

Diamond Resourcing Plc

Better Healthcare Services (Colchester)

Inspection report

145 High Street
Colchester
Essex
CO1 1PG

Tel: 01206561999
Website: www.betterhealthcare.co.uk

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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

A comprehensive, announced inspection of Better Healthcare Services took place on the 20th of April 2016. We gave the provider 48 hours' notice so that we could be sure that someone from the service would be there to greet us.

Better Healthcare Services provides a variety of care and support to people in their own homes. This includes supporting people with personal care needs, shopping, cooking, and companionship. The service also provides 24 hour care within people's homes. Located in Colchester town centre, Better Healthcare Services serves the people within and around Colchester. At the time of our visit the service was supporting 83 people and employed 43 members of staff.

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

The service has been rated as Good in each of the five domains, with an overall rating of Good.

The registered manager and management team communicated appropriately with other organisations and within the guidance set out with the Registration Act 2009.

People using the service could be confident that visits to provide care and support met their needs in a timely manner.

The service provided safe care. Managers responded to concerns about care standards in a timely way. People using the service could be assured that staff had been through a rigorous employment process. Care teams were chosen to ensure consistency of care and competence in care delivery. Care workers followed safeguarding procedures appropriately, and had used whistleblowing procedures to protect people.

The service took seriously the need for care workers to be trained to deliver safe, effective care in a caring manner. Care practices were monitored through regular observations, and when needed care workers would receive additional training. Comprehensive risk assessments were completed and regularly reviewed so that people's changing needs could be identified, and staff had a good understanding of infection control and were provided with the appropriate clothing and protective wear.

People who used the service described care staff and managers as kind and caring. Care workers knew people's individual, diverse cultural, religious and gender needs and preferences, and had developed positive relationships with people and provided care that was respectful and dignified.

Care workers were responsive to people's needs. People were supported by a small number of core staff

which meant that care workers had been able to develop positive relationships with people. When people's needs changed, care workers notified the registered manager and communicated with other health professionals in order to ensure people received the right care and treatment.

People using the service could be confident that when they complained about standards of care from care workers their concerns would be acted upon quickly and sensitively and they would be informed of the outcome. However, whilst we saw that complaints immediately addressed issues arising from complaints, these were not always used to drive service improvement.

People at the service and care staff told us that the management team was visible, supportive, and approachable. The registered manager ensured that staff at the service were trained and appropriately supervised and when issues were reported by people regarding staff at the service, were quickly resolved. The service had appropriate quality assurance processes in place to ensure the quality of care provided.

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 service had a robust recruitment system in place and ensured that the people received care from appropriately trained staff.

Care workers understood safeguarding procedures and were proactive in keeping people safe.

The senior care team carried out appropriate risk assessments to keep people safe.

The staff managed medications safely.

Is the service effective?

Good ●

The service was effective

Staff were trained and competent to carry out care tasks.

Staff had a good understanding of mental capacity and consent.

Staff supported people to have home cooked meals of their choice.

Staff made referrals to other health professionals if a person had deteriorating health concerns, or additional needs.

Is the service caring?

Good ●

The service was Caring

Care workers and the management team were described as kind and compassionate by people who used the service.

Care staff provided person centred care in line with the service values.

Staff treated people with respect and dignity.

When issues of staff behaviour had been reported, the service had acted quickly to support people.

Is the service responsive?

Good ●

The service was responsive

Care plans provided staff with the information they needed to deliver person centred care.

The service tried to provide small care teams to individuals so that care was consistent and safe.

The service dealt with complaints about standards of care in a timely and appropriate manner.

Staff made referrals to other health professionals if a person had deteriorating health concerns, or additional needs.

Is the service well-led?

Good ●

The service was well led

The service had an open culture and staff and people using the service felt they could raise concerns without reproach.

The manager ensured that staff rota's included adequate travel time between visits.

The registered manager and senior care team was visible and approachable.

When problems with care staff were reported the registered manager dealt with these appropriately.

Better Healthcare Services (Colchester)

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 the 20th of April 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

Before the inspection, we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events, which the provider is required to send to us by law.

During the inspection we visited the service's office, spoke with 12 people on the phone and with six people's relatives. We also spoke with the registered manager, provider, training facilitator, and five members of care staff.

