Immaculate Healthcare Services Limited

Immaculate Healthcare Services Limited Croydon

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

Immaculate Healthcare Services Croydon is a domiciliary care agency that provides personal care and support to people living in their own homes in the London Borough of Croydon. This inspection was undertaken in response to concerns raised about the operation of the service. The last inspection was July 2015 and at this inspection we found the service met all the regulations we inspected.

There was a registered manager in post at the time of our 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.

The majority of people using the service and their relatives spoke positively about the care provided by the service and said that they felt safe with care staff. Staff recognised how to identify the signs of potential abuse and knew how to respond appropriately to keep people safe. There were sufficient numbers of trained care staff available to enable the service to deliver care at the times preferred and to provide for any staff absences. The agency office was suitably staffed to coordinate services.

People found that the majority of delays in care staff arriving on time were mainly due to unavoidable factors such as public transport and road works. Office staff were working hard to improve the service delivery by assigning care staff to work in specific geographic areas to reduce travelling time. Staff had recruitment checks to ensure they were suitable for their role; we made recommendations to strengthen recruitment procedures.

Risks to people and the environment they lived in were assessed, and management arrangements were put in place to promote the safety and welfare of people and staff providing the service. The care arrangements and support needs were reviewed regularly to ensure the care delivered remained appropriate for people's needs. People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

Most people were supported by a regular staff member or group of staff who they knew. People were provided with the care and support they required by staff who were trained and supported to do so. People who required support to take their medicines received assistance to do so. People who received support with their medicines were satisfied with arrangements but improvement were recommended to ensure people who required full assistance with taking medicines was in line with safe medicine guidance.

Staff ensured people consented to the care they received. Staff were aware of how to respect people's choices and rights. People and their relatives were involved in decisions about their care and support.

People and their relatives knew how to complain and felt confident their concerns would be addressed. The

provider dealt with complaints in a timely and thorough way.

People felt the service was well run and the management team approachable. Staff felt confident in their roles and were aware of their responsibilities. Systems were in place to ask people their views about their care. Quality audit processes were in place to monitor the quality of the service provided. There were signs the service was working hard in making improvements. When required action plans were developed to address areas which needed to be improved.

Management arrangements had improved and were becoming more robust. The service cooperated fully in working with external professionals and participated in training to help them develop their skills.

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. People received the support required to ensure they took their medicines as prescribed.
Recommendations were made to ensure systems were more robust when administering medicines, and in relation to assessing staff competencies.

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People felt safe using the service because they were cared for by staff who understood their individual responsibilities to prevent, identify and report abuse.

Staff were informed about how to provide people with safe care and support that maintained their independence. Risks to people including their environment were assessed and actions taken and care planned to minimise the risks.

People received their visits as planned because there were sufficient staff employed, and there were contingency arrangements in place if needed. Staff worked hard to plan care staff rotas and to address any timekeeping issues.

Is the service effective?

Good

The service was effective. People were cared for by staff that were knowledgeable, and had the relevant training and skills to meet their needs.
Staff were well supported and had their practice appraised.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. People were supported to make choices and decisions about the care they received.

Staff were aware of the importance of good nutrition and hydration. They supported people to have enough to eat and drink. Staff supported people to access healthcare professionals if required.

Is the service caring?

Good

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

Staff promoted the values of caring and respecting people, people were treated with dignity and compassion.

Reviews and checks of care were conducted with people in which aspects of their care were discussed. Regular care staff helped ensure effective relationships were established with people.

Is the service responsive?

Good

The service was responsive. Carers responded well to peoples changing needs, they promptly recognised when people's needs changed and referred these to management promptly to address the changes.

People were included in decision making and involved where possible in planning their care. People's likes and dislikes were known by staff who were aware of people's individual needs. People and their relatives knew how to raise concerns and felt confident issues would be addressed appropriately.

Is the service well-led?

Good

The service was well-led. The quality of the service was monitored. Regular checks were carried out and there were systems in place to identify shortfalls and make any necessary improvements.

The service had addressed shortfalls in planning carer's rotas, they also had introduced changes to ensure double up calls were more efficiently managed and travelling times were reduced.

People felt the communication was improving. People were cared for by staff who understood their role and responsibilities.

