Archangel Enterprises Limited

Archangel Home Care - Staffordshire Branch

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

We inspected the service on 7 and 8 December 2016 and the visit was announced. We gave 48 hours' notice of our inspection because we needed to be sure somebody would be available.

Archangel Home care – Staffordshire Branch provides personal care and support for people in their own homes. At the time of our inspection 75 people were receiving personal care and support.

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

People felt safe with the support offered from staff. Staff understood their responsibilities to protect them from avoidable harm and abuse. Risks to people's health and well-being were assessed which gave staff guidance about how to support people to reduce the likelihood of harm. Where an accident or incident did occur, the registered manager took action to prevent reoccurrences wherever possible. The provider had plans in place to support people to remain safe during emergencies such as a shortage of staff.

People and their relatives were satisfied with the number of staff available to offer them care and support. The number of staff the provider employed was enough to provide the care that was planned for each person. Prospective staff were checked before they worked for the provider for their suitability.

Where people required support to take their prescribed medicines, this was undertaken in a safe way by staff who had received guidance. Staff knew their responsibilities when handling people's medicines including what to do should a mistake occur.

Some staff felt that improvements could be made to the training offered to them so that they could practice the skills they required. The provider told us they would make improvements to offer staff training that was undertaken by a trainer rather than on a computer. The registered manager told us they would make improvements to the records of the induction staff received as these were not in place.

People's food and drink was monitored where this was required to make sure they had enough. People received support to monitor their health where this was required.

The provider followed the requirements of the Mental Capacity Act 2005. Staff understood their responsibilities under the Act including what might constitute restrictions to people's freedom. People were asked for their consent when care and support was offered.

People received support from staff who were kind and offered compassionate care. Their privacy and dignity

was protected when receiving care and support. People's privacy was not always protected as their care records were not always stored carefully. The registered manager took action on the day of our visit to improve this.

Staff knew the people they offered care and support to as people's care plans contained information on their life histories which staff could describe. People were supported to be as independent as they wanted to be. For example, staff encouraged people to do tasks with them where this was important to them.

People were involved and contributed to the planning and review of their support so that this was centred on them as individuals. People had care plans that contained information for staff to follow on their likes, dislikes and routines that were important to them.

People were mainly satisfied with the regularity and punctuality of the staff that offered them care and support. The provider was improving on the punctuality of care calls people received and was working with the local authority to make sure that this occurred.

People and their relatives knew how to make a complaint. This was because the provider had a complaints procedure in place which was included in a service user's guide that had been given to people when they started to use the service. The provider took action when a complaint had been made.

People, their relatives and staff had opportunities to give feedback to the provider about the quality of the service. Staff felt supported and received good support from the registered manager.

Staff knew their responsibilities when offering people care and support. For example, they knew to report their concerns should they have needed to about poor working practices of their colleagues. The provider had aims and objectives for the service that were known by staff. These included supporting people to remain independent.

The registered manager was aware of their registration responsibilities including notifying CQC of significant incidents that occurred. The provider checked the quality of the service. For example, checks of people's care records took place to make sure they contained the information that staff required to offer good quality care and support to people. The provider took action where improvements were required.

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 were protected from avoidable harm and abuse by staff who knew their responsibilities for supporting them to remain safe. Risks to people's health and well-being were assessed to reduce the likelihood of an accident or incident occurring.

The provider followed their recruitment processes to check the suitability of prospective staff.

Where people received support to take their medicines, this was undertaken safely by staff.

Is the service effective?

Good

The service was effective.

Staff received training and guidance although they did not always feel this was suitable. The registered manager put plans in place to address staff feedback about training.

The provider followed the requirements of the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act.

Staff asked people for their consent before providing their care and support.

People received support where this was required to make sure they had enough to eat. People's health was monitored and action was taken to maintain their well-being.

Is the service caring?

Good

The service was caring.

People were treated with kindness from staff and their privacy and dignity was respected when receiving care and support. People's care records were not always securely stored in the provider's office. The provider rectified this during our visit.

Staff knew the people they were supporting including their life

histories.

People were supported to remain as independent as they wanted to be.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were mainly satisfied with the regularity and punctuality of staff. The provider was making improvements to make sure staff arrived on time and that people had regular staff to support them.

