Carewatch Care Services Limited

Carewatch (Leicester)

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

This was an announced inspection that took place on 15 and 16 February 2017.

Carewatch (Leicester) is a domiciliary care agency in Leicester that provides care to people in their own home. The service caters for older and younger people in a range of categories: dementia; mental health; physical disability; sensory impairment; eating disorders; and people who misuse drugs and alcohol. The location was registered in February 2016 and this was its first inspection.

At the time of our inspection there were 101 people using the service.

The service has a registered manager. This 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.

During our inspection we received many positive comments from people about the caring approach of the staff. We observed a care worker building a relationship of trust with the person they were supporting. Their kind, friendly and caring manner immediately put the person at ease. Our CQC survey showed that 100% of respondents thought the staff were 'caring and kind'.

People told us they felt safe using the service. Staff provided safe care and reassurance to people when they needed in. They were trained in safeguarding (protecting people from abuse) and knew who to report any concerns to. They checked on people's well-being and the safety of their home environments to ensure the people they supported were safe. They ensured people had their medicines safely and on time.

Staff had the training they needed to provide people with effective care and support. People said the staff were well-trained and staff said they were satisfied with the training they'd received. We observed a care worker using their training effectively to assist a person to move safely and to take their medicines in a safe way. If staff required specialised training to meet the needs of a particular person this was provided.

People told us staff supported them to eat and drink enough and to choose their meals. Staff were knowledgeable about people's physical and mental health needs and knew when to contact health professionals, for example GPs and district nurses. People said staff always asked for their consent before providing them with any care or support.

Care plans were personalised and included a section for details about people's life histories, jobs, families, and hobbies and interests. This gave staff insight into what interested people and helped provide possible topics of conversation. People said staff found the time to converse with them during their calls which they enjoyed. They also said that staff, without exception, respected their privacy and dignity.

People were actively involved in making decisions about their care and support. Care plans informed staff what people wanted from the service, for example, having medication on time, being assisted to mobilise, and receiving timely personal care. Staff followed these and people said they were also willing to be flexible and do things differently if this was wanted. Care plans were reviewed regularly and changes made where necessary.

Some people said their calls were sometimes late and staff at the office didn't always phone them to let them know there was going to be a delay. The registered manager said she would continue to monitor call times and take action as necessary to ensure that people weren't keep waiting for staff to arrive. She also said that people should always be informed if staff were running late and she would check to ensure that this was happening.

People told us they would speak out if they had any concerns about the service, or ask someone to speak out for them. Staff were trained in complaints management. If people made a complaint they were given the time and space to discuss their concerns with a representative of the service. Records showed that complaints were logged and the action taken to resolve them. Written compliments were also logged and the service had received eight of these since it was registered.

People told us they thought the service provided good care because of the quality of the staff. Most people we spoke with said they knew who the registered manager was and how to contact her. People also said they were able to contact staff at the service's office if they needed to. The majority of people we spoke with said they had been asked for their views on the service via questionnaires and during care reviews.

Staff told us they felt well-supported by the registered manager who they said listened to them and the people using the service. They attended regular team meetings and supervision sessions where they had the opportunity to discuss and identify good practice and address any concerns. The registered manager and provider supported and valued staff and rewarded them for delivering high-quality personalised care and support.

The service had a formal quality monitoring system in place. This included an annual internal audit of the service. This helped to ensure the provider had an overview of how well the service was running. Since registration the service had developed and improved in a number of areas including staffing, records keeping, and providing accessible information to the people using the service and relatives.

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 using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks and remain safe in their own homes.

There were enough staff available to provide people with safe care and support.

Medicines were safely managed and administered in the way people wanted them.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively.

People were asked for their consent before any care or support was provided.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people with respect.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

If people made complaints they were listened to and staff took action to improve the service.

Is the service well-led?

Good

The service was well led.

The service had an open and friendly culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

Carewatch (Leicester)

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 15 and 16 February 2017 and was announced. 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 one 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.

Prior to our inspection visit we sent out 47 quality questionnaires to people using the service, relatives, and community professionals. Of these we received a total of 17 back, 16 from people using the service and one from a relative. We have used some of our findings in this report.

