Miss Debra Jane Collinson

D C Homecare

Inspection report

Room 10
The Business Centre
Buckfastleigh
Devon
TQ11 0AB

Tel: 01364388503

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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

D C Homecare is a domiciliary care agency which provides personal care and domestic support to people in their own homes. The service provides care and domestic support to people who live in the Buckfastleigh, Ashburton and Bovey Tracey areas of Devon.

The service is not required to have a registered manager in post as the registered provider manages the service.

This announced inspection took place on 21 and 22 November 2016 and included visits to the office, staff interviews and visits to people in their own homes. At the time of this inspection 19 people were using the service, all but one of whom were receiving support with their personal care needs. Domestic support is not regulated by us, and therefore this inspection only looked at the care and support of those people who received assistance with their personal care. This was the first inspection of the service since it registered with CQC in March 2015.

Prior to this inspection a concern had been raised with us that the service was not obtaining the necessary disclosure and barring (DBS) checks for prospective new staff. We asked the provider for information about the staff employed at the service and whether they had a DBS check completed before they started to care for people unsupervised. The provider confirmed that all staff had a DBS check, but there had been an administrative error which meant there was a delay in obtaining a check for one member of staff. The provider told us they were aware for their responsibility to ensure all staff employed by the service were suitable and safe to work with people who were vulnerable due to their circumstances.

At this inspection we looked at the recruitment files for four staff, including the most recently recruited staff member. All four files included the necessary pre-employment checks including proof of identify, previous employment references and a DBS check.

The provider told us they regularly reviewed and audited the quality of the service, although at the time of the inspection records of these audits were not being maintained. It was therefore not possible to verify of these audits were taking place. The provider said that through continuing to provide care to people, observing staff's interaction with people, and monitoring the daily care records and medicine administration records they reviewed staff practice and the care people were receiving.

People and staff had been asked to complete a survey which asked for their views about the quality of the service. The results of those completed in September 2016 showed a high level of satisfaction from both people and staff. One person commented, "I am delighted with all the carers, they are friendly and caring people. I couldn't wish for better care." The provider was in the process of developing new documents that were easier for staff and people to use. Amongst the documents being developed were the quality monitoring surveys and audits and those used for staff supervisions, appraisals and observations.

People and staff told us the service was managed well. One person said "it's excellent". People said they felt safe with the staff when receiving care. They said they had a regular staff team whom they had come to trust and know well. Each person we spoke with told us their care staff were kind and compassionate. Their comments included, "They are wonderful. Every one of the carers is lovely, friendly, helpful, and [the provider] is super" and "I regard them as friends now."

People told us staff usually attended to them on time and they had never had a missed call. If on occasion staff were going to be late they always received a phone call to notify them. Staff told us they had no concerns over the planning of visits and they were provided with sufficient paid travel time. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time.

People and their relatives had no concerns over the care and support they received and they felt able to make a complaint if something was not right. One person told us, ""There's nothing that needs improving" and another person said, "It couldn't be better."

Staff performance was regularly reviewed by the provider and the team leader through direct observation to ensure they were meeting people's needs respectfully and in the manner people preferred. Staff knew people well and were able to tell us how they supported them. The service was flexible and responsive to changes in people's needs.

Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood the necessity to report any concerns to the provider however some staff were unsure who to report concerns to outside of the agency. The provider said they would remind staff of the contact details and process for reporting suspected safeguarding issue to the local authority. All staff said they would to report incidents of theft or physical aggression to the police.

Risks to people's health and safety had been assessed and were regularly reviewed. Some of this information was written in people's care plans and some in separate risk assessments completed by health care professionals. The provider acknowledged that staff would benefit from having this information in one document, in people's care plans, and commenced amending the plans during the inspection. Assessments related to people's health care and mobility needs, as well as environmental considerations, such as stairs or the safety of kitchen equipment. Staff were given information about how to minimise the chance of harm occurring to people and themselves.

The service supported some people to take their medicines. Care plans provided information about each person's medicines and when these should be taken. People told us the staff supported them safely and they received their medicines as prescribed.

