these had been reported and dealt with appropriately.

Risks to people were identified and staff were aware of the precautions they needed to take to keep people safe. However, people's care records did not always contain guidance for staff on how to manage risks for people. As people were supported by staff who knew them well we found this did not impact on people's care although there was a slight risk that new staff would not have the relevant guidance to refer to. People and their relatives told us that they were supported by regular staff who were aware of any risks to their safety and well-being. One person told us, "They make sure there are no hazards." One relative told us, "They are marvellous. They always keep us informed and point out any issues that may affect mum to make sure she's safe." One person's care file described they suffered from high anxiety and did not like crowded places. Consistent staff supported the person which had led to an increase in their confidence. This also meant staff had been able to identify when there was deterioration in the person's mental health and support them to access the healthcare they required. Where people had been assessed as being at risk of falls, action had been taken to ensure they had the right equipment to help keep them safe.

People were supported to live in a safe environment. When assessing people's needs a risk assessment of the environment was completed. This identified any hazards to the person's mobility and advice was given on how to minimise these risks. Staff knew how to report incidents or accidents and these were closely monitored. The registered manager reviewed all accident and incident forms to identify any trends and took action when needed to minimise the risk of reoccurrence.

The service employed sufficient staff to ensure that care calls could be met. People and their relatives told us that staff arrived on time and stayed for the allocated time of the visit. One person told us, "If they have had a problem with a previous client the office will ring to say they will be late but it is rare. They never rush and always stay to chat." One relative told us, "Generally, we have the same two people. They will advise if they are going to be late, the latest they have been is 10 minutes. They stay for the full time." The registered manager told us they only accepted new referrals when they were sure they had the right staff to support people. During the inspection a senior staff member was heard to take a call from someone looking for care

for a relative. They spoke with staff responsible for completing rotas to ensure they had sufficient staff available to meet the person's preferred times of support before agreeing to complete an assessment of their needs.

There was a contingency plan in place to ensure that people would continue to receive care in an emergency such as adverse weather conditions or IT failure. Individual responsibilities were clearly outlined along with emergency contact details. People most at risk had been identified to ensure their care was prioritised. During the inspection adverse weather was forecast. We observed staff in the office closely monitored the situation and kept in contact with staff to ensure they were safe and were able to access people's homes.

Robust recruitment processes were in place to ensure staff were suitable to work with people. Records showed the provider obtained two references from previous employers, proof of identity, information about their experience and skills and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. In addition staff were required to complete psychometric testing and an attitude test to help demonstrate they were of suitable character. The registered manager told us, "We operate a values based recruitment process. Staff are our most important asset. To deliver outstanding care you need outstanding staff so we invest in recruitment."

Where people required support with their medicines this was done safely. Staff responsible for supporting people with their medicines received training which was regularly updated and competency checks were completed. One staff member told us, "The training was good. We learnt not to sign the MAR sheet until we have seen the person swallow their medicines." People told us they felt staff were competent in supporting them in this area. One person told us, "I take quite a lot. They will get it out for me and check that I have taken it." Where required, people had medication administration charts in place which were fully completed by staff and were audited regularly by senior staff.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were protected as staff understood their responsibilities under the MCA. Staff received training regarding the MCA and were provided with pocket leaflets which highlighted their responsibilities. One staff member told us, "It is to decide if someone can make a decision and where they can't you need to get an advocate or a professional involved to discuss the decision and help make it on their behalf." People told us that staff always sought their consent prior to delivering their care. One person told us, "They always ask, they know what needs to be done and work well with me." People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. One person's records showed that staff were concerned about their capacity to make decisions regarding their well-being and finances. Staff had involved professionals and an advocacy service which had resulted in plans being implemented to keep the person safe.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us and records confirmed that they had undertaken mandatory training, which included first aid, medicines, moving and handling, health and safety and safeguarding. Staff had also undertaken training in specialist areas such as dementia, learning disabilities and mental health. Systems were in place to monitor the training staff had completed and when refresher training was due. New staff were required to complete the Care Certificate during their induction period. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

Staff were also supported to gain nationally recognised qualifications relevant to their role including the Quality Care Framework. Staff we spoke with were complimentary about the training provided and felt it had equipped them to carry out their roles. The registered manager told us, "I believe having a well-trained, competent workforce is crucial. Without it staff can't do their job well." There was a designated trainer employed by the provider. They told us, "It's a great organisation to work for. If I need any training I get it so I'm sure I'm training people in current best practice and legislation."