Immaculate Healthcare Services Limited Croydon

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 announced inspection took place on 19 and 23 September 2016 in response to concerns received about the management of the service. The provider was given 48 hours' notice because the location provides domiciliary care services and we wanted to ensure the manager and supervisors were available to speak with during the inspection. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries, safeguarding issues. The provider had completed a Provider Information Return (PIR). This 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. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

The agency provided service to 74 people. During the inspection we spoke with 20 people who used the service, two relatives and two social care professionals. We spoke with the registered manager and two supervisory staff. We also attended a staff meeting and spoke with 10 care staff. We reviewed a range of records about how people received their care and how the domiciliary care agency was managed, also questionnaires and surveys completed by people. These included eight care records for people receiving the service, and staff records for six care workers.

Good

Is the service safe?

Our findings

People and relatives told us people received a safe service. One person told us, "Yes I do feel safe with the carers; mostly they seem to care and know what they are doing." Another person said, "I feel safe when the carers are here, they make sure I am safely in bed for the night and the doors are locked." A relative commented, "My family members feels very safe when the carers come, I sometimes worry one of my parents takes on too much of the caring tasks instead of waiting for the carer, but they are reluctant to complain." People told us they felt confident enough in staff to raise any concerns or issues about their safety.

Staff had the skills and the ability to recognise when people felt unsafe. Staff were trained on safeguarding people; they were knowledgeable about how to recognise the signs of potential abuse and how to report it. One member of staff told us, "I would report any concerns to the office, if I did not feel confident in their response I would speak to the local authority or CQC." The registered manager had a good understanding of how to keep people safe and their responsibility to refer any allegations of potential harm or abuse to the local safeguarding authority. Information from the local authority, and our records confirmed where concerns had been identified these had been referred appropriately to the local safeguarding authority, and staff were not permitted to work until investigations were completed and staff were cleared as suitable to return to work with people. The manager also cooperated fully with any investigations by external professionals.

People told us that information was provided by the agency and records placed in their homes to share with staff on how to care for people safely with guidance provided on how to manage risks. Copies of these were also held at the agency office. One person told us, "I have a folder of records, staff look at these, they tell them what needs to be done and how to care for me." A person told us the local authority had supplied a hoist to help transfer their spouse safely. All care staff were trained in manual handling procedures and in using hoisting equipment. Staff told us that the appropriate equipment including hospital beds were provided to support people to receive safe care and to safeguard staff from injury. A number of people told us this was arranged by the service. One person said, "After admission to hospital my care needs changed, on discharge I was not mobile and needed equipment to help me which hospital staff arranged. Care staff are good at using this equipment." Records we looked at confirmed that risk assessments had been completed and reviewed regularly since the person first started using the service. Staff were aware of the risks people experienced in relation to winter and summer temperatures, and the important role they had to make sure to check the environment was at a suitable temperature and comfortable.

We saw that some people had been assessed as requiring two care staff to provide the care they needed safely, and work schedules were developed to arrange for care staff to meet at the person's home at the correct time. There were some concerns raised in the past about the risks presented and of occasions when one staff member alone carried out a task before the second carer arrived. The manager responded positively to the concerns, rosters developed linked care staff working together at correct times; making sure one was a car driver. The manager met with staff and reinforced their duties of responsibilities, also highlighting the risks involved if staff did not follow the risk management guidance. We saw from records

that other actions included more frequent spot checks by field supervisors by visiting and telephoning people. There have been no new reports of staff not following risk guidelines.

Staff in discussions we held showed a good awareness of the risks involved if they did not follow the management plan, and their practice of reporting any new risks or changes to a person's care needs were seen in care documentation. Information sharing was good. Care staff said they spoke with their supervisor or the registered manager so that risk assessments could be updated and reflect the person's changing needs. A senior member of staff told us that on occasions when a person's care needs changed and two staff were required they provided the staff required at short notice and made the referral to the local authority afterwards requesting the additional resources.