We reviewed the 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 looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us they had no concerns about the service.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with nine people using the service and four relatives. We also spoke with the registered manager, the quality officer, and two support workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I feel safe. The ladies who come are very kind, friendly and nice." Another person told us they felt safe, "Because I have regular carers, I know the people." And a further person said they felt safe because, "[The care workers] always ask how I am and do I have my emergency button in case I fall."

Care plans included information on what made people feel safe. For example, in answer to the question 'What makes me feel safe?' one person's care plans stated, 'Being in familiar surroundings and having those I know around me.' This meant staff had an understanding of this from the person's perspective to help them provide safe care and reassurance.

Our CQC survey showed that 100% of respondents said they 'strongly agreed' or 'agreed' with the statement, 'I feel safe from abuse and/or harm from my care and support workers.'

When we observed a care worker we saw the steps they took to ensure the person they were supporting was safe. This included checking the security of their home, removing a hazard from a corridor, assessing the mental and physical well-being of the person, and ensuring they felt safe and were having regular visits from relatives and health and social care professionals.

Records showed all staff were trained in safeguarding (protecting people from abuse) before they began work with any of the people using the service. The staff we spoke with understood their responsibilities in this area and knew who to report any concerns to. The service had an up-to-date safeguarding policy which included a 'safeguarding checklist'. Staff could use this to help ensure they took appropriate action if they had concerns about the well-being of any of the people using the service.

Since the service was registered one safeguarding incident had been reported to the local authority and CQC. Records showed that in dealing with this the registered manager had worked closely with social workers, the person concerned, and their family, to ensure the person was safe. Once the issue was resolved to everyone's satisfaction the person was offered an extra review to check they were satisfied with how the matter had been dealt with. This was an example of the registered manager taking appropriate and positive action to ensure a person using the service was safe.

We looked at how staff at the service managed risk in order to protect people from harm. People told us staff used aids and adaptations to reduce risk when helping them to move around. One person said, "I use a wheelchair when staff take me out and I feel safe." Another person commented, "They [staff] make sure I am safe when transferring me from the shower chair." We observed a care worker assisting a person to stand. This was done safely with the person being given plenty of time and encouragement.

Care records showed that all the people using the service were risk assessed in a number of areas prior to their care and support package being implemented. These included: physical health, mental health, medicines, premises and equipment, and finance management. This helped to ensure that staff had an

overview of where people might be at risk so they could take action to reduce this.

For example, one person was assessed as being at risk of falling. Their risk assessment stated, 'I have a tendency to walk very fast so please remind me to take my time so that I am not at risk of falling.' Consequently staff were instructed to support the person when they walked and encourage them not to rush.

Another person was at risk of having a stroke. To address this care workers were trained in basic first aid, which included recognising the signs of a stroke. If these signs were observed records showed that care workers were instructed to call 999 in order to get immediate medical attention for the person.

A further person's records told staff how to complete their call at the person's home. They were instructed as follows, 'Care worker to ensure the customer is safe, seated, and wearing lifeline [a device that enables a person to summon assistance in an emergency] before leaving property and not left alone in the bathroom or while walking.'

These examples showed that staff had the information they needed to help ensure the people they supported were as safe as possible in their homes with any risks being minimised. Records showed that risk assessments were reviewed at least every six months to ensure that information on risk was up-to-date and any new areas of risk identified.

The service employed enough staff to meet the needs of the people they supported. If people needed the support of two staff, for example to assist them with transfers, this was made clear in their care plans and the correct number of staff provided.

Our CQC survey showed that the majority of respondents said they received care and support 'from familiar, consistent care and support workers'. Having regular staff gave people the opportunity to get to know those who supported them which increased the likelihood of people feeling safe.

The registered manager kept records to demonstrate that staff had been safely recruited. We looked at two staff recruitment files which showed that the required checks had been completed prior to staff working unsupervised for the service. Checks included a Disclosure and Barring Service (DBS) check which helps employers to make safer recruitment decisions and reduces the risk of unsuitable people working with people who use care services.

We looked at how staff supported people to manage their medicines safely. All of the people we spoke with said they either managed their own medicines independently, or staff prompted them to take their medicines. One person told us, "[The care workers] always check I have taken my medicines."