New staff received an induction into the service and worked alongside more experienced staff members until they were confident in their role. Staff told us this meant they had time to get to know people and understand their needs. One staff member told us, "I learnt so much during induction. It was good to have the chance to meet people without the pressure of being expected to know everything. Everyone was very welcoming."

Staff received regular supervision and support in their role. Staff told us they felt supported by the registered

manager and the office staff. One staff member told us, "If I was having difficulties I would make a telephone call to the office and they would come and support me." Records showed that staff received supervisions and appraisals and staff told us they would feel comfortable in discussing issues which arose in the course of their work. Unannounced spot checks were also completed to monitor the quality of individual staff members' performance. We saw that records were kept of spot checks visits and that staff were given feedback on the quality of their work to enable them to develop their skills.

People who received support with meal preparation told us they were happy with this aspect of their care. One person told us, "They do cook for me, they are quite competent." Another person told us, "They make my breakfast and always ask what I would like for lunch. Nothing's too much trouble." Where required people's care plans contained information regarding their food preferences and how they liked things to be prepared. One person's care records detailed where they needed their food and drinks to be placed to ensure they could access them easily. Staff made another person a flask prior to leaving as they were reluctant to make themselves drinks.

People's care records showed relevant health and social care professionals were involved in their care. People told us that staff responded well to any healthcare concerns. One person told us, "When I had to go to hospital (in an emergency) she packed my bag for me and stayed with me until the transport came. She rang the supervisor and said she wouldn't leave me." Records showed that where concerns regarding people's health were identified, relevant healthcare professionals were contacted and any guidance provided was followed. During the inspection one staff member rang the office to say she was concerned about a person's health. Office staff liaised with the person's GP to ask for an urgent home visit. Following this they arranged for staff to pick up the medicines prescribed by the GP and ensured the information was passed on to relevant staff.

Is the service caring?

Our findings

The people and relatives we spoke with consistently referred to staff as kind and caring. One person told us, "She's very caring and patient. She's like the daughter I never had." Another person said, "I honestly don't think there is anything they could do better. They are like friends now." One relative told us, "They're very caring. It's the way they talk and joke with him and respond when he needs help." Another relative said, "The staff are all very polite and professional. They have become part of the household."

We heard examples of how staff had identified and responded to people in a caring and compassionate way. One person's relative told staff that they had been invited to a significant family event but would not be able to attend due to their family member's mobility issues. The service had sourced a wheelchair for the person and delivered it to their home. This meant that both the person and their relative were able to join in the family event. Where people found it difficult to get out to hairdressers appointments the staff arranged for a hairdresser to visit them in their own home.

People and relatives told us that they received care and support from a regular team of staff and had established positive relationships with them. Details were maintained of people's preferred carers and staff told us wherever possible only carers who had been introduced to a person would be scheduled to visit. People and their relatives confirmed that having regular staff gave them reassurance and continuity in their care. One person told us, "I have a good team of regular carers I have got to know. They are very good. They seem to love their job and are always cheerful." One relative said, "Mum talks about her carers constantly, they've really got to know her. They are fantastic with her."

Information was available in people's care records regarding their past lives, interests and those who were important to them. This meant that staff were able to have meaningful conversations with people to help them build relationships. People confirmed that staff communicated well with them. One person told us, "We have lots of chats about what they are doing and things like family, what's on TV and what I think about this or that on the news." Another person told us, "I'm a bit of a chatter box and she chats back!"