People and their relatives told us staff were reliable and that their calls were never missed. One person told us, "It's rare that the carers are too late unless the regulars are on leave, they are usually on time for our call." Another person said, "The carer come usually round the time they should come unless they have been delayed at previous client's home or had trouble with the bus. I've not had any calls missed." People we spoke with told us the correct number of staff attended their calls but sometimes when staff completed their work they were happy for them to leave a little early and not stay the full length of time for their calls. The majority of people told us they did not complete the time section of the timesheet but allowed the carer to record the time spent. We explained to the manager that on the carer's timesheet the time spent in the person's home is recorded by the person receiving the service where possible.'

Plans were in place to manage emergency situations. Staff we spoke with were consistent in their response to what action to take in the event of an emergency situation. For example, if they could not access a property or if they found the person they were visiting on the floor. Staff were recently trained in first aid procedures by the ambulance staff. One member of staff we spoke with told us, "Any accidents or incidents that occur, we have to inform our manager immediately and then document everything." Staff described with confidence what actions they would take respond to an emergency. There was mixed views on whether people always received visits from regular staff but this appeared to have been much more consistent recently. One person commented, "I don't always get the same carer but I do tend to have the same group coming, I have regular faces."

Staff said they worked within area teams, this meant calls were located as close as possible together. A care supervisor worked on electronic schedules, he told us he was altering the regular schedules to allow for time for travelling. One staff member told us if they were delayed at a call for some reason, they had to contact the office so the person they visited next could be informed. Staff we spoke with told us they felt there were enough staff to cover all the calls. One member of staff said, "I feel there is enough staff available to support the calls we have." The provider had a computerised system for calculating the number of staff they needed to cover all calls. We saw that they had adequate numbers of staff (34) to cover the current level of calls. All calls were allocated to a regular member of staff to ensure calls were not missed. We observed another care supervisor planning the work rotas for the following week, the system highlighted staff on planned leave. The care coordinator explained how they covered the absence by carers who had been to the person's home in the past and were familiar with their routines. This system of planning helped promote continuity of care.

Staff were recruited safely but there was room for improvement. We looked at six staff member's files and saw the provider had undertaken checks to ensure staff were safe to support people. Records demonstrated that the provider had completed an assessment of staff member's suitability for the role, references were sought and disclosure and barring [DBS] checks completed. DBS checks help employers reduce the risk of employing unsuitable staff. We observed that references did not always contain sufficient evidence of

authenticity, some were not on headed notepaper or have an accompanying stamp, and telephone references were not always followed up with a written reference. We brought this shortfall to the attention of the manager. When assessing whether an applicant is of good character, providers should have robust processes and every effort should be made to gather all available information to confirm that the person is of good character.

The service had policies and procedures in place on medicine management. People were supported to be as independent as possible with taking prescribed medicines and the majority of people managed to take their medicines with prompting from staff. People said they were happy with the support they received to take their medicines. One person told us, "The carers help me with my medicines, check and watch me take them, they are good." Another person said, "I forget and the carer reminds me that I need to have my medicines." Staff we spoke with said they felt confident to support people with their medicines. They knew the provider's medicine procedure, and had completed training and felt competent in administering medicines. Staff said the training prepared them with the knowledge and competencies for administering people's medicines. We noted that staff did not have their competency checked by the manager at regular periods. In one section of the medicine policy statement it stated the following, "It is important that only staff who are appropriately trained and happy to perform the role administer medication," however reference was not made to on-going assessments of staff competencies in medicine administration. We recommend the manager should ensure they refer to NICE guidance on medicine administration so that assessments of staff competencies in medicine administration are regularly undertaken.

Senior staff carried out spot checks of the records held within people's homes to ensure the staff were following the procedures of correctly administering and recording medicines. For one person the provider had recently taken on the responsibility in the care package for administering their medicines. We found staff were not using the correct medicine administration record (MAR). We brought this to the attention of the manager to ensure that staff record on the MAR charts when they have administered medicines. The manager agreed to address this area immediately.

Good

Is the service effective?

Our findings

People were happy with the support they received from staff. One person said, "Carers know me well and they know what I want." Another person commented, "Staff seem fairly well trained, they know what they are doing." Staff we spoke with said they felt well trained; they had the appropriate skills and received the support needed from the manager and coordinators to provide the best care for the people they supported.