Staff told us they had the training they needed to carry out their role, including moving and transferring people safely, infection control, first aid, pressure area care and caring for people living with dementia. Staff told us they enjoyed their job and felt supported and valued by the provider. Staff meetings provided opportunities to review the development and continued improvement of the service. Staff told us the provider was very approachable, was keen to hear their views and were always available.

Some of the people receiving a service were living with dementia which might affect their ability to make decisions about their care and support. The provider and the staff had a good awareness of the Mental Capacity Act 2005. Staff said they asked people every day about whether they were happy to receive care and to allow them to make what decisions they could.

The provider told us how proud they were of the care and support they and the staff provided to people. They kept up to date with current issues in the care profession by accessing care related websites and attending external training events. The provider was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm. Systems were in place for the reporting of notifications to Care Quality Commission and incidents that involved people had been reported to us as required.

We have made a recommendation in relation to the service's quality monitoring processes and its record keeping.

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 safe care and support. There was an on call system for people and staff to ring in the event of an emergency out of office hours.

Risk management plans reduced the risk of harm by providing staff with information about how to support people safely.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person unsuitable to work with people who require care and support.

Is the service effective?

Good

The service was effective.

People were supported by a regular team of staff who had the appropriate knowledge and skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

The service supported people with their health care needs and the service liaised with healthcare professionals.

Is the service caring?

Good

The service was caring.

People were positive about the way staff treated them.

Staff were respectful, kind and compassionate.

People were involved in making decisions about their care needs.

Is the service responsive?

Good

The service was responsive.

Staff provided care to people in the manner they wished. Care plans provided detailed guidance about people's abilities and preferences.

The service was flexible and responsive to changes in people's needs.

Any concerns or complaints raised with the service would be taken seriously and dealt with promptly. People felt confident they would be listened to and any concerns acted on.

Is the service well-led?

Good

The service was well-led.

The provider knew about the needs of the people who used the service.

People and staff found the provider approachable and supportive.

Staff enjoyed their work and told us the provider was always available for guidance and support.

The provider had systems in place to assess and monitor the quality of care. They encouraged feedback and used this to improve the service.

D C Homecare

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 was 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 21 and 22 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure people receiving a service, staff and the provider would be available to speak to us. One adult social care inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service. This included previous contacts about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

On the day of our visit, 19 people were using the service all but one of whom were receiving assistance with their personal care. We used a range of different methods to help us understand people's experience. We visited four people in their own homes, two of whom were accompanied by a relative. We spoke with six care staff, the registered provider and one health care professional.

We looked at four sets of records related to people's individual care needs; four staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at the way in which the service supported people with their medicines.

Good

Is the service safe?

Our findings

Prior to this inspection, we had received some information that the service was not following safe recruitment practices. We asked the provider for information about the staff employed at the service and whether they had a disclosure and barring check (DBS) completed before they started to care for people unsupervised. The provider confirmed that all staff employed at the service had a DBS check. However there had been an administrative error for one member of staff that meant there was a delay in obtaining their DBS. This member of staff had worked for several weeks prior to receiving their DBS check. The provider told us they were aware of their responsibility to ensure all staff employed by the service were suitable and safe to work with people who were vulnerable due to their circumstances.

At this inspection we looked at the recruitment files for four staff, including the most recently recruited staff member. All four files included the necessary pre-employment checks including proof of identify, previous employment references and a DBS check. Two newly recruited staff told us about their recruitment process. They confirmed they had been interviewed by the provider after completing an application form and had received a disclosure and baring check before they started to provide care to people unsupervised. This showed that at the time of this inspection, safe recruitment practices were being followed.

We asked people whether they felt safe with the care staff who were providing their care and support. All four people and the two relatives we spoke with told us they felt safe with the care staff. One person said, "Yes, I do" and another said, "Yes, very much so". One person who required staff to assist them with their mobility using a hoist said the staff were competent in its use and they felt safe when being assisted. People's care plans gave staff clear instructions about how to minimise risks to people's safety. For example, one person's plan instructed staff to ensure they always had their seat belt on when in their wheelchair and at night, to position their adjustable bed to its lowest level. This was to reduce the risk of injury should the person fall from their wheelchair or their bed. The plan also said to ensure the person had the telephone to hand before leaving them.