During our inspection we observed office staff dealing with calls from people supported by the service or their relatives. We saw they were polite and professional in how they dealt with the calls and responded in a friendly manner. Office staff knew the people making the calls well and were familiar with the service they received. Requests made for additional support were dealt with immediately. One family member called to ask if staff could pick a prescription from the GP as they were unable to get there on time. Staff dealt with this promptly and called the relative back to reassure them it had been collected. Another relative called to ask for the times of their support to be changed. The senior staff responded by saying they would provide the cover themselves.

People and relatives confirmed that they were treated with respect and their privacy was maintained. One person told us, "They keep me covered when they need to wash and dress me. They are very polite and respectful." One relative said, "They are respectful when they wash him. They keep his door closed and keep him covered." Staff attended training in privacy and dignity as part of their induction and demonstrated a

commitment to treating people with respect when we spoke with them. One staff member told us, "We treat people the way we would treat our own parents, with respect." Another staff member said, "I undertake all personal care in private and I cover exposed parts of the body when washing."

People were supported to maintain their independence. People's care plans contained details of what support people needed to maintain their independence. One person's file described how staff should encourage them to walk with their aids to maintain their mobility and daily records showed that staff followed this guidance. Another person's care file gave detailed instructions to staff on where everything the person required between visits should be placed to ensure they had easy access to everything they needed. People told us that staff encouraged them to do as much for themselves as possible. One person told us, "They will help me do things I can do and take over things I can't." Another person said, "They're a great help but they don't try to take over." Another person told us, "I like to try myself but if I tell them I can't they will say, 'We'll see you are OK'. They won't let me struggle."

Is the service responsive?

Our findings

People and their relatives told us the service was highly responsive to their needs. One person told us, "They are very special people. Nothing is ever too much for them and they will do everything they can to make life easier. I couldn't manage without them." One relative told us, "This agency has been phenomenal. If there are any problems they react and change things immediately." Another relative said, "It's very well managed and everyone goes above what you would expect. The service is flexible and helpful and able to fit in with our plans as well as (family member)." A third relative told us, "They never let us down. They go above and beyond and they always keep us informed. The best thing is knowing that they are doing what is needed for mum."

The service was highly personalised and responsive in the way they supported people. One person was finding it difficult to accept support which was leading to self-neglect and putting the person at risk. The service introduced a number of staff to work with the person until they found a small group of staff who the person felt able to trust. Staff tried different techniques when supporting the person to establish what they felt comfortable with. For example, they monitored if the person related better to staff wearing uniforms or their ordinary clothes. They worked closely with other agencies and engaged the person's family to ensure the person was safe. This had resulted in the person accepting the support they required, their healthcare needs being monitored and their social isolation being reduced. The senior staff member involved in the person's care was clearly passionate when speaking about the person and had worked in a flexible manner to improve the person's quality of life.

Another person had expressed a wish to go on a cruise. The service had supported the person to plan their trip and had arranged a staff member who spoke the relevant languages to accompany them. This reduced the person's anxiety regarding their ability to communicate when away. The person's records showed they had very much enjoyed their holiday. They had stated that the staff member was an ideal companion.

The service worked flexibly to ensure that the needs of the person and their family members could be met. One relative told us they were due to go on an extended holiday and the service had ensured that their family member would receive additional support whilst they were away. They told us, "They have been fantastic, (senior staff member) has arranged all the cover and has put their mobile telephone number into his 'phone so he can contact them if needed. (Senior staff member) has offered to go in weekly whilst we're away to sort out his allowance and travel expenses and generally keep an eye on him. We couldn't get away if it wasn't for their input and help." Another person's family member lived some distance away and was no longer able to visit them due to ill health. The service had identified that this contact was important to the person. They had arranged transport and supported the person to visit their family several times to ensure this contact was maintained. Another person's relative told us, "I have (staff member's) mobile number. They always come through when we ask anything of them. If I am away the service will do ad hoc calls for mum, it's very well managed and flexible."