One member of staff said, "I am an experienced carer, I have developed the skills to meet people's needs, training here is on-going." Staff told us they received an induction into the role when they started. This included training they needed to support people safely, for example, manual handling, food hygiene, medicines and first aid. They told us they worked alongside more experienced staff to build their confidence in the role and get to know the people they were supporting. All staff spoken with confirmed they received one to one meetings and appraisals and they had regular contact with the office staff. Most carers came weekly to the office with their time sheets and spoke with the senior members of staff. They said during their individual or team meetings they felt they could discuss their own personal development along with any care or support issues they thought were relevant to the role. Staff members were supported in their roles and had the skills to provide effective care to people. A large number of staff had completed National Vocational Qualifications in care or relevant health and social care qualifications.

People told us staff sought their consent before providing care. One person said, "They always ask if it's okay to help me before they do it. They ask my permission." Another person told us, "The carers always check with me first before they do anything. They make sure I agree and am happy." One care worker said, "I always ask for people's consent before I provide any care. I will try to encourage them." I will call the office to let them know and record it in the care book."

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 the 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for domiciliary care services is called the Court of Protection.

People using the service and relatives told us that staff always sought their consent and permission before they carried out any task or personal care. Staff told us they had received training on the MCA 2005 and we saw evidence of this within the staff training records. We saw that people had MCA assessments carried out and where they had been assessed as lacking the capacity to make decisions 'best interest' decisions had been made on their behalf following the MCA 2005 legislation. Records showed when a person lacked the capacity to make a specific decision; people's families were involved in making a decision in the person's best interests. We found that care plans were signed by people or their representative, where appropriate, if the person is unable to sign to indicate that they had consented to the care provided.

The management team monitored the care packages closely to help ensure people were achieving the agreed outcome targets/goals. People at risk of malnutrition and dehydration were identified through the assessment process and the agency ensured suitably skilled care staff were assigned to support them accordingly. Where required, people received support from staff to maintain a balanced diet. One person said, "The carer makes sure I have drinks nearby for the afternoon and they make sure I have snacks for in between calls. They make me my meals and always ask what I want to eat and drink." A relative commented, "If my family member is not eating I will let carers know and they will encourage them to eat." Staff said when they had any issues in relation to supporting people with food and drink in order to remain healthy; they had contacted the manager and relatives where possible. We saw in people's records that diary notes recorded guidance provided to staff in relation to people's well-being, and individual dietary needs. Care staff used written care records and the telephone to facilitate good communication with others. This helped to ensure people had good nutrition and were sufficiently hydrated.

People said they were confident staff would contact healthcare professionals if they were unable to do so themselves. One person said, "My carer contacted the doctor when I was unwell." People were supported to access health services as required. People told us of staff contacting relatives and the GP in response to changes in individual's health conditions. One member of staff said "When I arrived and found someone unwell I called an ambulance and contacted relatives, I stayed with the person until they arrived". We saw within people's care records of staff making contact with other healthcare professionals in response to the person's needs. For example, one person's mobility had greatly decreased and they found it very painful to be out of bed for long. The support of an occupational therapist had been sought. A suitable bed and hoisting equipment were supplied to enable staff transfer the person safely out of bed.

Staff were experienced and felt competent that they could recognise if a person was unwell, and if they were concerned about a person's health or noticed a change in a person's needs they would speak with the management team so advice could be sought or care reviewed. One carer said, "Depending on what was the issue I would call the office for advice, or speak with person's relatives." Records we looked at reflected people's current health needs and of instances when the carer had involved and sought advice from healthcare professionals such as the district nurse. We saw information was available for staff to refer to in order to support appropriately people, for example challenging behaviour. This demonstrated people were supported to access healthcare professionals and staff had the appropriate information to refer to in order to meet people's health needs.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support provided, they found the vast majority of staff were kind and caring. One person said, "Carers are so kind and caring to me, I look forward to their visit." Another person said, "Excellent carers, I have two agencies but would rather have the staff from Immaculate do all the visits, their care staff are very kind." People said that they received the help they needed, but a small number of people said the carers did not have enough time to sit for long as they rushed off to do their next visit. The manager told us they treated people with the sort of respect which reinforces personhood and individual characteristics, addressing them and introducing them to others in their preferred style, responding to specific cultural demands and requirements.