People contributed to the planning and review of their care and support. Staff offered their support in line with people's preferences.

People and their relatives knew how to make a complaint and the provider took action when they were received.

Is the service well-led?

Good

The service was well led.

Staff knew their responsibilities and received good support from the registered manager.

People, relatives and staff had opportunities to offer feedback to the provider.

The registered manager was aware of their responsibilities and they carried out checks on the quality of the service.

Archangel Home Care - Staffordshire Branch

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.

The inspection visit took place on 7 December 2016 and was announced. We gave the registered manager 48 hours' notice of our visit because they supported people with personal care and support and we needed to be sure they would be in. The inspection team included an inspector and an expert by experience. 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 visit, the provider 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 reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required by law.

We spoke with seven people who used the service and with the relatives of two other people. We also spoke with the registered manager and seven care staff either face to face during our visit or over the telephone the following day.

We looked at the care records of seven people who used the service. We also looked at other records in relation to the running of the service. These included health and safety documents, staffing rotas, procedures and quality checks that the provider had undertaken. We looked at three staff files to check staff were safely recruited and to look at the support and guidance they received.

We asked the registered manager to submit documentation to us after our visit. This was in relation to training that staff had undertook as well as documentation about the support staff received. They submitted these to us in the timescale agreed.

Good

Is the service safe?

Our findings

People told us they felt safe with the support they received. One person said, "Yes I feel safe." Another told us, "The staff make sure I am safe before I do anything." Other people and their relatives told us that staff provided support in safe ways and that they had no concerns. Staff described how they supported people to remain safe. One told us, "You assess things as you go such as risks and spotting things. It's about reporting things if you have concerns."

People were protected from avoidable harm and abuse by staff members who knew their responsibilities. The provider had a policy and procedure on protecting people that staff could describe. One staff member told us, "If I saw any signs of abuse, for example bruising, that could not be explained I would report it back to the office immediately." Staff members could explain the different types of abuse and signs that someone could be at risk. They told us that they were confident the registered manager would take action where this was necessary to deal with harm or abuse. We saw that where the registered manager had concerns that a person might be at risk of financial abuse by a member of the public, they had contacted a social worker. In these ways people were protected from abuse and avoidable harm by staff who knew what actions to take.

Risks to people's health and well-being were assessed to support them to remain safe. We saw that the registered manager had completed risk assessments that contained guidance for staff to follow to help people to remain safe. We saw assessments in the areas of people's medicines and the support they required to move from one position to another using their equipment. Staff told us that risk assessments helped them to support people to remain safe and to reduce the likelihood of an accident. We saw that people were involved in assessing risks to their own care. For example, one person had requested that staff members stay with them whilst bathing as this helped them to feel safe.

We saw that other risks were considered by the provider. People's home environments were checked to reduce the risks of falling as well as the equipment people used to move position. We saw that staff signed to state they had checked people's equipment before its use.

Staff members knew what action to take should an accident or incident occur. One staff member told us, "One person was becoming more verbally abusive to us [staff members]. We have started to record this and we report it to the manager so we can understand what causes it if we can." We saw that the registered manager took action following an accident or incident. They analysed the accident or incident records completed by staff to look at ways of preventing a reoccurrence wherever possible. For example, they made a referral to an occupational therapist for advice about a person's mobility as they had concerns about the risk of them falling.

The provider had plans in place to help people to remain safe should an emergency occur, such as a shortage of staff due to illness. Staff knew how to arrange cover which included the senior staff and registered manager covering people's calls if required. We saw within people's care plans that the support they required to evacuate their homes in an emergency was recorded to give guidance to staff on how to do this safely. This meant that the provider had considered people's safety should an incident occur.