Comprehensive assessments were completed prior to people receiving support from the service to ensure their needs could be met. People and their relatives told us they were fully involved in the assessment

process to ensure their preferences were recorded. One person told us, "They came and discussed things with me. They listened to all my concerns and preferences."

People and their relatives told us they were involved in developing their care plans and felt in control of the care they received. One person told us, "They always ask what I want. They know what needs to be done and work well with me." One relative told us, "They know his needs and work with him. They will suggest things and discuss his likes and dislikes." Staff told us they were given the information they needed about people's care needs. One staff member told us, "The registered manager provides a care plan that we have to follow. We discuss these during our supervisions." Staff we spoke with were able to provide a good description of the care needs of people they supported. However, we found that care plans did not always contain sufficient guidance for staff on how to meet people's needs. Although there was no evidence that this impacted on people's care, there was small risk that new staff would not be fully aware of people's needs and would not have detailed records to refer to.

People's care was reviewed regularly and any changes in their needs were responded to. Records showed that reviews were planned and completed by senior staff. Where staff noted that people required additional support they told us they would contact the office who would address their concerns. One staff member told us, "I contacted the office because I felt someone needed more help with their mobility when they went out. The appropriate people were contacted and the person was provided with a wheel chair." People and their relatives told us they were involved in reviews of their care. One person told us, "They've been in recently to talk about my needs." One relative told us, "Mum had a review just before Christmas. There were no changes but the plan was discussed." Another relative said, "It is reviewed often. I leave notes if there is any problem and they change things. I know the care plan is followed."

We heard examples of the service supporting people to find activities within the community to reduce their feelings of isolation. Staff and relatives observed one person was becoming more withdrawn and isolated. The service found a day service local to the person and arranged for them to visit. They now attended on a weekly basis and joined in special events. The person enjoyed this opportunity to spend time with others and staff had noted they were now more chatty and had things to talk about. Another person had told staff they were interested in art and used to enjoy painting. The staff had arranged for the person to attend a local art class which they enjoyed. They had met neighbours who also attended the class which had meant their social circle had widened throughout the week. The staff produced a newsletter for people which highlighted activities within the local community and supported people to arrange transport if they wished to attend.

People's concerns and complaints were encouraged, investigated and responded to in good time. There was a complaints policy in place and details of the complaints process was given to each person within the service information pack. People and their relatives told us they were aware of how to make a complaint and felt any concerns would be addressed. One person told us, "I would contact the office and they would sort things. I've never had the need." One relative told us, "It has never been necessary. If we felt there was an issue we certainly would raise a concern and am confident they would respond." Records showed that complaints received had been investigated and responded to by the registered manager. Where appropriate, changes had been made to systems to allow additional monitoring. This demonstrated that concerns and complaints were used as an opportunity for learning and improvement.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was managed well. One person told us, "I would say they are very open, very pleasant and honest." One relative told us, "They are very good and keep me informed of everything. It is very well managed." Another relative said, "It is managed very well. They always answer the 'phone, you never have to leave a message and they contact me if there are any concerns about mum."

Records were not always kept in sufficient detail in relation to the support people required. However, due to the highly personalised nature of the service provided we did not see evidence of any negative impact on people. Risks for people were identified and managed safely although written guidance was not always provided to staff. For example, one person had a specific issue which required monitoring by staff. From speaking to staff it was clear that they knew how to support the person safely and when to report concerns although written guidance was not in place for them to follow. Some care plans viewed gave staff direction on the support people required but did not give detailed guidance on how the person preferred the support to be provided. From speaking to people and staff it was clear they knew people's needs and preferences well. We spoke to the registered manager about our concerns. They took action to ensure that the records we had looked at were reviewed during the inspection. They gave assurances that they would review all care plans and risk assessments to ensure they contained detailed guidance for staff to follow. We will follow up to make sure this improvement to some records has taken place.