We looked at six people's care records and records in relation to the management of the service and the management of staff such as recruitment, supervision, medicines administration records, and training planning records.

We looked at five staff files and training files to ensure that staff had been safely recruited and trained. We also looked at the services incident-reporting book, consequent investigations and any complaints that the service had received.

Is the service safe?

Our findings

The service had a safe recruitment process and used values based interview questions to identify the right people. Potential staff had to provide background checks into criminal records and two satisfactory references before they could work alone with service users.

The registered manager made the appropriate referrals to the local authority and the Care Quality Commission in line with the registrations responsibilities which help to keep people safe from harm.

All care workers were trained in safeguarding vulnerable children and adults. The registered manager had systems in place to ensure that staff remained up to date in training and received regular updates. Care workers told us how they would report safeguarding concerns and they had a good understanding of safeguarding procedures. We saw evidence that staff reported concerns to relevant agencies.

The service had an office in Ipswich that provided on call support and advice to staff out of hours. This service also supported other branches of Better Healthcare services around the Essex and Suffolk area. Staff told us they felt able to call the centre for advice, however because the centre was so far away and call centre staff had little knowledge of the individuals in they were caring for, this sometimes proved difficult. One member of staff said, "You don't know who you are speaking to and they are very busy, although they do offer helpful advice." Peoples care plans and care notes were kept on a shared drive. These were accessible to the manager on call, who would have authorisation to look at people's notes. The senior manager team checked all on call entries at the start of each day to ensure that staff had the information they needed about any changes to peoples care which had taken place while they were off.

There was a wide range of detailed risk assessments in place, including environmental risks of a person's home, as well as their physical and mental health risks. Medical histories were documented, providing staff with the information they needed to support people, and the service considered the skill mix of staff appropriately. Information was accessible to staff and set out in a person centred way so that staff managed risks in line with people's wishes and preference.

The service was actively recruiting for care staff. However, the team leader told us that they did not take on additional people unless they had recruited enough staff to manage the needs of people in their care. We saw this evidenced with rotas and found that the service had a solid core care team. Rotas were arranged in a way so that people at the service received where possible the same staff to support continuity of care. Care staff told us this worked well as they had been able to develop positive relationships with people.

The service had a system in place to ensure that staff were attending to people on time and in line with their care. Staff had to phone a number from the person's home to check and out and these times were monitored. This meant that the management team could audit how long visits took, ensuring that people had the time assigned to them. However, on occasions, staff forgot to use the system in place and times were not recorded appropriately. The service did not experience missed visits.

We saw that if people were unwell that staff had taken appropriate action to contact other professionals, such as the GP, district nurse teams or ambulance service. We saw that staff would contact the office and remain with the person whilst waiting for additional support. Team leaders would support staff by either going out to take over until help arrived, or ensuring that the next person due for a visit was contacted, and if needed another member of staff would visit so that calls were not missed and late calls were minimised.

Staff had the skills to identify concerns and raise these appropriately. One person told us, "My carer saw that I was struggling to get in and out of my chair so the agency organised for me to have a riser recliner chair. It has made such a difference to me." We found evidence in care notes and from talking to staff and people using the service that staff ensured that people safety needs were met. One relative told us, "My [relative] goes out to do some voluntary work and her carer always makes sure she waits until the taxi arrives and make's sure that my sister has locked up properly before she leaves her." One relative wrote, "My [person] fell and didn't tell anyone, but the carer identified injuries and phoned 111 and my daughter immediately calmly taking control. It was excellent care"

The service tried to ensure that there were appropriate levels of staff to meet people's needs. However, on occasions staff would be late. One person told us, "I don't really do very much, but I do like to meet up with my friends once or twice a week and if my carer is running really late it means that I have to miss out. It only happens very rarely but at my age you never know how many more days you might have left!" Another person said, "I don't really like it when they are very late, as it means I have wasted some of my morning and by the time I get my breakfast it means that my lunch visit will almost be there and then I don't feel like eating anything which makes it difficult when the teatime visit comes to know what to have."

However, when late visits occurred, staff made efforts to notify people and check they were safe. One member of staff told us, "I have only been late once due to the previous person having fallen, I always try and phone to explain or ask the office too." One person said, "The carers usually arrive on time or thereabouts. If they are going to be really late the agency will usually call me to let me know."

