Lalis Direct Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 8 January 2019.

At our last inspection carried out on 6 and 18 October 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. These were for not acting on complaints and for good governance. At this inspection we found that these had been addressed by the provider.

Following the last inspection, we asked the provider to complete an action plan to show what they would do improve the key questions of responsive and well-led to at least good.

During this inspection we found that the provider had improved their systems to enable people and relatives to make complaints and had responded appropriately in addressing their concerns to their satisfaction. During our previous inspection we had found that care calls monitoring was not effective in identifying missed and late calls and some people had complained about this when we spoke with them. During this inspection we found that the provider now had an electronic call monitoring system linked to the local authority, that flagged missed and late calls. This was monitored by the office staff who ensured care calls took place as scheduled. In addition, the provider had employed a compliance manager to check the quality of the service provided and to introduce improved systems and paperwork.

This service is a domiciliary care agency and provides personal care to people living in their own houses and flats in the community. It provides a service to older adults some of whom are living with dementia, and younger disabled adults.

Not everyone using Lalis Direct Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 32 people were receiving the regulated service of personal care.

There was a registered manager in post. 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.

We found that people and relatives spoke positively about the care they received. They described staff as caring, kind, respectful and polite. They told us staff gave them a choice about their care and support and communicated well with them. They were happy with the service provided and several people stated they would recommend the provider to other people.

People signed their care plans to show they had given consent to the care and treatment stated. The provider had arrangements to ensure that the principles of the Mental Capacity Act 2005 were followed, but

on a few occasions mental capacity assessments were not being carried out according to these principles. The provider addressed these when we pointed this out.

People and relatives confirmed care was provided as they wanted it to be done and that their care packages were reviewed with them on a regular basis by the office staff. People had care plans that were person centred and care provision was personalised. We found that some people's care records did not always contain comprehensive information about their background or diverse needs We brought this to the director's attention who told us they were updating people's care plans as they reviewed them. Staff had received diversity training and could tell us how they supported people to meet their diverse needs.

The provider undertook assessments to identify risks to people and put in place guidance for staff to mitigate the identified risks. When people had health conditions such as diabetes there was also guidance for staff so they could take appropriate action where necessary. We found staff had contacted people's GP, district nurses or emergency services appropriately when they found people were unwell or had fallen.

Staff received an induction and training to support them in their role. They told us the registered manager was supportive and approachable as were the office management team.

Staff who administered medicines received training and all medicines records reviewed were completed appropriately. People's records contained information about their medicines and possible side effects for staff reference.

Staff had received safeguarding adult and child protection training and told us how they would recognise signs of abuse and report concerns appropriately.

The registered manager, director and compliance manager tracked, safeguarding concerns and incidents and accidents and reviewed people's records, daily notes and medicines administration records to monitor and improve the quality of the service provided.

The provider worked with commissioning bodies to improve the quality of service provided and to ensure its future sustainability.

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.

The provider ensured people received their care calls as scheduled. They followed their recruitment procedure to ensure the safe recruitment of staff.

The registered manager and management team assessed the risks to people to identify these and put guidance in place for staff to minimise the risk of harm.

The provider audited medicines administration records to ensure no errors or omissions were made by staff when administering people's medicines. There was guidance for staff to identify possible side effects.

Staff received safeguarding adult and child protection training and they demonstrated they could identify and report possible signs of abuse. The director told us how they learnt from mistakes and ensured the staff team were kept informed and reminded of good practice.

Staff used personal protective equipment to prevent cross infection in people's homes.

Is the service effective?

Requires Improvement

Some aspects of the service were not always effective.

The provider had arrangements to ensure that the principles of the Mental Capacity Act 2005 were followed, but on a few occasions mental capacity assessments were not being carried out according to these principles. The provider addressed these when we pointed this out.

The registered manager assessed people prior to offering a service to ensure they could meet their care needs.

The provider ensured staff received an induction and mandatory training to equip them to undertake their role.

Staff supported people to maintain their well-being through eating healthily and keeping hydrated and to access the appropriate health care.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were polite and caring.

People's care plans stated how they communicated their preferences and these were respected by staff.

People and relatives told us staff supported their self-respect by promoting their privacy and gave us examples about how their care workers maintained their dignity and privacy when providing care.

Is the service responsive?