Prior to people receiving support from D C Homecare the service received information from the local authority about people's care needs. This information included assessments regarding risks associated with people's needs as well as advice from health care professionals about how to manage people's care safely. For example, one person who required support with their mobility had an assessment by an occupational therapist. This assessment provided staff with clear guidance about the person's needs and how to use the equipment to ensure they were assisted as safely as possible. Copies of these assessments were included in the information held in people's homes for staff to refer to. As this information was held separately from people's care plans, it was necessary for staff to review both the assessment and the care plan to gain a full picture of how to provide appropriate care and support to this person. We discussed this with the provider who agreed that staff would benefit from having all the information about people's care needs in one document. By the afternoon of the first day of the inspection, the provider had amended two people's care plans to include this information. They gave us assurances that every person's care plan would be reviewed to ensure it included the information provided to the service by the local authority.

Where people were not supported by the local authority and were paying for their own care, the provider undertook an assessment of their care needs. This included an assessment of their abilities and how and when they required support. Through this assessment the provider highlighted any risks associated with their care. The service also under took a brief environmental risk assessment of each person's home to ensure unnecessary risks could be avoided. For example, to ensure kitchen equipment was safe to use, or where there was poor outside lighting at night, staff were provided with torches.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services, and to inform the office as soon as possible. A report providing details about the accident was recorded and reviewed at the time of the incident by the provider. The review identified how the accident had come about and whether any action was necessary to reduce the risk of a repeat.

The service employed sufficient staff to meet people's needs. Staffing was arranged in three geographical areas to provide people with support from the same group of staff. The provider said they tried to ensure people had no more than five care staff. This was to provide consistency and continuity with people's care and to enable staff to build a relationship with people. People told us they received care from the same staff and always knew who was coming to them. People said they had never had a missed visit. However, on occasion, a visit was late, but they said they had always received a phone call to notify them of this. Staff told us they always contacted people if they were going to be more than 15 minutes late. One person who required two members of staff to assist them with their care said both staff arrived at the same time and they were not kept waiting. People said their visits were never cut short by staff leaving early to attend to other people. Staff told us they had no concerns over the planning of visits and they were provided with sufficient paid travel time between visits. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time.

The provider told us that any shortfalls in staffing due to holidays or sickness were covered by themselves and the other staff. One member of staff told us that when they had recently been poorly, the provider had covered their visits.

Records showed and staff told us they had received training in safeguarding adults. Staff told us they would report any concerns about people's safety and well-being to the provider who they were confident would take appropriate action. One member of staff said, "They [the provider] would not tolerate any poor practice." Some staff were unsure who to report safeguarding concerns to outside of the service. We spoke with the provider about this and they gave assurances that staff would be reminded of the referral process to the local authority. All staff said that if they had any concerns over a theft from person's home or a person being physically threatened they would immediately call the police.

Some of the people the service supported used a key safe to allow staff access into their homes. We saw the information in people's care plans guided staff about protecting the code and to ensure no-one could see the code being entered. This showed the service took seriously their responsibility to protect people's security.

Care plans provided staff with information about wearing protective clothing such as aprons and gloves to reduce the risk of cross infection for example, when handling continence aids. They were provided with gloves and aprons which staff told us were freely available from the office. During the inspection we saw staff collecting gloves and aprons from the office and there was a plentiful supply of these in stock. Records showed staff were provided with infection control training. The provider told us they frequently worked alongside staff and were able to observe whether staff followed good infection control principles.

The service supported some people with their medicines and staff told us they had received training in how to support people safely with this. The four people we visited told us they remained in control of their medicines but that staff did prompt them to ensure these had been taken as prescribed. They said staff helped them with applying topical creams such as those for pain relief or skin protection. Care plans provided guidance for staff about whether people needed assistance with their medicines and how and when to apply creams. Medication administration records (MAR) were completed when staff had given people their medicines or applied their prescribed creams. The MAR sheets we looked at were fully completed and this showed people had received their medicines as prescribed.