We saw that rotas factored in staffs travelling time. This included travel time for those members of staff walking on or biking to people's houses. Staff told us this made it easier to give people the time they needed. This was also reflected in the responses from people, who overall felt that staff did not rush them, even when they were running late. One person said, "When they do get to me they will usually stay for the time they should and they certainly make sure all the jobs get done before they go onto their next client. I can't say that I've ever felt rushed as such.

There were robust and comprehensive medication processes in place. The management team audited the medicines administration records (MARS) weekly. This was to ensure records were being safely and accurately maintained and people had received their medication as prescribed. We saw over six months of audits that appropriately identified errors such as missed signatures and how this had been managed safely by the service. This included contacting a person's GP and providing staff with additional medication support and increased spot checks. We saw emails sent to all care staffs work email addresses that highlighted mistakes found from medication audits, and informed staff that if medications were not correctly completed that they would be subject to a full medication training day and that their calls to people at the service may be restricted until they were deemed competent.

Staff actively checked medications before supporting people with them. We saw that on a number of occasions staff informed team leaders that people's new blister packs were incorrect and did not correspond to the medication administration sheets. We saw that medication records were being completed correctly. One person said, "I have help with my medication. My tablets are all in the dosset box

that the pharmacy deliver and I just need my carer to get them out for me and give me a drink so that I can take them. They always make sure they write in the records to say that I have had them." Team leaders investigated when errors had occurred and informed those relevant such as the person, the persons GP, and any relatives that the person wished to be contacted.

People receiving additional treatments for infections had antibiotic charts in their MAR sheets that gave care staff the infection needed to document that people received these medications in line with their prescribed treatment. When the course of treatment had finished these sheets would be entered into the client's notes. Any changes such as these were reported to staff carrying for those people by office staff. We saw evidence that staff received this information in secure email and text message to their phones.

Is the service effective?

Our findings

New staff completed a comprehensive induction programme in the form of the national care certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. Staff were observed by senior staff in as part of their evaluation. Team leaders supervised new staff until they and the registered manager were confident they could provide appropriate care initially supported newly recruited staff. One person told us, "As far as I'm concerned my carers have all the skills they need to look after me," whilst one relative said, "The only issue I would probably mention is that sometimes, one or two of them are not very skilled in helping people get dressed. They sometimes try and bend my [person's] arms in all sorts of different directions that I'm sure an arm isn't supposed to go!"

However, we saw comprehensive completed observation forms of care staff, carried out at least in three month intervals. These observations demonstrated that any issues of staff competency were identified and if needed, additional training and observation were given. One member of staff told us, "The supervisors watch me do the care tasks and if I am about to make a mistake they gently help to correct me and showed me how to do it properly. They let the person know that there are there to make sure I do things right." Another staff member told us, "The supervisors are really approachable and supportive. I don't feel silly asking them questions if I don't know what to do."

New care staff shadowed team leaders for the first three days on a set round so they could get to know people using the service. The manager would contact those people using the service to get feedback on the member of staffs performance before they would be passed their probation period. One new inducted member of staff told us, "It was a really good experience as I got feedback from the manager about what people thought of me. It was really positive feedback."

Care practices continued to be monitored after induction. Senior carer workers, and the trainer, carried out regular observations of care workers, which formed part of their supervision process. Observations included whether staff gave regard to consent, choice, and promoting independence. Monthly audited care notes also informed team leaders if staff required any additional training in recording care and identified areas of concern related to people's health.

The provider carried out face-to-face supervisions to discuss care workers progress. The service had a clear supervision structure. All staff we spoke to said that they received regular supervision and we saw that these had been documented in staff files. Staff also told us that they would often go to the office and speak to the registered manager informally about any concerns they had. For example, "I always pop in. We always get a briefing about people but sometimes I like to pop in a talk to face to face and they don't mind that."

All staff completed mandatory training in line with the services policy. A white board in the manager's office identified individual staff training and supervision dates so that training and supervision would be kept up to date.

People's diverse cultural, gender and spiritual needs were identified and we saw evidence that managers handled people's needs and those of staff in a sensitive manner. The service respected people's preferences for care. People could choose if they wanted a male or female member of staff to support them with personal care. People told us that when they had requested this, the service had been accommodating and respected their wishes.