If people needed prompting to take their medicines, or wanted care workers to administer them to them, records were kept. These showed that staff gave people their medicines safely, on time, and in the way people wanted them. Staff followed written instructions of how best to do this, for example, 'I require you to make sure I have taken my medication as I often forget.' And, 'If I have not taken [my medication] could you hand it to me with a glass of water.'

We observed the care worker we shadowed prompting a person to take their medicines, following instructions in the person's care plan. At first the person refused, saying they didn't want their medicines. The care worker did not make an issue of this but went and did something else and then returned a few minutes later to ask the person again. This time the person was happy to take their medicines and did so,

taking them one at a time with a glass of water as suggested by the care worker to reduce the risk of choking. This was an example of a person being supported to take their medicines safely.

We looked at people's medicines records. We saw a list of their medicines, and the possible side effects, were recorded, along with instructions to staff on how to support the people to take their medicines. This included the time they needed to have them and whether they took them with food or drink. Records showed that staff had signed when medicines were given. This provided a record of people being given their medicines at the right time. All staff who prompted or administered medicines were trained in how to do this safely.

Good

Is the service effective?

Our findings

The majority of people we spoke with, including those who completed our CQC survey, said staff were appropriately trained to meet their needs and had the right skills to provide effective care. One person told us, "Yes they certainly are [trained], I came out of hospital and I have been following the routine they set me, they [the staff] help with that." Another person commented, "I couldn't fault [my care worker] in any way at all, she is a tip top worker."

One person said that new staff weren't always sure how to provide effective care. We looked at the service's training records. These showed that all new staff completed a five day induction programme, followed by a 12 week period when they undertook further training, worked alongside more experienced care workers, and were observed and supervised when providing people with care and support to check they were competent. The registered manager said this helped to ensure they had the skills they needed to support people effectively.

Staff told us they were satisfied with the training they had received. One staff member said, "The training is excellent. The manager is always happy to provide extra training if we say we need it." Another staff member commented, "Carewatch make sure we are well-trained. The manager won't let us go out and care for people unless she is sure we know what we're doing."

We observed that the care worker we shadowed used her training effectively to assist a person to move safely and to prompt medicines in line with accepted safe medicines guidance. The care worker told us they were satisfied with the training the service had provided. They said, "I had training when I started and then on-going training ever since. If I feel I need any extra training I just have to ask and the manager will arrange it for me."

If staff required specialised training to meet the needs of a particular person this was provided. For example some staff had been trained by a district nurse to administer eye drops. And one of the local authorities who commissioned with the service provided specialised training for staff in areas such as Parkinson's disease, multiple sclerosis, and completing health care passports. The registered manager said staff attended these courses when they needed to depending on the needs of the people they were supporting.

The registered manager was an accredited trainer for safeguarding, moving and handling, and the Mental Capacity Act (MCA). This meant she understood the levels of skill and knowledge staff needed to care for people effectively. She said if any staff members needed extra support with their training this was provided on a one-to-one basis. For example, she said that some staff whose first language was not English might need this to ensure they fully understood the training courses they had attended. This approach showed that staff training was tailored to the needs of the staff team to help ensure they were able to provide effective care to the people they supported.

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.

Staff were trained in the MCA and the registered manager was a Skills for Care (national care staff training organisation) approved MCA 'ambassador' who gave presentations on the subject at health and social care events. This meant she was able to support staff to understand this legislation. Records showed that people's mental capacity to make certain decisions was assessed and staff were told to gain people's consent before providing them with any care or support. All staff carried a pocket guide to the MCA so they could check that people's rights were being protected at all times.

The people we spoke with said staff always asked for their consent before providing them with any care or support. One person told us, "For instance they ask would I like a cup of tea? Would I like some cream on my legs?" We saw that the care worker we shadowed continually asked the person they were supporting for permission to carry out care tasks and nothing was done without the person's consent.

We look at how staff supported people to eat and drink enough and to choose their meals. People told us staff assisted them with their meals. One person said, "They make my dinner, I tell them what to warm up in the microwave." Another person commented, "They offer me choice and I look forward to choosing what to eat."

People also said that staff encouraged them to drink fluids. One person told us, "I can make my own drink, but they always leave water and a hot drink." Another person said, "They make a very good cup of tea."