Good

The service was responsive.

The provider had given information to people so they knew how to complain and they had arrangements to address people's complaints appropriately.

People had person centred care plans that informed staff how they wanted their care provided.

At the time of our inspection the provider told us they were not currently providing end of life care. However, they were providing their staff with training in preparation for when this care might be required.

Is the service well-led?

Good

The service was well-led.

The provider undertook checks and audits to monitor and improve the quality of the service provided. However, audits of people's records had not identified the short falls we had found about working in line with the MCA.

People and relatives found the provider approachable and were happy with the service provided.

Staff spoke favourably of the provider and there were good lines of communication.

The provider worked in partnership with two commissioning bodies to provide a well-led service to people living in those authorities.	

Lalis Direct 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 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.

This inspection took place on 8 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in the office care so we could review the records and to provide the information we required.

Two inspectors carried out this inspection and visited the office on the 8 January 2019 to review records and information stored there. An expert with experience made phone calls to people and their relatives on 10 January 2019. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service. The provider had completed an action plan to tell us how they would meet the breaches found at the previous inspection. The registered manager had completed a Provider Information Return (PIR) on 6 December 2018. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we had reviewed notifications we had received. A notification is information about important events that the provider is required to send us by law. We also looked at feedback we had received from two commissioning bodies that had visited and reviewed the service.

During our inspection we reviewed five people's care records. This included their care plans, risk assessments, daily notes and medicines administration records. We reviewed three staff personnel files. This included their recruitment, training, and supervision records. We spoke with four care staff. We met the care manager and the care co-ordinator and the office administrator. We spoke briefly with the registered manager, however, they had to leave the office after a short while. Therefore, we spoke primarily to the director and compliance manager during the inspection.

Following our inspection, the expert by experience spoke with three relatives and six people who used this

service.

Good

Is the service safe?

Our findings

During our last inspection in October 2017 some people told us that care staff were often late. During this inspection we found that this had been addressed by the provider and that there had been an improvement as people's comments were positive about staff punctuality.

Apart from one person all other people and relatives told us there were no missed calls. The one person who said they had missed calls received several calls each day told us they had two missed calls during a period of over a year however, they were otherwise positive about the service they received. People and relatives found call times varied a little, but they were all were pleased with the service provided. Their comments included, "Most of the time [on time]. I have regulars and you build up a rapport with them …The arrival times vary but they do stay the whole visit," and "They're on time. Obviously, they get held-up. No, they've never missed a call but they are later than on time but that's ok by us," and "Staff always stay for the whole visit and they come within a five to ten-minute window. They let us know if it's longer," and "We have two female carers who have always been good. They're consistent with timing in the mornings and yes, they do stay the whole time. There's a new logging in system."

The provider now had an electronic system linked to the local authority. This was in use to monitor calls to ensure that they were attended by the care staff. This alerted office workers if care staff had not logged in to their scheduled call so they could make alternative arrangements if necessary. The director explained that sometimes there was no electronic signal to log the call and on these occasions, staff were instructed to phone in when they arrived and phone again when they were leaving. There was an hour call window either side of an agreed call time that we saw people signed to say that they had accepted. Should this not be acceptable people had the option to speak with the office and the commissioning body to discuss and agree a different time frame. The director confirmed there had been no missed calls for many months. When they had identified a missed call, they addressed this with the staff team. Staff records reviewed contained a letter that had been sent to all staff about attending calls on time so there would be no further missed calls.

The director told us they had divided the area covered by staff into two main areas of the borough. The aim was to ensure staff did not have so far to travel between calls and therefore avoid traffic delays. One staff member told us there had been an improvement in travelling times between calls since the zone system had been implemented however, on occasion the scheduling of calls meant they were still travelling across the borough. We brought this to the attention of the director who explained that they only asked staff who were car users to do this if it was unavoidable.

At the previous inspection in October 2017 we found that whilst people were assessed to identify risks, on occasion not all the risk assessments contained guidance for staff to mitigate the risks. During this visit we found this had been addressed. The provider ensured that senior staff assessed people to identify risks to their safety. Risk assessments included, the location of the call, the person's environment, their health and well-being and emotional well-being, medicines, communication, falls and moving and handling. When a risk was identified there was clear guidance for staff. For example, one person needed support to be moved

from their bed to their wheelchair several times a day. The number of staff required was clearly identified as was the equipment to be used. When there was an increased risk of falls an additional falls risk assessment was completed. This was to ensure all aspects of the risk were identified and measures were put in place to minimise harm to the person.