Care staff talked about encouraging people to remain as independent as possible to allow them to stay in their own homes for as long as they wished. One person told us, "If it wasn't for my carers coming in, I think my family would have insisted I moved to somewhere with more support by now. I love living in my home and I want to stay here as long as I can and my carers let me do this." All staff received training in the Mental Capacity Act and those we spoke to, had a very good understanding of the importance of people being able to consent to treatment. We saw from people's care notes that people's consent was being sought appropriately. Care notes also demonstrated that care staff had the skills to identify when people's capacity to consent fluctuated. Care staff would then contact the team leaders who would visit the person and carry out an assessment.

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.

Care plans included consent to medication forms, who to contact in emergencies and consent for staff to provide and call emergency treatment if people required it, such as performing resuscitation whilst waiting for an ambulance. When assessments identified that people did not have consent then best interest assessments were in place and appropriate relatives would be included in planning care.

The service worked well with other health and social care providers to make sure people's needs are met. We saw that the service had good working relationships with GP surgeries and district nurse teams and local pharmacies. This meant that the service supported for people's needs by seeking advice and support and for passing on relevant information in people's interests where appropriate.

People who received mealtime visits had a variety of meals provided depending on their choice. Staff received mandatory training in food hygiene. We saw that some people requested microwave meals, but others preferred freshly prepared food. Staff documented in care notes food that they had provided and if food had been left. We saw in one person's notes that staff had prepared homemade beef stew and vegetables, which the person is recorded to have enjoyed. One person said, "My carer comes and makes me lunch and then comes back to make me a sandwich for tea. She will always let me know when I am running out of something and will put it down on the shopping list so that when my daughter comes she knows what it is that I need." We saw evidence that as the weather became hotter that staff would be reminded to ensure that people were left with appropriate access to fluids and were encouraged to drink.

We saw notes that documented when people's appetite had decreased and that staff would report this to the team leaders as a concern and what actions would be taken, such as a review of care and discussions with the person, family and where appropriate GP surgery.

Is the service caring?

Our findings

Staff at the service told us that they had been able to develop good relationships with people. The manager told us that some people using the services would just "drop in" to the office to have a chat when they were in town. They would stay and chat to staff and have a cup of tea. One person wrote of their carer, "Thanks for cheering me up and making me smile when in a bad mood."

We saw evidence that the service advocated for people, maintaining good relationships with the local authority and asking for reviews when people's care needs increased and more input was needed. For example, when mobility worsened.

The service had good working relationships with Essex Guardians advocacy services. When care staff needed to be able to access a person's finances for them due to lack of capacity, we saw that the appropriate best interest assessments were completed and that advocacy services had supported this process. Care staff able to do this would be minimal and assigned specifically to support the person. Receipts were kept and transactions monitored by the registered manager. Essex Guardians reviewed all transactions in order to safeguard the person receiving this bespoke service.

The service responded to people in a caring and compassionate manner. People who used the service all commented on how kind and caring staff were. One person said of staff, "Immensely supportive and tirelessly worked to get us the care package we needed," another said staff were "Professional and caring in how I am treated." The service had received many compliments via letters and emails. One email stated about a regular staff member, "If I had medal I would post it...She is one of those rare people that do more than her job."

Staff had a good understanding of people's needs and the importance of promoting independence. One person said, "A year ago I had to have a lot more support than I do now and that is really down to the way in which my carers have supported and encouraged me to try and do as much as I can for myself. Over the course of the year, I have gone from being in bed all the time to now being able to get out and about on my own. I don't think I would've done it without the help and encouragement provided by my carers."

People told us staff were considerate, showed respect and protected their dignity. One person told us, "My carer will always ask me if I'm ready to start when she first comes in. If I'm not, then she will go and do some of the other jobs until I'm ready to have my wash. At my age I really can't be rushed." A relative told us, "I've never gone in and seen [person] dressed in dirty clothes since they have been looking after [person]. My [person] always took great pride in their appearance so I know how important it would be for them to feel comfortable in what they are wearing now."

People we spoke to told us that staff who cared for them understood their needs well. One person said, "My carer always make's sure she runs my bath to a nice warm temperature before she comes in and undresses me and then she always has a nice warm towel ready for me when I get out."