Staff were provided with a secure application for their mobile phones which linked them to the service's computer system. Staff told us this provided them with their rota and was used to sign in and out of each person's home. The provider told us the system alerted the service if staff had not arrived at a person's home as expected. Through this system staff were also able to send reports and messages directly to the office. There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and the provider or the team leader was always available to seek advice from. One member of staff told us they had recently contacted the provider for advice and the provider had immediately come out to the person's home to support them.

Good

Is the service effective?

Our findings

People told us the staff knew them well and they were happy with the care and support they received. The people we spoke with said the staff had the appropriate knowledge and skills to meet their needs. One person said, "I think they are competent and well trained" and another said, "Yes indeed, they are well trained."

Staff told us they were provided with the training they required to carry out their role. One said, "Training is always available, there is always time for training." They told us training was provided by a variety of methods, including classroom training, workbooks and information available on the internet. The provider was trained to provide training to staff in several topics including moving and transferring, first aid, and medicine administration and they provided us with copies of their training certificates. This enabled them to provide training as and when needed, such as when a new member of staff was employed, or when a person's needs changed. In the service's office, staff had access to equipment to enable them to complete the required practical element of training. The service had an adjustable bed and a hoist for moving and handling training and a resuscitation doll for emergency first aid training. The provider told us all staff were provided with a first aid kit. The provider kept a record of when staff had undertaken training and when updates were due. They told us that two staff required training updates in moving and transferring people and medicine administration and these had been arranged for the day following the inspection and the first week in December 2016.

Other training provided for staff included infection control, pressure area care and caring for people living with dementia. We saw records relating to this training in staffs' files. New staff completed essential health and safety training and worked alongside experienced staff before going out to visit people by themselves. One member of staff told us their induction was very good and they had been introduced to all the people they would be supporting. They said the provider supported them with as many 'shadow' shifts as they felt necessary to feel confident in meeting people's care. They said, "I was given the choice of whether I felt ready to work on my own. It was entirely up to me."

The provider told us they and all the staff were enrolled to undertake the Care Certificate training. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. We saw records of this training at various stages of completion in staff's files. Staff said they were encouraged to undertake further training of their choice and two members of staff told us they were enrolled to undertake a diploma in health and social care.

Staff told us they felt well supported by the provider. They said they met with them frequently when they came into the office and they also worked together to provide care. The provider said that as they had frequent contact with the care staff, they said they didn't always record their conversations with staff. They said if there was something specific to discuss, this would be recorded on each staff member's file on the computer system. Records showed some staff had received an annual appraisal of their work performance. The provider said that now the service was more established they would ensure that supervisions sessions

were recorded. This would demonstrate that staff were given the opportunity to discuss their role and identify any training and development needs.

The provider was assisted by a senior member of staff referred to as a team leader. They both worked alongside staff and monitored how staff engaged with people, whether people's care needs were being met in the manner they preferred and whether there were any safety issues to be addressed.

Some of the people receiving a service were living with dementia which might affect their ability to make decisions about their care and support. The registered manager and the staff had a good awareness of the Mental Capacity Act 2005 (MCA). This legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. At the time of the inspection there was no-one receiving support who was unable to make decisions about their care, or who were not being supported by their family with decisions. Staff were aware that if a person's ability to make decisions about their care changed a mental capacity assessment would need to be carried out. Staff said they asked people every day about whether they were happy to receive care and to allow them to make what decisions they could.

Staff supported some people to choose and prepare their meals. Staff knew people's food preferences and how to support people to make healthy meal choices and we saw this information was recorded in people's care plans. One person told us the staff prepared the meals they requested and did so in the manner they preferred. They said staff recorded how much they had to eat and drink as they were at risk of not eating and drinking enough to maintain their health. The staff discussed with them how much they had had to eat and drink and were observant for signs of deteriorating health. This person told us they liked the fact that staff did this. Another person's care plan provided staff with step by step guidance about how to cook the person's preferred meal. For those people who were at risk of not drinking enough the service provided them with guidance about how much they should drink to maintain their health and what fluids were known to irritate the balder and cause them to feel uncomfortable. We saw this information in the care plans of two of the people we visited.