Staff who administered medicines received the necessary training to undertake this in a safe manner. Medicine administration records (MARs) reviewed were completed appropriately without errors or gaps. In people's care records there was a description of their medicines and the possible side effects for staff reference. The provider told us they were trialling an electronic medicines administration system. The director explained they thought the advantage was that staff could see what each person's medicines looked like on an Application (APP) on their phone and could sign off electronically when each medicine was taken by the person. There were monthly checks of MARs undertaken by senior office staff to ensure medicines were being administered in an appropriate manner.

The provider followed their recruitment procedure to ensure the safe recruitment of staff. Prospective staff completed an application form and were invited to interview where they were assessed for their aptitude to be a care worker. The provider undertook a number of checks that included identity, criminal record checks and right to work in the UK. References were requested and obtained from former employers prior to the staff being employed.

People and relatives told us they felt safe with the service provided. Their comments included, "Yes safe. We've had the service for four and a half years. We are lucky, we've had the same carers throughout so we know them and trust them," and "Yes, definitely, [safe], It's the way they carry out their job." And "Yes, definitely [safe]. They're always checking up when the office staff visit twice a year and ask questions about the carers." In addition, one person told us, "About two years ago I had a bruise across my hand and the carer reported it to the office and the office asked me about it so they do monitor things."

The provider ensured that staff received safeguarding adult training and staff told us how they would recognise and report abuse. Their comments included, "We have to protect the vulnerable children and adults. If we see marks when showering someone we have to report it. If at the weekend we report to the on-call person and line manager on week days. If they don't do anything about it you must whistle blow." And "We check when giving personal care for bruises on a person's body or check emotionally how they are, if they have changed, may be people are taking their money it could be financial abuse. We report it to the manager. If they didn't do anything take it higher to the local authority or the CQC.

The director told us how they, the registered manager and office staff monitored people's daily notes to ensure that safeguarding concerns were reported appropriately. They also reviewed incidents and accidents and had an oversight of all concerns to monitor trends in the service. The director told us how they learnt from mistakes and shared their learning with the staff team. They sent letters to all staff when there had been a concern to reinforce what was expected in terms of good practice.

The staff completed infection control and food hygiene training and were provided with personal protective equipment to prevent cross infection. People confirmed staff used the personal protective equipment when providing care. Their comments included, "My legs are creamed and yes, they use those throwaway gloves," and "They always wear disposable gloves."

Requires Improvement

Is the service effective?

Our findings

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

During our visit we reviewed five records that contained consent to people's care and treatment. Three of these were completed appropriately. When people had the capacity to sign they had done so and when they had capacity but could not physically sign their chosen representative had signed at their behest. For example, one of the three records showed that the person relative had Lasting Power of Attorney (LPA) giving them the legal right to make decisions on the person's behalf when they were not able to do so, although there was no documentary evidence of the LPA kept on file. We also found that two people's records were not completed appropriately. This was because two mental capacity assessments to receive care from the provider were partially completed and signed by a family member when this was the responsibility for the staff to complete.

One person's mental capacity assessment had nothing recorded under the section about the decision being made and the remainder of the form including the best interest decision was also left blank. It was signed and dated by the person's relative. We were told immediately that this person did have capacity and gave consent to their care, but this had not been recorded at the time of our inspection. This person was reassessed appropriately to have capacity to consent to their personal care by the registered manager following our inspection.

The second person's mental capacity assessment was partially completed and signed by their relative. The section under the decision being made was left blank. Under the section Views of the service user, professionals and interested others' Under the sections 'Determination of best interest decision: Step 2: 'Views of service user, professional and interested others', it was recorded "To remain cared for at home", "To continue at home with help from carers" and "There are and have not been any disagreements or conflict over decisions". There was no evidence of a best interest decision because the best interest summary had been left blank and the final decision section had also been left blank. When we pointed this out to the registered manager, they undertook an appropriate mental capacity assessment after our inspection and this person was found to lack the mental capacity to consent to the receipt of personal care. The registered manager then initiated a best interest decision process for the person.