Quality monitoring systems were in place which included questionnaires for people who used the service and their relatives. The results from the last questionnaire showed that people were satisfied with the service provided with the majority of people giving a rating of 'very good'. Comments included, 'Just want to thank you all so much for the outstanding care you provide', 'Astor Care allow Mum to maintain her independent life in her own home rather than being in an impersonal home' and 'The office representative has dealt with my reasons for calling with professional expediency. I am totally satisfied with the team allocated to assist my wife'. The registered manager told us that where concerns were identified through the questionnaires people would be contacted to discuss how the service could improve. For example, one person had commented that when they had used the website to contact the service this had not worked. The registered manager had investigated this and found that the person's query had been addressed but they had not been informed. As a result the system had been changed to ensure people received a response.

In addition to the questionnaires people and their relatives told us they received regular calls from the office to check their satisfaction and spot checks were completed by senior staff members. One person told us, "They ring me from time to time to check that I'm happy with everything." One relative told us, "They contact us frequently, they will ask how things are going and if we have any concerns." The service was externally recognised in 2016 by an independent review website as being in the top 10 highly recommended care agency in the south east of England and in the top 10 of homecare providers in the UK.

There were systems in place to monitor the quality of the service people received. The IT system used

highlighted when people's care was due to be reviewed and when staff were due to receive supervision. Records showed that these dates were met and that records were maintained. Checks were completed on daily care notes and medicines records to monitor that people were receiving their care in accordance with their needs. Where any concerns were noted these were addressed with staff.

The registered manager was passionate about the service and continually looked for ways in which the service could improve. Within their Provider Information Return (PIR) the provider told us they were currently looking to improve the way in which information was distributed to staff using email alerts. They stated, 'We will be able to send emails to everyone at the same time, enabling staff to immediately respond to alerts such as concerns with medical devices or equipment or action to be taken for people in extreme weather conditions such as a heat wave'. During the inspection we were told that all email addresses were now in place and this system was ready to be implemented. The service also told us they were currently looking to upgrade their IT system to enable staff to complete reports using an on-line system. The PIR stated, 'Care reports and medication records would be up to date, living, real time documents, visible to all those who need to see them. Family (subject to client approval) could have access to 'real-time' care notes and care plans through a secure portal.'" During the inspection the registered manager told us they had researched the products available and were now planning the implementation of the system.

The registered manager ensured that they were up to date with current best practice issues which may affect the service. The PIR for the service stated, 'Through links with a number of organisations in health and social care we continually receive information, regular update emails, newsletters and other forms of communication, enabling us to keep abreast of any changes in best practice, training and legislation'. The registered manager attended a range of meetings and forums to ensure their knowledge was updated and to share good practice with other providers. The registered manager was an active member of the Surrey Care Association Domiciliary Care Network. In addition they attended the Regional Managers Network, the National Skills Academy Registered Managers Meeting and Surrey County Council Provider Meetings. The registered manager told us they gained valuable information from meeting and working with other providers. The partnerships established had led to the service providing training to staff from other organisations.

Staff told us they felt supported by the registered manager and senior staff. One staff member said, "The ambience, trust and atmosphere is very good between staff and the manager." Another staff member said, "I feel very supported. They train you to do the job and support you. They always tell you, if in doubt just ask – 24/7." Staff told us they were able to make suggestions, both regarding the running of the service and people's individual care, and always received a response. Staff meetings were held these were used as an opportunity for staff to network and discuss concerns rather than as formal meetings. Staff were regularly updated through the service newsletter which included reminders to be actioned, any changes of note and details of staff who had been specifically named in compliments received. The registered manager told us staff were encouraged to make suggestions during supervisions. This had recently led to the staff travel allowance being re-introduced and the provision of torch key rings to help staff access properties in the dark.

There was open and positive culture in the service. The provider stated in their PIR, 'The core values of choice, dignity, respect and independence are embedded into the organisation through policies, procedures and staff training'. The comments made by people, relatives and staff throughout the inspection demonstrated the provider had ensured their values were put into practice. One staff member told us, "(Registered manager) is open, accommodating and sympathetic. They are always willing to help out and are always looking for ways to improve things. It makes you want to work hard and promotes a positive attitude to what we do."