People and their relatives felt there were a sufficient number of staff to provide their care and support and confirmed they stayed for the correct amount of time. Staff members felt that although there were some current staffing pressures, people's care and support requirements continued to be met. One staff member told us, "It is busy. If there are extra calls we are asked to do them but generally it is okay." Another said, "There is enough staff. Things are covered. I know we are low on staffing numbers but they [registered manager] are working on it to improve." The registered manager told us they were recruiting more staff before they took on any additional care calls which had been agreed by the provider. We saw that the registered manager analysed the care calls every week to make sure that any that were missed were investigated. They told us that missed calls occurred where people had cancelled their care and were not related to staff not turning up as planned. We looked at the staffing rota and found that the timings of calls corresponded to people's planned care. This meant that there were sufficient numbers of staff to meet people's care and support requirements.

People received support from staff who were checked for their suitability before they started working for the provider. We saw that the provider had a recruitment procedure that they followed. The process included obtaining feedback from prospective staff's previous employers and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Staff records confirmed that these checks had taken place when new staff joined the organisation. We saw that one staff member was working alongside another whilst their DBS check was being undertaken which the registered manager told us was taking longer than expected. We saw that they had declared on their application form that they did not have any criminal convictions. The registered manager told us that this staff member would not be working alone until the check came back satisfactorily.

Where people required assistance with their medicines this was undertaken safely. People confirmed that they received their prescribed medicines when they needed them. We looked at five people's medicine records. We saw that they were signed by staff when they offered people their medicines. We found that the records did not always list the amount of medicine people required. The registered manager told us that the instructions were always on people's medicines box or bottle in their own homes. They said they would remind staff to make sure people's medicine records accurately corresponded with the prescribing labels on their medicines so that the instructions matched and were clear.

Staff knew their responsibilities for handling people's prescribed medicines safely. This was because the provider had made available to them a policy on the safe handling of medicines. This included the safe storage of medicines as well as what staff should do if they made an error. One staff member told us, "Once I forgot to give someone their tablets. I told the office and they dealt with it really quickly and asked the family to help us to make sure they had it." We saw that staff were trained in the administration of medicines and had their competency checked in the last 12 months to make sure they continued to handle it safely. Staff commented that the competency checks were helpful as this gave them confidence they were offering the correct support to people. In these ways the provider had arrangements in place to make sure staff handled people's medicines safely.

Good

Is the service effective?

Our findings

Staff told us they received an induction when they started working for the provider so that they knew their responsibilities. One staff member said, "I did shadowing for two to three weeks. They showed me the 'ins' and 'outs' of the job and about people's preferences." The staff records we looked at did not contain induction records. The registered manager told us that they went through an induction with new staff but that they did not always record this. After our visit, the registered manager sent us a template that they said they would use with all new staff. This included checking that new staff were shown key policies and procedures, such as protecting people from abuse, as well as detailing the arrangements for shadowing experienced members of staff before they worked on their own.

People told us that they thought staff were well trained and knew what they were doing. Although staff told us they received training, they had mixed views on how effective it was with providing them with the skills and knowledge they required. One staff member said, "Training could be better. It's all online which isn't that great. There are very few 'hands-on' training courses." Another told us, "I don't agree with the online training. I've done it but it's not enough. It should be practices, it could be improved. I've been observed though to make sure what I am doing is safe." Other staff felt that the training was suitable. One said, "I'm doing a qualification at the moment that they [provider] is paying for. We are doing some online training and it works for me. I'm shown everything I need to be shown." After our visit the registered manager told us that they had agreed with the provider to offer staff training that was delivered by a trainer. Areas that would be covered included medicines training, assisting people to move and first aid.

We saw that staff were completing parts of the Care Certificate as part of their on-going training. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. We saw that staff had completed topic areas including infection control, health and safety and equality and diversity. We also saw that staff completed online training for handling people's medicines as well as assisting people to move. Their competency in these areas was checked by trained senior members of staff before they worked on their own with people and routinely. This was to make sure the support they offered continued to be safe. The registered manager told us that they were looking into practical refresher training for staff who checked competency to make sure they had the skills and knowledge to complete this.

Staff told us they received regular guidance and support when undertaking their work to make sure they met people's care and support requirements. One staff member said, "There are supervisions. I've had a few recently. They are great. I can discuss things and they give you feedback on your work which is helpful." We saw within staff files that staff received supervision as well as 'spot checks' when they offered care and support to people. These checks included making sure, for example, staff wore their uniforms, followed care plans and completed the required paperwork. In these ways staff were provided with guidance and support on how to provide good support to people.