We were however concerned that the provider's own arrangements had not identified the issues we found in regard to how the mental capacity of people was being assessed and best decisions made. We brought the issues we had identified to the attention of the director and the compliance manager who explained a change of paperwork had resulted in the forms being completed in error and it was the oversight of a

member of the senior office team. They told us they will make sure that staff use the right paperwork in the future. Following our visit on the 11 January the director sent us evidence that both people had been reassessed by an appropriate person and their documentation was completed in line with the MCA.

Staff had received MCA training, and all spoken with were able to tell us about the Act. For example, one care worker told us, "It [MCA] was introduced in 2005 and protects people who lack capacity. You assume the person has capacity in the first place until an assessment doubts they have it. Then you make a best interest decision and use the least restrictive option." Staff described how they implemented the MCA in practice and gave people choice about the clothes they wore, the food they ate and if they wanted personal care as it was scheduled.

Relatives told us that the office staff had developed people's care plans with them and that these were reviewed on a regular basis. Consideration was given by the provider as to which care staff would best meet people's needs when allocating staff. Relatives comments included, "We were all involved in the care plans and we have reviews twice a year; they visit or phone. It's specific to their needs," and "We are well-matched with their two carers." The director told us they reviewed the commissioning bodies support plan with people and their family representative to discuss what care was required. They assessed if they could meet the person's care needs before offering them a service.

People and relatives told us they thought staff were skilled and had a good level of expertise. Their comments included, "Yes they are trained, they mention training days," and "Yes, they have enough training for my needs," and "We always have an experienced carer if there's anyone new or inexperienced they are sent with them," and "Yes they are trained...and they ask my permission."

Staff told us they received an induction prior to commencing their role. One senior staff member described that new staff usually received four days induction, but it could be longer if they needed it. They told us that as more experienced senior staff they met the new staff and established their level of experience and introduced them to the person. They told them to read the care plan for the first day and just observe how care was given. Then they gradually involved them over the course of the next three days. They continued to describe that they offered support and feedback to encourage them. The senior staff reported back to the office any concerns and completed a shadowing form that detailed tasks and areas covered by the new staff member as well as feedback from the person using the service.

Staff records reviewed indicated that staff had an induction workbook that supported them to become familiar with all the key areas of their role. Induction training and ongoing mandatory training included, personal care and hygiene, health and safety, moving and handling, continence care, and food hygiene, equality and diversity, person centred planning, communication, privacy and dignity, fluids and nutrition, safeguarding adults and child protection and dementia.

Staff supported people's well-being. People's care plan stated if they had health conditions that meant they required support from staff. If a person had a condition such as diabetes it was clear how the condition was managed for example with medicines and/or diet. There was information contained in the care plan about diabetes for staff reference. Care plan's contained assessments for people's skin integrity, their hair and nails, sleep patterns and continence. Pain management was assessed and a risk assessment completed with guidance for staff if pain was identified as a concern for the person.

The people's individual dietary care needs were stated and their popular choices were recorded. This included favourite breakfast, lunch and dinner choices. Plans specified who prepared meals and if people required support to eat. Plans stated if people had a good appetite or if they required encouragement. We

saw that when a care worker became concerned that a person might be dehydrated following a bout of sickness they had contacted the appropriate health care professional for advice and requested a visit.

Staff had supported people to access the appropriate health care when they were unwell. For staff ease of reference people's care plans and their daily notes contained contact information for the emergency services and health and social care professionals involved in their care. This meant staff could when necessary ring people's GP and district nurse or contact the appropriate emergency service. There was evidence in daily notes and management meeting minutes of the emergency services being contacted by staff when people had fallen and district nurses being contacted when staff had noted for instance that a person's skin looked inflamed. As such staff ensured people received prompt health care to maintain their well-being.

Good

Is the service caring?