People were involved in making decisions about their own care and support. They told us they had information from the agency in their homes about their care and who to contact if they had any concerns. People said they were able to make choices regarding their daily lives. One person said, "I'm happy with care staff and what they do, they listen to me and do what I ask." Staff said that they enjoyed their work, supporting the people they cared for. One member of staff said, "I enjoy my job, I help people make choices, what they like to wear, whether they want to have a shower or a quick wash. I respect their decision." Staff said they knew people's preferences and how they liked their care to be provided. One person said, "I was offered a choice of a male or female carer to help me look after my spouse, and I choose a male." This demonstrated the provider involved people in planning and making decisions about their care.

People were supported by staff to maintain their independence. Staff encouraged people to do things for themselves as much as possible. A person told us, "The carer helps me be independent. They will ask me what I can do for myself, and then they will do the rest." Another person said, "The carer is discreet and encourages me to be independent, they will always help me if I am struggling." One young parent who was visually impaired received twice daily visits to assist with physical and practical care tasks designed to maximise their independence. The person requested a change in carer as the last one "did too much". A new carer was assigned; the manager advised them of their role, to reassure the person they came to assist them with tasks they were unable to do and not to take away their independence. The change in carer helped the person achieve the desired outcomes. This demonstrated staff supported people to maintain their independence.

People said their care was delivered in a respectful way. One person said, "My carer is very respectful and always maintains my dignity." Another person told us, "Carers maintain my privacy; and make sure curtains are closed when they are providing me with personal care." Staff were able to share with us examples of how they ensured people's dignity and privacy was maintained. For example, covering people when providing personal care; allowing people enough time to complete tasks or explain what they wanted. This showed people's dignity and privacy was respected by staff. Staff were trained to provide quality care to people who choose to remain in their own homes when approaching the end of life or when terminally ill. They were able to give example of carers providing all the care and support needed to make the person feel comfortable, safe and as free from as much pain and discomfort as possible.

There were arrangements in place to ensure people had the opportunity to express their views about the service and with the care arrangements. Records showed that spot checks and review of care needs had been conducted with people in which aspects of their care was discussed. When speaking to people using the service, they confirmed this. They told us, "Yes we do have senior staff checking on our care and what staff are doing." Records showed some positive feedback had been received from people during these checks. Feedback also indicated a more consistent approach to people's care. There were comments that positive relationships had developed between people using the service.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care arrangements and in making decisions about how their support needs should be met. People were of the view that the call times requested from the agency were often a little too short for the tasks the carer was required to carry out. People told us staff reported back when needs changed. One person said, "My care needs have changed, the carer has told the agency more calls are needed which I now receive." Care records showed these were acknowledged and social services had agreed an increase in the frequency of visits.

Care records showed people's needs had been assessed and care arrangements were in place to ensure that people's needs were appropriately met. Care records had a diary of daily calls by the carer with their state of wellbeing evidenced, and the care and support given. Staff told us that any changes in a person's needs were reported to the office. For example, if they felt a person needed additional support with their personal care. People told us the service was mostly reliable and they did not have any concerns. People said the agency responded fairly promptly if they requested changes, for example hospital appointments that required the carer re-arrange call times, or to cancel visits. This showed the provider had systems in place to ensure they were responsive to any changes in a person's needs.

Records showed that people's care was regularly reviewed to ensure it was relevant and up to date. Although records were not written in a very personalised way they provided clear information about people's support needs and preferences, and also included an assessment of specific risks to safety for the attention of staff. Care workers demonstrated a detailed knowledge of the needs of people they supported; their likes, dislikes and personal history. Relatives and people told us care plans were kept in people's homes and they could look at them at any time. One person said, "There is a care folder which staff look at it, it has all the information in it that staff need to know." We saw that copies of these were held securely in the office. Care records showed people received care that reflected their needs and preferences. We observed that where people received care from more than one agency care records were not shared, and there was very little communication with staff from the other agencies. A number of people told us they would prefer to have all their care needs met by this agency.