The staff told us the service had close links with the community nursing teams and would notify them, and the person's GP, if they had concerns over people's health or if someone was not eating and drinking enough. They also said if they needed guidance and advice immediately they would phone the NHS non-emergency number, 111. The health care professional we spoke with said care staff visits were often timed to be at the same time as the nurse visit which meant they frequently worked together. They said the staff worked cooperatively with them and were responsive to people's care needs. They said they had no concerns about the quality of the care and support provided to people.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were very kind and caring. Their comments included, "They are wonderful. Every one of the carers is lovely, friendly, helpful and [the provider] is super", and "I regard them as friends now."

The service's statement of purpose identified one of its aims and objectives as, "To treat each person as an individual, to involve them in all aspects of their care and to treat them with respect at all times." We asked people if they found the service was providing care and support in this way and they said they were. They told us the staff were respectful and polite when assisting them. They said the service had asked their preference with regard to the gender of staff who were to provide care and support and this was respected. They said staff respected their dignity and attended to them kindly and discreetly. The provider and the team leader observed staff practice in people's homes to make sure they used these values within their work.

We asked staff to tell us about the people they supported. They spoke about people with affection and were able to describe their needs and preferences well. One staff member told us, "The people are great" and another said, "I wouldn't treat anyone less well than my granddad deserves."

People told us the staff supported them to be as independent as possible and to complete care tasks themselves. The care plans identified what care tasks each person could do for themselves and when and how staff should provide support. One member of staff told us how they supported a person living with dementia to maintain their independence. They said that due to living with memory loss they sometimes found it difficult to know want was expected of them or to remember what to do. They told us how they used visual prompts and gestures to guide this person. Another person's care plan guided staff to allow the person time to think of the words they needed and not to finish the sentence for them as they found this very frustrating. This showed staff were patient with people allowing them time to communicate their needs and wishes. They supported people to undertake care tasks themselves and didn't automatically take over tasks when people's abilities started to decline.

People were regularly asked about their care needs and whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff or the provider.

The provider and staff told us the service cared for and supported people to remain at home through illness and at the end of their lives. The service had received a number of letters of thanks from families whose loved ones had been cared for at the end of their lives. A letter received in November 2016 said, "Thank you from the bottom of my heat for the care you gave dad and the support you gave mum. They loved both (name of staff) dearly", and another letter described the staff as "caring angels".

Good

Is the service responsive?

Our findings

In the service user guide the provider said people could expect the service to "support individual choice and personal decision making". People told us the service was responsive to their needs and provided care in the way they preferred. Care plans detailed people's preferences and ensured all staff provided care in a safe and consistent manner. One person said, "They help me in the way I wish. They always ask me if there is anything else I need and they will gladly do it. I'm so grateful for them."

We looked at the care plans for the four people we visited and found them to be very detailed. They provided staff with a description of people's health care needs and step by step guidance about how people were to be supported. For example, one person's care plan guided staff about which flannels and towels the person liked used, how they liked to be assisted to have a shower and how to position them in their chair. It also told them what to be observant for with regard to the person's skin care. Copies of the care plans were held in each person's home and were easily available to them and the staff to refer to. Each care plan instructed staff to ask people if there was anything else they needed before leaving. People told us the staff always checked with them whether there was anything else they could help them with. One person said, "Nothing is too much trouble for them."

The provider told us that although people's care plans were reviewed and updated when needed, and we saw evidence of this in people's care files, they had only just introduced a record of when and how the care plans had been amended. They said these forms would be used for all future reviews to record people's involvement in their care planning process.

The staff completed care records at each visit. These showed staff recorded the time they arrived and the time they left people's homes as well as a detailed description of the care they provided at each visit. These daily notes described what the person had been able to do for themselves, the care provided by staff and that the person was comfortable and the home safe before they left. Staff told us they had been instructed by the provider to write a 'story' about each visit rather than just refer to the care tasks undertaken. These records provided a very clear description of how people had been supported as well as information about their welfare. One newly appointed member of staff who was new to care said they found the care plans very useful to get to know people better and how they liked to be cared for. They said, "It's useful to have that level of detail."