Care plans set out the assistance people needed to ensure their nutrition and hydration needs were met. Areas of risk, for example allergies and swallowing difficulties, were identified and people referred to dieticians and the SALT (speech and language therapy) team as necessary. All staff who assisted with meals were trained in basic food hygiene so they understood how to prepare food safely.

Care plans for nutrition and hydration were personalised and reflected people's choices. For example, one stated, 'Please make me a sandwich or bap of my choice and a hot drink made with one sweetener.' Another stated, 'Please ask me what I would like on my toast before you make it and please look in the book [care records] to see what I had the day before.' Care plans also took into account that some people needed prompting to eat and drink and staff were instructed to gently encourage people to get the nourishment they needed.

The care worker we shadowed provided a meal and a drink for the person they supported. Before doing this they asked the person what they wanted. The person initially said they didn't want anything but after the care worker gave them a list of options they changed their mind and chose what they would like. (These options were in the person's care plan so the staff member knew what to suggest.) The care worker then assisted the person with their meal making sure they were comfortable and their clothes protected from spillages. The person appeared to enjoy their meal and to eat and drink well.

People told us staff supported them to access healthcare services if they needed to. Two people said they were confident that staff would always call a GP if there were any concerns about their health. Another person told us that if staff noticed any deterioration in their physical condition they would discuss it with them and their relatives. A decision could then be made as to whether medical assistance was needed.

People said the staff were particularly good at preventing skin breakdown. One person told us, "I haven't

had [any skin problems] as yet but I may do in the future and they [the staff] are good at checking for things like that." Another person said, "I had pressure sores five years ago, now I am creamed up every day, they [the staff] are good at checking." Care plans instructed staff to check the condition of people's skin, for example one person's care plan stated, 'Please monitor my pressure areas and report any concerns to the office immediately.'

People's healthcare needs were identified when they began using the service. Support plans and risk assessments included instructions to staff on how these should be met. The staff we spoke with were aware of people's medical histories and any ongoing health issues they had. For example, the care worker we shadowed knew before visiting the person they were supporting that they had a diagnosed medical condition. Being aware of this helped to ensure they provided the person with effective care.

Good

Is the service caring?

Our findings

We received many positive comments from people about how caring and kind the staff were. People told us the staff were 'lovely', 'friendly' and 'patient'. One person said, "They are always there when I am feeling down, they boost my confidence, they are very cheerful." Our CQC survey showed that 100% of respondents thought the staff were 'caring and kind'.

The service's compliments log showed people commenting in writing about the dedication of the staff. For example, one relative praised a care worker for taking swift action when there was a problem with their family member's premises. They said that the care worker, having addressed the problem, took the time to later visit their family member in their own time to check if they were alright. Another relative, who's family member faced a similar emergency, wrote, 'This is another example of why I can feel totally relaxed that [my family member] is getting very good care from the majority of your carers.'

The care plans we saw were personalised and included a section called 'My Individual Needs and Support Plan' where people's preferences were recorded. These included details about their life histories, jobs, families, and hobbies and interests. For example, one person's stated, 'Please bear in mind that I love animals and may stop and pet them when I'm out.' This provided staff with insight into what interested the people they were supporting and possible topics of conversation.

People said most of the staff found the time to converse with them during their calls. One person told us, "Yes we have had some good laughs." Another person commented, "Oh yes that is why I have them on a Wednesday, exactly for that purpose, I get a longer call." Two people said staff talked with them while they were carrying out care tasks. One person said, "We chat as we are doing the call." Another person commented, "She [the care worker] chats whilst she is giving me a shower."

The care worker we shadowed went out of their way to build a relationship of trust with the person they were supporting. Their kind, friendly and caring manner immediately put the person at ease. During the call they took an interest in the person and asked them questions about their life. The person enjoyed this and showed the care worker family photos and told them anecdotes about their life in Leicester.

Although people told us they had good relationships with their care workers, over half of those who completed our CQC survey said they were not always introduced to their care workers prior to their care package commencing. We discussed this with the registered manager who agreed to review this aspect of the service and take action where necessary to bring about improvements.

People told us they were actively involved in making decisions about their care and support. One person said, "I know what I need, the care plan is based on that, if I needed anything different I would let them [staff at the service] know." Another person commented, "I let them know what I have done regarding my care and I then tell them what I need help with doing."