Staff protected people's confidentiality. One person told us, "Thankfully, I've never heard any of my carers talk about anybody else that they are looking after while they've been with me. If they did that, I'd soon pick up the phone and complain about it to the office." Other person said, "My carer and I are usually far too busy having a bit of a chat about what's going on in the world to talk about any other clients that she may be looking after. If I did hear someone say anything I would tell them I'd be reporting it to a manager."

Staff took time to get to know people and people told us that care staff had a positive impact on their lives. One person said, "I hadn't had a bath for quite some time because I was very worried that I wouldn't be safe on my own. When my carer started, she said she was more than happy to help me with the bath but I wasn't really prepared to then. However, she has now been coming to me for over six months and in that time I have got to know her and trust her and now I'm able to take a bath while she is with me because she supports me and make's sure that I stay safe and don't fall over when I'm getting in and out. I really appreciate the time she has taken to work with me because it would've been much simpler just to continue giving me a strip wash every day."

Is the service responsive?

Our findings

Care plans provided staff with the information they needed to deliver person centred care. People had established core care teams, which meant that they received care and support from staff that knew and understood their history, likes, preferences, needs, hopes, and goals.

Care plans were detailed enough for people who had complex needs such as those who suffered from dementia. One member of staff told us that, "Everything regarding service users is broken down and very easy to understand, organised, and available." Daily notes were comprehensive and person centred, demonstrating clearly how staff had supported people. One person told us, "I am quite fussy in my old age, I like things to be done in a certain order which I know doesn't always seem logical to my carers. However they all humour me and do things the way I like them to be done which I appreciate." Staff told us that they phoned the office if they had been assigned a new person to find out more information about the person and always read the previous notes to make sure they were not missing anything.

The registered managers and team leaders who would provide the initial 72 hours of care to assess people's individual needs and preferences developed care plans. They spent time with people to ensure care plans were person centred, and people could comment on and ask for changes to be made. One person told us, "I talked about what it was I needed help with, with a manager when they first came to visit me at home and the manager took the notes away and sent me back a typed care plan for me to look at. There were a few things that she hadn't got quite right, so these were altered, and then I signed it."

Care plans were reviewed at six monthly internals and when people's needs changed. A relative told us, "My relative and I met with the manager and we talked about the type of help my relative needed before the agency started working with them. A care plan was written up and I know that it's in his folder with all the records. We had a supervisor cover one of his carers shifts the other week and she took the opportunity to look at the care plan and asked us if there was anything that needed updating or has changed since it was written." Another person said, "I have had the odd visit from a supervisor who has had a look at it and talked with me about whether there are any alterations needed doing to it. So far it has been alright and nothing has changed."

The service was responsive and flexible to peoples changing needs. One person told us, "I find the office staff to be really helpful. I only have to pick up the phone and they are willing to do whatever it is that I need help with. I had a doctor's appointment at the very last minute the other week and they were so helpful that I took them all a tin of biscuits as a small thank you." Most clients and relatives we spoke to said that the office staff were very approachable and that when changes are needed to accommodate appointments, they would be able to do this without any difficulty. A couple of relatives however, said that they had requested the service to change the timings and frequencies of visits and that this had not been possible because of a lack of staff. One person told us, "Unfortunately, the morning visit had to be slightly rearranged to a different time because they told me that they were fully booked at the time that my mother really wanted to be getting up. Having said that, whenever she has any early morning appointments, I have phoned the office and so far they have been very good and on those occasions, my mother has had an

earlier call than she would normally have." The registered manager told us that wherever possible they tried to accommodate people with times suited to them.

There had been two complaints at the service in the previous six months prior to inspection. We saw evidence that the registered manager listened to people's complaints and responded appropriately to people. For example, one person said, "I had to phone the office to talk to them about one of my [relatives] carers. [Relative] was just not getting on very well with her and felt embarrassed around her. When I explained to the office they were very sympathetic and made sure that she wasn't put down to come to [Person] anymore." Another person said, "There was one member of staff who I didn't particularly get on with. It was nothing about how she did things, it was just her overall attitude, and the way she rushed me. I phoned the office and explained that I would prefer somebody else and they were very good and I haven't seen her since." We saw that management team took issues of conduct seriously; staff had received additional training and supervision if concerns arose. One member of staff received customer service training after a complaint was made about how they spoke to a person in their care. However, the review of complaints in total did not demonstrate that learning was used to develop the service as a whole.