Our findings

People and relatives spoke in positive terms about the care and support they received from the staff. Their comments included, "[Staff] is experienced. He's a nice fella and he's very helpful," and "Yes, we mostly have the same carers. We're very happy, they're thoughtful and respectful." And "It's not the same lady every time but I like seeing different people," and "Oh, I get on very well with them. They make me feel relaxed and I feel comfortable with them, they know what they're doing. Most of the time they are on time. I have regulars and you build up a rapport with them." Also, "Yes, they've [staff] built up a relationship between them. We have two carers and he likes them. They always greet him, they're polite and they're just really nice people"

Staff told us how they built a good working relationship with people. Their comments included, "You show them that you are looking after them. Some have dementia but even they know when you care. I hold their hand, the gentle touch they understand it shows that you care, talk to them, the way you talk they can feel it" and "I will sit with them, ask them how is your day? How are you feeling? Sometimes they have no visitors so it is not all about the tasks. They like to talk for at least about five minutes. Often you are the first person they have spoken with that day."

People and relatives told us that staff communication and approach was good. They confirmed that staff gave them a choice and respected their wishes. Their comments included, "Yes they are respectful and yes, they would respect their decision if they didn't want to have a shower," and "They chat to them and listen to them and to their needs and wishes." One relative told us, Yes, definitely [caring and kind]. They have two carers, one male and one female, we know [they care] because of their general attitude and the interest they show in my [family member]. They treat them like human being and chat." One person said, "We've got a system going, a routine pattern that's come about over time. They're always very polite. There's a shower seat and I don't have a shower if I don't fancy it. They cream my legs every day and I have a choice about this."

Care plans contained information as to how people communicated their wishes and how they understood what was being said to them. For example, one person's care plan stated, "To face, [Person] when communicating to make for easier understanding and to communicate more effectively." The plan also informed staff that the person's hearing was good and that the person could communicate verbally. There was guidance for the staff, "Carers are to listen attentively, be patient and speak clearly for easier understanding."

People and relatives confirmed that staff were respectful and took care to maintain their privacy and dignity. They said when possible staff supported people to retain their independence. People's and relatives' comments included, "Oh God yes, they are caring and kind and a very patient person. They do everything to preserve my dignity and privacy. They do things like covering me." And "Privacy and dignity? Yes, they cover them and help them to be as independent as they can." And "They are polite and they're very aware of things like privacy and dignity; they cover them. [Family member] has been anxious in recent times. They used to be able to chat and joke with the carers. They can be difficult now and they've [Staff] adjusted to their condition getting worse."

Good

Is the service responsive?

Our findings

During our previous inspection in October 2017 we found a breach of the regulations with regard to complaints. This was because although people had been empowered to make complaints they did not always feel complaints were dealt with to their satisfaction. During this inspection we found this had been addressed. People and relatives told us, "Oh yeah, if I had to, I'd phone the office," and "No we've never had to complain and if I had to yes, I would know how to do it," and "I would ring [Provider]. No, I haven't needed to complain." Apart from one person, all people and relatives we spoke with told us they knew how to complain and all people and relatives said they felt comfortable phoning the office if they had any type of concern and felt it would be addressed. The director told us they had sent everyone using the service a letter that informed them how to complain. We saw that each person's care records contained an easy read flow chart with a complaint form that detailed how they could raise a complaint should they need to do so.

The provider had a complaints policy and procedure and the director had a log system to record and monitor complaints. During the past year there were no complaints recorded. The director told us that there had been no formal complaints and any concerns raised had been addressed immediately. They described people had been asked but declined to make a formal complaint as the issues they had raised were rectified to their satisfaction. They gave us several examples of this occurring and demonstrated how they had made the necessary steps to address each matter. They told us how they would acknowledge, investigate and record a formal complaint. They demonstrated how they had shared any learning from the concern with the staff team.

People had person centred plans that contained a profile giving a brief history and informed staff about how they would like their care provided. Some people's plans contained information about their diverse needs, but we noted that in some people's care plans, this information was limited to stating their religion and ethnicity only, and not their actual needs or how these should be met. We brought this to the attention of the director. They explained that this was a lack of recording rather than a reflection of care given. They were able to give us examples of staff meeting people's diverse needs. This including supporting people to observe their cultural practices and ensuring that people who had religious dietary preferences were supported. For example, if they were vegetarian because of their religious practices staff supported them with this and their care plan would state this. The director told us they supported staff learning about equality and diversity through training, ongoing discussion and use of DVD's to help ensure they respected people's cultural, religious, sexual and gender choices. Staff told us how they would uphold people's diversity choices as they understood this was people's right. One care worker said, "Yes we have had training. It is their choice we can't discriminate them on their sexual orientation. We are there to do the care not to judge them."