Staff knew people well and were able to tell us how they supported people. Staff took a pride in their work and were pleased to be able to support people to stay in their own homes. One member of staff said, "We make this work for them, do things how they want" and another said the service always made sure people got the support they needed.

The service employed sufficient staff to be flexible and responsive to changes in people's needs. The service was able to respond to requests from people to change or increase the number of visits. For example, one person told us they required an earlier visit one day a week and the service was able to provide this. The provider told us they often supported people to attend health care appointments, such as hospital or

optician appointments, and did not charge people for this.

People and their relatives had no concerns over the care and support they received. They said they felt able to make a complaint if something was not right and they were confident their concerns would be taken seriously. One person told us they had in the past raised a concern about the timing of their visits, but that had been responded to and they now had visits at the time they required. They told us they had no complaints and said, "There's nothing that needs improving." Another person said "It couldn't be better." People had a copy of the service's complaints procedure which was included in the service user guide. They were also provided with the contact details for the local authority, CQC and the local government ombudsman should they feel they needed to raise concerns outside of the agency.

Good

Is the service well-led?

Our findings

People told us the service was well-led. One person said "it's excellent". Another person said the provider had told them, "If you need me I am always available" and this was a great comfort to them. People said the provider was very approachable and always willing to talk to them about their care needs. People were provided with a copy of the service's service user guide which detailed what people can expect from the service, the standards the service works to and how to contact the local authority or CQC if they needed to.

Staff also told us they thought the service was managed well. One said, "It's a good company to work for. The client comes first in everything; if they need anything [the provider] would be there straight away." Another said, "I'm proud to work for this company and I have recommended it to others."

The provider worked daily in the office and also undertook care visits, and as such they were knowledgeable about people's care needs and also knew the staff well. One member of staff said the provider not only knew people well but knew their families as well. They described them as "passionate" about the people the service supported. When asked what the service does well, one member of staff said, "Providing continuity of care, giving people a new lease of life which gives them a greater quality of life." Staff said the communication between themselves and the provider and team leader was very good. They said they all worked well as a team. One member of staff said, "We're a good team and a good group of friends."

Staff told us they attended staff meetings which enabled them to share ideas about how best to meet people's care needs. They said they had had one two weeks prior to the inspection and another one was planned for December 2016. They said the provider was always willing to listen to them and specifically asked for each member of staff to share their views. One member of staff told us, "[name of provider] likes to hear everyone's feedback."

The provider told us they regularly reviewed and audited the quality of the service, although at the time of the inspection records of these audits were not being maintained. It was therefore not possible to verify that audits were taking place. The provider said that through continuing to provide care to people, observing staff's interaction with people, and monitoring the daily care records and medicine administration records they reviewed staff practice and the care people were receiving.

People and staff had been asked to complete a survey which asked for their views about the quality of the service. The results of those completed in September 2016 showed a high level of satisfaction from both people and staff. One person commented, "I am delighted with all the carers, they are friendly and caring people. I couldn't wish for better care." These surveys however were lengthy and not easy to use. The provider explained that when they started the service they purchased a pre-prepared management and documentation system. This provided them with policies and procedures as well as templates of documents regularly in use in care services. Now that the service was more established, they found some of these documents did not suit their purpose. The provider was in the process of developing new documents that were easier for people to use. Amongst the documents being developed were the quality monitoring surveys and audits and those used for staff supervisions, appraisals and observations. They said in future all care

plan reviews, audits and staff supervisions would be recorded to demonstrate people and staff involvement in reviewing the quality of the service.

We recommend that the service reviews its quality monitoring processes and its record keeping.

The provider told us how proud they were of the care and support they and the staff provided to people. They said they felt it was important for them to know people well and because of that they did not wish the service to expand to much larger than it was now. This would enable them to continue to provide a personalised service. The provider said they kept up to date with current issues in the care profession by accessing care related websites and attending external training events. They told us they had registered to undertake the Investors in People Award. (This is an accredited award that assesses the quality of services, including how they are managed and the support and training provided to staff)

The provider was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm. Systems were in place for the reporting of notifications to Care Quality Commission and incidents that involved people had been reported to us as required.