Most people knew they had a care plan and said they could read it if they wanted to. Some people could tell

us when their care package had last been reviewed and when the next review was due. Records showed that people or their relatives signed care plans and reviews to show they were in agreement with them.

People said that staff, without exception, respected their privacy and dignity. One person told us that when staff provided personal care, "They cover up windows, keep doors closed, and are mindful of other people around."

All the people we spoke with and those who completed our CQC survey said that staff always treated them with respect and dignity. One person told us, "Before they do anything they ask me, and they don't touch anything they shouldn't." Another person commented, "They [the staff] are always polite."

One person responding to our CQC survey queried whether the care information stored on the service's mobile phones was secure. We discussed this with the registered manager who told us that all phones were password protected and if a phone was lost or stolen staff at the head office could 'block' the phone remotely to ensure no-one could access any of the data on it. This meant information about people's care remained private and secure.

Good

Is the service responsive?

Our findings

People told us the staff provided care that was personalised and responsive to their needs. One person said, "They seem to know what I need when they come round, and they ask me if there is anything else I need."

People gave us examples of how staff supported them to increase their independence. One person told us, "I am pretty independent, I push myself to do things, they also encourage me to do things." In our CQC survey 100% of respondents said the care and support they received helped them to be as independent possible.

Records showed that for each call there was a routine for staff to follow so they knew what was expected of them. This had been agreed with the person using the service and their relatives, where applicable. However plans of care were flexible so people could change their minds about their care on the day if they wanted to. People told us that staff always asked if they wanted anything done differently or needed any extra small tasks carrying out. This showed that the care and support provided was responsive to people's changing needs and preferences.

Care plans were personalised and informed staff what people wanted from the service, for example, having medication on time, being assisted to mobilise, and receiving timely personal care. People's routines were explained so staff were aware of their lifestyles and preferences. For example, one person's care plan stated, 'I should wear hearing aids but I don't. Please speak loud and clear.' Another person's instructed staff which personal care products and towels to use and stated, 'could you please make sure you dry between my toes properly'. This sort of detail helped to ensure that the care and support provided was responsive.

Care plans were reviewed regularly and changes made where necessary. For example, one person's care plan and risk assessments were updated to show they now had a diagnosis of dementia and that a district nurse was visiting them to provide wound dressings. People told us their care packages were regularly reviewed and said they welcomed this as an opportunity to comment on the care and support they were receiving and make alterations as necessary.

People told us they could choose when their calls took place and that care workers mostly came when they were supposed to. One person said, "Mainly they try but sometimes they don't." Another person commented that care workers arrived punctually '80% of the time'.

One person told us about the negative impact it had on their life when their care workers were late. They told us, "It is a problem at the weekends, my call is meant to be at 5.30. On Saturdays they are now coming at 4.15pm to do my dinner, I mean who wants to eat dinner at 4.15pm? And on Sundays they are coming at 6.30pm which is too late and I don't feel I can digest my food before bed. I keep telling them, they fix it for a short time, then it changes again, it is really upsetting me." In our CQC survey 40% of respondents stated that they 'disagreed' with the statement 'My care and support workers arrive on time.'

We discussed this with the registered manager who monitored any late calls. Records showed the number of calls that were on time had increased from 83.37% when the service was first registered to 94.75% at the

time of our inspection visit. The registered manager used an electronic call monitoring system to check this. When we shadowed a care worker we saw her use her phone to register the start of her call and then again at the end of it. This data was then sent to Carewatch (Leicester) so management could check that calls were on time. The registered manager said she would continue to monitor call times to ensure that people using the service weren't kept waiting for staff to arrive.

Some people said they weren't always informed when their care workers were going to be late. One person told us, "They never ring me, I always have to ring them about it." Another person commented, "It's not very often that they let you know, you have to find out yourself what has happened. I have to ring them and surely they should ring me." We discussed this with the registered manager who said that people should always be informed if staff were running late and she would check to ensure that this was happening.

People told us they would speak out if they had any concerns about the service, or ask someone to speak out for them. One person said, "Yes I have no qualms about doing that [making a complaint]." Other people said they would tell a family member ask them to approach the service of their behalf.