People confirmed that their care was given as they wanted it to be done and that there were regular reviews to ensure they were still happy with the care and support provided and that their circumstances had not changed. Their comments included, "The care plan, it's reviewed once a year. They ask you questions, pages of them!" and "They do it (review) about twice a year, they came about two months ago to do the last review," and "They review the care plan twice a year." Care plans contained a clear schedule of the care and

support agreed and thorough information for staff as to how people wanted their care provided.

The director explained that no one was receiving end of life care currently. They told us that fourteen of their staff had completed a health and social care certificate that had included end of life training and confirmed shortly after our inspection that another seven staff had received training about this topic. They said they intended to train a further seven staff soon as they were supporting staff to do this in preparation for people requiring this service in the future. They described if end of life care was required at they would visit the person, complete the section in their care plan about end of life care to reflect what they wanted to happen and would work with healthcare professionals to provide a responsive service.

Good

Is the service well-led?

Our findings

During our last inspection on the 16 and 18 October 2017 we identified a breach of regulation relating to good governance. For example, we found that the arrangements in place to check that staff attended calls in a timely manner and the monitoring of missed calls was not effective. In addition, although people and their relatives had been empowered to complain some people and relative's complaints were not adequately responded to as per the complaints procedure. During the inspection of 8 January 2019, we found this had been addressed by the provider who demonstrated good oversight of staff attendance at calls. Complaints and concerns raised by people and relatives had been addressed promptly and to their satisfaction.

The registered manager, director and senior staff reviewed people's documents, this included their care plans, risk assessments, daily notes and MAR. Whist most of the auditing was carried out in an appropriate manner we found some discrepancies about the recording around mental capacity assessments. In addition, the provider had not always ensured relatives had lasting Power of Attorney that gave them the right to make decisions on their family members behalf when they lacked capacity. We were concerned that these had not been identified by the provider checks prior to our inspection. Once we pointed these shortfalls out these were promptly addressed by the provider.

People and relatives feedback about the provider was positive. Their comments included, "I'm happy, so yes I would recommend them," and "We can only speak for ourselves, but yes, we would recommend them as it works for us…They have procedures and they do things to the best of their ability," and "Well, as far as we're concerned, yes we would recommend the service, very happy with it." We saw many cards of appreciation sent at Easter and at Christmas 2018 and one card thanking staff for visiting on a person's birthday. From November to October 2018 there were eleven compliments forms and no negative feedback indicating there was a high level of satisfaction with the service provided.

The provider undertook spot checks and visited people and their family to review the package of care provided on a regular basis. At each review people and relatives were asked their views about the service and responses were recorded. Questions asked included, 'Do you feel we are meeting the client's needs well', 'Do you feel that we provide a high-quality service', and 'Is there anything we can do to improve'. In each record reviewed responses were positive.

In addition, the provider sent out a satisfaction questionnaire each year to people using the service and their relatives. Responses were analysed and responded to by the director. Thirty questionnaires were sent out at the last survey and twenty-six were completed. Eighteen people gave five out of a score of five as the highest indication they were pleased with the service provided. An analysis was undertaken to identify where improvements could be made from people's comments that were not 100% satisfied with some aspects of the service provided.

Staff told us they found the registered manager was, "very fair," "supportive" and "encouraging." They described regular group and 1:1 supervision sessions with the registered manager and senior office staff that covered development, problems or concerns, and revision of policies and procedures. A coffee morning

group meeting every three months to discuss work issues and to share ideas. The provider ensured that staff were reminded of their commitment to provide a good quality service. They sent letters to all staff when there had been a concern. They provided a staff handbook that contained some key procedures and their code of practice.

The management team met at least twice a month and discussed any concerns. They reviewed the people using the service, system and procedural updates and implementation of projects such as, the electronic medicines system. The provider had since the previous inspection employed a compliance manager who had a responsibility to monitor the quality of the service provided. They had implemented new processes and paperwork to ensure the provider remained up to date with changing legislation and trends in social care.

There had been two visits to the provider to check the quality of the service provided by two commissioning bodies. Both reports were favourable finding the service good in both instances. The director described working in partnership with both authorities and found the support given beneficial in keeping them well informed. They told us they aimed to ensure sustainability of their service by continuing to work with the commissioning bodies to meet the care needs of people living in the community.