Is the service well-led?

Our findings

The service was found to be well-led. Morale amongst the care team was good. Staff working at the service told us how much they enjoyed their roles because of the support they received from the management team. One member of care staff told us, "Love my job. It's a good company to work for," another said, "The registered manager and senior staff are all really approachable and helpful. I feel I can ask them anything I need to and they always offer good advice and support. I really love my job, I wouldn't go anywhere else." A relative commented in feedback to the service, "The office Manager, was also so kind and helpful and accommodating to [persons] changing needs. Very pragmatic and professional. I think that Better Healthcare in Colchester is the best agencies that we have ever used. Thank you."

There was a clear management structure in place and people using the service and care staff knew whom to contact if they had any concerns. The registered manager had overall responsibility for the service and held regular meetings with their senior management team and two team leaders to ensure that people's needs were being met and that staffing was appropriate. Each team leader and senior carer had their own clearly defined responsibilities, such as auditing care notes and medication sheets and organising the staffing rotas. The good organisation of tasks reflected on the quality of care provided to people. For example, by quickly identifying and acting on concerns and ensuring that staff had the right skills to provide care in line with the service values.

Some people at the service knew the registered manager well, whilst others had only met the manager a few times, however, all agreed that the registered manager and senior care team were approachable and listened to any concerns they had. One person told us, "I remember meeting [Manager] when we started with the agency, but I can't recall seeing her more recently. But during the year, I have seen a supervisor or two who have come to look at the records and check that everything is alright, and then they have taken the old records away and left me with some clean sheets." Senior carers and team leaders visited people in their homes at regular intervals to review care. During that time, they would provide the care to assess if the needs of the person had changed and discuss with them any concerns they had about the care provided. One person told us, "Occasionally, a supervisor will do a shift instead of one of my carers and she will usually take the opportunity to stay after everything is done to ask me if I am right and to look at the records."

Staff received phone calls and follow up emails when they had received praise from people using the service. Staff told us that this gave them a boost and encouraged them to continue to perform to the best of their ability. All staff we spoke to had a strong sense of commitment to the service and to the services core values and provision of person centred care. One member of staff told us, "I am always being asked by the people I care for why I am always so happy, I tell them it's because I really do love my job." Another told us, "It's really important to us that we provide person centred to care to people. I would want the same for myself or my family."

The manager told us that it was important that staff had the time allowed to get from one visit to the next so that people at the service did not feel rushed and received the time they needed and this was evidenced in the team meeting minutes and rotas. Continuity of care was also a high priority for the service and we saw

evidence in rota's that where possible people would receive visits from a regular core team of care staff. Staff told us that this allowed them to develop meaningful relationships with people. One member of staff said, "I nearly always have the same people which is lovely as I get to know what they like."

However, some people at the service did report that they received different carers. One person said, "'My [Relative] is confused at the best of times, so it doesn't really help having a different carer every day and sometimes it can be a completely new face that we haven't even met before. My wife gets even more worried then and I end up having to pick up the aftermath once, they have gone. We have asked for a smaller number, but nothing has happened about it.'" Although most people reported, they did receive a care from a small regular number of staff. One person said, "I like the fact that I only have two carers who know me really well and I know them. They have really helped me to gain back some of my independence over the last year, at times against medical opinion." Other people told us that staff would try to let them know the day before if a different carer was coming. One person said, "If the carer the day before knows that there's going to be a change for me the following day, she will usually let me know so I'm prepared for a different carer. Unfortunately, they do not always know and it can be a surprise when I open the door to see who it is. Fortunately, I've met most of the girls and they have been to me at least once before but I can very occasionally get a complete stranger at the door who I haven't even had the opportunity to meet."

Team leader and senior care staff carried out regular quality assurance checks on staff practices. These 'field observations' took place at three monthly intervals for each care staff, or sooner if any concerns had been raised by people using the service. Observations included how care staff spoke to people, how consent from people was gained, and independence promoted and how staff protected people's dignity and treated people with respect. Staff told us that they did not mind the checks and often learnt from them.

People at the service received one quality assurance visit each year from the manager and one postal survey to measure the quality of care provided. The most recent one was in the process of being analysed at the time of inspection. The manager told us that information from surveys was used to improve the service they offered. We saw how other methods of information gathering had improved care given.