Most people said they knew how to complain and a few had already done so. One person told us, "I complain to the company and my family do too, I am not happy about the timings at the weekends, that is the only complaint at the moment." Another person told us they had complained about being kept waiting for a call and they received an apology from the service.

The registered manager said all the people using the service and their relatives or representatives were given a copy of the provider's complaints procedure when they started using the service. The service's quality officer was trained in complaints management. Records showed that she usually visited people in their homes when they made a complaint, if they wanted this. This was a responsive approach that allowed people the time and space to discuss their concerns with a representative of the service.

Records showed that the service had an open and responsive approach to complaints. Complaints were logged and the action taken to resolve them. For example, one relative had complained that staff weren't recording what their family member had eaten. In response the quality manager visited the relative at the weekend, at their request and convenience, to discuss the issue. The quality manager then arranged to put food and fluid charts in place to reassure the complainant that their family member was having an appropriate diet.

The service also kept a log of written compliments. They had received eight since they were first registered. In these people using the service, relatives, and a social care professional praised the staff team and the quality of the care and support provided.

Good

Is the service well-led?

Our findings

People told us they thought the service provided good care because of the quality of the staff. One person said, "They are very nice, it is nice to have people that help." Another person commented, "They are caring, the communication is improving, and they are cheerful." Two people told us the service was essential to them as it meant they could remain in their own homes. One person said, "I don't know what I would do without my carer, she is such a happy sociable person."

Most people we spoke with said they knew who the registered manager was and how to contact her. People also said they were able to contact staff at the service's office if they needed to. One person told us, "Yes there is [always someone in], three ladies and I can speak easily to them." Another person said, "Yes when you complain they answer straight away."

The majority of people we spoke with said they had been asked for their views on the service. For example, one person said they'd been sent a questionnaire to complete, and another person said they'd been asked what they thought of the service at their care review. Records of care reviews showed that people had had the opportunity to comment on the service during these. For example one person had been quoted as saying, "I am extremely happy with everything. We have a fantastic carer [name given] and we are really fond of her."

Staff told us they felt well-supported by the registered manager. One staff member said, "The manager is brilliant at supporting us. If we have any problems we go to her – training, difficulties with a customer, personal problems, anything – she has always got time for us. She is a very caring person." Another staff member said, "The manager listens to me and listens to our customers." All the staff we spoke with said they would recommend the service to others. One staff member said, "I would recommend this agency to any of my family and friends. I have already introduced three people to it."

Records showed staff attended regular team meetings and had one-to-one supervision sessions and appraisals. These were used to discuss and identify good practice and address any concerns. Senior staff carried out 'spot checks' on care workers when they were in people's homes to monitor the quality of care they were providing. The provider organised an annual award ceremony to identify and reward excellent performances by teams and individual employees. All employees were recognised for their commitment to the service with an identity badge showing their years of service. This was evidence that the provider took action to support and value staff and reward them for delivering high-quality personalised care and support.

The service had a formal quality monitoring system in place. For service users this included a three monthly telephone review, a six monthly face to face review, and an annual update of their care needs assessment, care plans, and risk assessments. People using the service also had the opportunity to fill out an annual questionnaire. This was sent out by the provider, independently of the location, so people could share their views directly with the provider. The quality of the staff was monitored via the provider's recruitment, induction and training programme, and through spot checks and supervision sessions.

The provider carried out an internal audit of the service annually when they sent quality auditors to the service. This helped to ensure the provider had an overview of how well the service was running. Records showed the service had last been audited in October 2016 with good results. The one minor shortfall identified had since been actioned and addressed. At the time of our inspection visit the audit for 2017 had not yet been carried out.

We looked at how the service had developed and improved since registration. Two quality officers had been employed and trained in customer service, rostering, and quality improvement plans. They were responsible for carrying out face to face reviews and meetings with people using the service and their relatives to check they were satisfied with the care provided. All care planning paperwork has been reviewed and updated to ensure it incorporated the principles of the MCA.

In addition, the provider had produced a set of leaflets informing people about the different types of support provided depending on people's needs, for example, 'support with mental health', 'support with physical disabilities', and 'support for older people'. This gave people an idea of what to expect if they choose to receive care from the service. The registered manager told us all the service's documentation could be made available in different formats and languages on request to help ensure it was accessible to all.