People confirmed they were always asked for their consent by staff to carry out the care and support they required. One person told us, "Yes, they always ask me before they do anything." Staff described how they

gained people's consent. One said, "We ask before we undertake any care." We saw that people had signed their care plans to give their consent to the planned care or the provider had documented where people had given verbal agreement to it. This meant that care and support was only delivered with the expressed consent of people receiving it.

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. We checked whether the provider was working within the principles of the MCA.

Staff told us that most people they supported had the capacity to make decisions for themselves. Where there were concerns about people's understanding to make specific decisions, they knew what action to take. One staff member told us, "You assume that people have the capacity to make their own decisions. I would report it to the manager if I had concerns." We saw that where people had the capacity to make decisions for themselves, this had been recorded in their care plans. The registered manager told us that one person could not make all decisions for themselves. They told us that their family members had the legal authority to make decisions on behalf of them and they had seen confirmation of this. This authority had not been documented in the person's care records. The registered manager told us they would update the person's care plan. This was important so that staff were clear that the family members could make decisions on the person's behalf.

Staff understood the requirements of the MCA. One staff member told us, "The people I support know what they want. One has dementia but I ask them a few times and they will either agree or I will show them to help them to understand." Another said, "All of the people I go to know what they want. I help them to make decisions and include them in what I'm doing. If they couldn't we would have to make decisions for them. We would include the social worker, family and maybe the doctor if needed."

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. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. The registered manager told us that no one was currently deprived of their liberty and therefore no applications were required. Staff knew what restraint meant and what situations could deprive people of their liberty. One staff member told us, "One person has bed rails but he chooses to have them as it helps him to feel safe. That could be restraint if he couldn't choose."

People were supported to eat and drink enough in line with their preferences where this was required. One person told us, "I always have what I want to eat." One staff member said, "I don't need to record food and fluid for the person I support but I always check they are eating well as they need reminding." We read in people's care plans about their preference for food which guided staff when they supported people to prepare it. Where there were concerns about a person's eating and drinking, staff members recorded what they had eaten and drank in their care records so this could be monitored by staff. We saw for one person that their food and fluid was routinely recorded so that the different staff that supported them could alter their support if required to encourage the person to eat or drink sufficiently. This meant that where people received support with eating and drinking, staff knew about their preferences and support requirements.

People were supported to maintain good health. One relative told us, "The girls [staff] always let me know if mum is off colour." During our visit to the office we saw a staff member approach the registered manager with a concern about a person's health. The registered manager asked a colleague to contact the person's

family and then their doctor if the family did not want to do this. We saw that staff recorded where they had witnessed a doctor or healthcare professional visiting a person at home and the outcome of this. We also saw that people's care records contained up to date contact details of their relatives, doctor or other involved healthcare professionals so that staff were able to contact them where necessary. This meant that people's health and well-being was promoted.

Good

Is the service caring?

Our findings

People's sensitive information was not always handled safely. The provider had a confidentiality policy and procedures in place that required people's care records to be stored in metal lockable cabinets to keep it safe. However, we saw that some people's care record were stored in a cardboard box on the floor within the office. Although the office was only accessible to staff members, the storage arrangements were not in line with the provider's procedures. The registered manager told us that they had run out of lockable storage within the office but would arrange for the documents to be securely stored. Before we left, arrangements were made to secure the documents. We found that staff understood the provider's requirements for sharing information. Staff told us that they only shared information with others involved in people's care where this was necessary to maintain their safety.

People and their relatives had no concerns about the caring and compassionate manner of the staff members who provided care and support. One person told us, "I am looked after so well." Another said, "My care is outstanding." Another commented, "I am treated so well I am lucky. It's nothing like what you hear about [in the news about care]." During our visit we heard staff members speak with people on the telephone. They spoke in a professional, caring and supportive way and reassured people where they were worried about their health or the upcoming care calls that were planned.

People and their relatives were confident that staff respected their dignity. One person told us, "If I wasn't I wouldn't have them." Another person confirmed that they were treated with respect. They said, "Of course I am treated with respect." Staff members told us how they maintained people's dignity and privacy. One said, "We have key safes containing keys to some people's houses. I still knock and call through to them before I go in." This meant that staff protected people's dignity when offering their support.