People and their relatives were given a copy of the complaint's procedure. They were encouraged to give their views and raise any issues or concerns. One person said, "I don't have any new concerns, I made a complaint and a supervisor came out and discussed the issues with me, I am confident complaints are dealt with promptly." Another person said, "I made a complaint some time ago, I met with a manager and things have now improved." People and their relatives we spoke with were confident their concerns would be listened to, acted upon and resolved. Staff were able to clearly explain what they would do if a person was not happy about something. Staff had confidence the manager would investigate and respond appropriately to any issues. We saw how concerns that were raised with the service were dealt with in a timely manner. Any investigations into complaints were thorough with the outcomes communicated to all parties involved. This showed that people's complaints would be listened to, and addressed by the provider.

Good

Is the service well-led?

Our findings

This inspection took place in response to some service level concerns which were raised with CQC in relation to the management of the service. The agency had an embargo placed on it some months ago by the local authority; this was now lifted. We found the management arrangements in place were satisfactory. There was a registered manager in place who clearly understood the requirements of their registration with CQC. We found they had met their legal obligations around submitting notifications. For example, the manager notified CQC of important events and any allegation of abuse when they occurred.

The agency had recently relocated to a new office at short notice. People and relatives we spoke with felt the service was generally well run but some felt there was room for further improvement in relation to communication within the organisation. One person said, "I think they are a reliable agency." People told us they were happy with the care they received and said the staff were friendly and provided a good service. One person commented, "I have carers from the agency for a long time I am happy." Most people described the management team as quite friendly, and knew who was in charge to speak with should they need to.

The provider had systems in place to ensure the effective running of the service and to monitor the quality of service provision. We saw that spot checks were completed by the management team to ensure staff were providing care as directed in the care plans and also to check staff competencies, at delivering appropriate care. We noted that safeguarding, incidents and accidents were recorded and monitored for trends and patterns to inform staff how risks were managed. Audits were completed regularly, for example care plan and risks assessment reviews. Where improvements were found to be required action plans were developed by the provider.

We found management had made positive changes to address shortfalls in the service. People had previously found that where two carers were required one carer sometimes arrived too early and carried out tasks single handed placing people at risk. Work schedules were rearranged to reduce travel times and the possibilities of delays. Where possible a car driver was assigned to transport the second carer, the manager had also provided a taxi service to help the carer get to hard to reach areas where public transport was limited. There were positive comments about these improvements from people. We saw how the care coordinator organised work schedules on the electronic system. Each person was assigned regular care workers. Work was planned in advance, when the regular care worker was on leave this was flagged up in red, the care coordinator assigned a replacement care worker to cover the absences. The care worker selected was a person who had worked with the person and was familiar with their needs. As well as sending this information in writing by e mail the care worker was also telephoned to ensure the carer was clear about who they were visiting and that there was no misunderstanding on calls. We saw this had reduced the number of complaints about timekeeping and out of hour's calls.

Questionnaires were used to gain people's views and information analysed to review or improve the quality of care people received. However some people said they had not received feedback from the questionnaire/survey they had completed, and the agency should improve communication with people using the service. We spoke with the manager who explained to us any feedback raised about the quality of

care was addressed straight away and people who raised the issue contacted. This showed the agency had systems in place that monitored the quality of service and showed that people were able to share their views about the service they received.

Staff told us they felt supported by the registered manager and were aware of their roles and responsibilities. Staff felt the registered manager communicated well and listened to their views and suggestions. Some people receiving the service and external social care professionals had previously raised concerns about management arrangements when the registered manager was on leave. We saw the service now had a dedicated person working in a senior role who took charge when the manager was not present.

Staff received regular opportunities to discuss their individual performance, training and any matter which might affect people who used the service. They felt confident their concerns would be listened to and issues dealt with appropriately. Staff were aware of the provider's whistle-blowing policy, including raising concerns to external agencies if required. (Whistle-blowing means raising a concern about wrong doing within an organisation). The agency had an out of hour's service to support staff, this cover was provided by regular office staff familiar with people using the service and staff, and they also planned and coordinated services. Care coordinators showed us how they planned the service so that each person had their calls covered. Care staff said they were able to contact the office or on call system at any time and speak with a senior staff member or a manager should they need to. This demonstrated the provider had management processes in place to support staff to be effective in their role.