Staff knew about the people they were supporting. They explained that people's care plans offered them information on what was important to them. One staff member told us, "There are care plans in people's homes. We sign to say we have read them. They have things in like people's likes and dislikes such as their preferred name." Staff described how by working with people they got to know them. One said, "If I have some spare time I just sit with them and have a chat. That's really important to people." Another staff member described how they had requested sign language training from the provider to help better support a person who was hard of hearing. They told us, "I can make myself understood but I know they will benefit if I can communicate in ways that they understand better." We read in people's care plans information about them including their life histories that staff could describe. These included details about where people had worked and lived. In these ways staff were knowledgeable about the people they supported and what was important to them.

Staff confirmed that people were involved in the planning of their care and support. One staff member told us, "I involve people. I ask them about what they want. If they refuse I will try to encourage but I cannot force them." We saw that people's care plans were written with them and they had signed or given their verbal agreement to the planned care. The registered manager told us that the support of an advocate was not required by anyone at present. They described how they were liaising with a social worker for one person as

they had concerns about their mental health. They said that an advocate might be required and they would make sure they had the details of organisations who could provide this should it be necessary. An advocate is a trained professional who can support people to speak up for themselves. In these ways people were supported to receive care and support that was based on their decisions.

People were supported to maintain their skills where this was important to them. One person told us, "I do what I can for myself." Staff described how they supported people's independence. One staff member said, "One person likes to do things for himself. He helps as much as he can with all the things I do such as vacuuming and we wash up together." We saw in people's care plans that things that were important for people to continue to do for themselves was documented so staff knew the correct level of care and support to offer. For example we read, 'I wish to remain as independent as possible' and staff were aware of mainly providing verbal prompts to this person. In these ways people received support from staff members to retain their skills.

Good

Is the service responsive?

Our findings

People and their relatives were mainly satisfied with the punctuality and regularity of staff who provided their care and support. One person told us, "They are on time most of the time." Other people described how they had regular staff who they built good relationships with. When staff were running late people told us that they contacted them to let them know but that usually staff were on time. One relative commented that the regularity of the staff could be improved. They said, "The staff are all caring but they keep changing my mum's carers. She just gets used to them, and they stop coming. It unsettles her." The registered manager told us that they were working hard to recruit more staff so that people could have regular staff wherever possible.

The registered manager showed us records detailing that some calls to people did not always occur on time. They told us that the local authority had set them targets to improve their punctuality and they were working hard to achieve them. We saw that over the last three months staff had improved on their punctuality. The registered manager described how they monitored this monthly and they said that when they recruited more staff they hoped the timings of people's care calls would improve further.

People received care and support that was based on their preferences and support requirements. One person told us, "I like to have a male carer and I always have one." We saw that the daily recording of the care and support offered to people matched what was planned to have occurred in their care plans. For example, where a person was due to have a lunch time call to help to prepare a meal, this was provided by staff and the person's care records detailed the support offered. We also read about routines that were important to people. These included morning routines that detailed people's preferences for how they liked the environment to be arranged and their preferences for specific food. Staff knew about these routines. They told us how they adapted to people's health and well-being when they visited, such as giving people the time they needed, even if it went over the allocated planned time. This meant that staff responded to people's specific requirements.

People contributed to the planning of their care and support. One person told us, "All of my information [agreed with staff] is in my care plan." We saw that people's care plans focused on them as individuals and contained information for staff to follow about their likes, dislikes and things that were important to them. For example, we read about people's preferred name, when they preferred their care and support to be carried out and specific activities that they enjoyed. Staff members described how they used this information to provide care and support that was focused on what was important to people. This meant that people received support based on their individual preferences and support requirements.

People told us that their care and support requirements were reviewed. Relatives agreed and one said, "We update the care plan every three to six months unless anything changes." One staff member told us, "The care plans are suitable, up to date and they [registered manager] update them frequently." We saw within people's care records that reviews of their care and support requirements had taken place at least once in the last twelve months. This was important so that staff had the most up to date information when offering their care and support to people in order to be responsive to their needs. We found that people were

satisfied with the care and support they received and they told us it matched their requirements.

People and their relatives told us they knew how to make a complaint should they have needed to and that the provider took any necessary action. One person said, "Yes I know how to complain but I never have." Another person told us, "I had to complain once and they sorted it straight away. I have never had a problem since." A relative commented, "I do know how to make a complaint and I certainly would if I had to." When people started to use the service they were given a service user guide that set out what the provider offered and what people could expect from the service. This included the provider's complaint's procedure that explained the process they would take should a complaint be received. We saw that where a complaint was made, the registered manager took action. Written or verbal feedback to the complainant was given to detail what the registered manager did to make improvements where this was necessary.

Good

Is the service well-led?

Our findings

People told us they were satisfied with the service they received and felt that the provider showed good leadership. One person said, "I can always get hold of the office staff." Another commented, "They always do what they can in the office if I have a problem." All of the people we spoke with told us they would recommend the service to others.

Staff told us they received good support from the registered manager and that they were able to offer suggestions for how the service could improve. One staff member said, "She [registered manager] is very approachable. If I have any issues I tell her. We work on our own so it's really important that I can let off some steam when I need to." Another told us, "The service has got much better over the last 12 months. They are much more approachable." Another staff member commented, "I can give suggestions and they listen." The registered manager told us how they had organised for staff to receive incentives from the provider for working over the upcoming Christmas period. They told us that this showed staff they were valued.

Staff knew what was expected of them because they received feedback about their work. We saw that staff met with the registered manager to discuss their progress which included talking about any areas for improvement. We saw that two staff meetings had occurred in the last twelve months. Topic areas that were discussed included reminding staff about personal boundaries when offering their support to people as well as going over the provider's policy on raising concerns. We also saw that staff were thanked for their hard work. We saw that feedback was sought from people who used the service about staff members who offered them care and support. This was shared by the provider to each staff member so that they could read what people thought about their working practices. This meant that there were opportunities available for staff members to reflect on their practice in order to improve the care and support offered to people.

We saw that the provider had made available to staff policies and procedures. These detailed their duties and responsibilities and we found that staff had a good understanding of them. This included the provider's whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have had concerns. One staff member told us, "If something was wrong I would report it to the manager. I can go higher if needed." Another said, "If you suspect a carer of any form of abuse or anything that puts service users at risk, you have to notify in confidence to a manager. It's to protect people. You can go to the local authority or Care Quality Commission [CQC]."

Staff knew about the provider's aims and objectives which described what people could expect from the service. We read that the provider strove to encourage people's independence as well as supporting them to meet their health and social care needs. Staff knew what the provider aimed to achieve. One staff member told us, "We try to make sure that people are comfortable in their own homes. Their hygiene, medications and eating needs are met. We try to make sure people remain independent." Another said, "It's to keep people in their own home for as long as possible and to keep people safe." This meant that staff worked towards shared goals for the service.

People and their relatives had opportunities to give feedback on the quality of the service. One relative told us, "I've filled in questionnaires in the past about the company." We saw that the provider sent out quality questionnaires at least every twelve months as well as telephoning people at a minimum of quarterly throughout the year to request feedback. We also saw that visits to people's homes took place where people preferred this. We read many examples of people's feedback that was positive and complimentary about the service. The registered manager told us that if they received suggestions for improvements they would tell people the action they would take. This meant that the provider enabled feedback to be received about the service.

The provider carried out checks on the quality of the service offered to people to make sure it was of a high standard. We saw that audits occurred on people's care records to make sure they contained the information that staff needed when supporting people. We also saw audits on people's medicine records and their daily records to make sure that staff were recording the support offered to people. The provider also checked the punctuality of calls monthly. This included where calls were cancelled by people to investigate the reasons for this to make sure people had the care and support they required. Where there were actions required to make improvements, the registered manager had documented within their audit paperwork what these were and when they were completed. This meant that the delivery of the support people received was reviewed.

The registered manager was meeting their conditions of registration with CQC. Where significant incidents had occurred, they had sent notifications to CQC, as required by law, so that we could determine that appropriate action had been taken. This showed that the registered manager was open in their approach to sharing information about the service.