Help At Home (Egerton Lodge) Limited

Help at Home (Melton Mowbray)

Inspection report

3A Park Road
Melton Mowbray
Leicestershire
LE13 1TT

Tel: 01664481211
Website: www.helpathome.co.uk

Date of inspection visit:
01 August 2016

Date of publication:
06 September 2016

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?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 1 August 2016 and the visit was announced. We gave notice of our inspection because we needed to be sure somebody would be available at the office.

Help at Home (Melton Mowbray) is a domiciliary care service. Care and support is provided to people in their own homes. At the time of our inspection 106 people were using the service.

At the time of our inspection there was a manager in place. This person was in the process of registering to become the registered manager. 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 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 had mixed views about the running of the service and some people told us improvements could be made about the lateness of some calls they received. Staff did not always feel supported and felt pressurised to take on additional work. The area manager was taking action following this feedback to make improvements.

People and staff had opportunities to give feedback to the provider. For example, staff attended regular staff meetings where they could offer suggestions to improve the service. We saw that the provider took action where this was necessary following the feedback received.

Staff understood their responsibilities including reporting the poor practice of their colleagues should they have needed to. The provider's whistleblowing procedures required improvement to include other organisations that staff could report poor practice to should they have needed to. The area manager took action following our feedback.

The provider was regularly checking the quality of the service. For example, checks of people's care records were taking place as well as the health and safety practices of staff.

The provider had aims and objectives for the service that were known by staff. This included promoting people's independence and dignity. We found that the aims and objectives were not always being met. For example, people were not always told when a staff member would be late for their personal care support.

The manager was aware of their responsibilities. This included them submitting statutory notifications of significant incidents to the Care Quality Commission where appropriate.

People felt safe with the support offered from staff. Staff understood their responsibilities to support people to protect them from abuse and avoidable harm. The provider dealt with accidents and incidents

appropriately however, the recording of incidents was not always thorough. Risks to people's well-being had been assessed and regularly reviewed. For example, where people were at risk of falling, there was guidance for staff to follow to support people to remain safe.

People's homes and equipment were regularly checked and there were plans to keep people safe during significant incidents, such as a fire.

People were largely satisfied with the availability of staff and the time spent undertaking their care calls. We found calls were made to people in line with their care plans. People had mixed views on the regularity of the same staff providing their care. We saw that the area manager was trying to improve this. Staff were checked for their suitability before starting work for the provider so that people were protected from those who should not work in the caring profession.

Where people required support to take their prescribed medicines, this was undertaken in a safe way by staff who had received regular guidance and training. Staff knew what to do should a mistake occur when assisting people with their medicines.

People were largely receiving support from staff who had the appropriate skills and knowledge. Staff received regular guidance and training relevant to their role. For example, staff received training in Parkinson's disease.

People were being supported in line with the Mental Capacity Act (MCA) 2005. People were asked for their consent before care was given and staff understood their responsibilities to regularly consider people's capacity to make decisions for themselves.

People chose their own food and drink and were largely satisfied with the support they received from staff members. They had support to access healthcare services when required to promote their well-being.

People received support from staff who showed kindness. Their dignity and privacy was protected when receiving personal care support. Staff knew the people they offered care to and they were supported to be as independent as they wanted to be. For example, by choosing their own clothes.

Staff knew people's preferences and had involved people in planning their own support where possible. Where people needed additional support to make decisions or to speak up, advocacy information was available to them.

People were not always satisfied with the punctuality of staff members providing their care. The area manager was monitoring this and taking action to make improvements.

People had contributed to the planning and review of their support where they could. People had care plans that were person-centred on them as individuals and had an assessment of their care requirements when they started to use the service. However, people were not always asked for their preference for a male or female staff member to provide their care. The provider was taking action to improve this.

People knew how to make a complaint. The provider had a complaints policy in place that had been made available to people. The provider took action when a complaint had been made.

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 abuse and avoidable harm by staff who knew about their responsibilities for supporting them to keep safe. People's equipment and their property were regularly checked.

The provider had a thorough recruitment process to check the suitability of all new staff.

People received safe support with their medicines where this was required.

Is the service effective?

Good

The service was effective.

People received care from staff who had received regular training and guidance.

People received care in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act.

People chose their own meals and had support to access healthcare services when required.

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 personal care support. People had mixed views on the regularity of the same staff providing their care.

People were supported to remain as independent as they wanted to be by staff who knew their preferences.

People had received information on advocacy services that were available to help them to speak up. People were involved in planning their own support where they could be.

Is the service responsive?

Good

The service was responsive.

People had contributed to the review of their support needs where they could.

People mainly received support based on their preferences. However, people had mixed views about the punctuality of staff.

People knew how to make a complaint and the provider took action when one was received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and staff felt some improvements could be made to the running of the service.

The provider was not always meeting their aims and objectives.

The manager was aware of their responsibilities.

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

The provider had checks in place to monitor the quality of the service.

Help at Home (Melton Mowbray)

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 1 August 2016 and was announced. 48 hours' notice of the inspection visit was given because the manager is often out of the office supporting staff. 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 13 people who used the service and with one relative of another person. The manager was not available during our visit so we spoke with the nominated individual [A nominated individual has responsibility for supervising the way that the regulated activity is managed] and with an area manager. We also spoke with eight care staff who directly worked with people.

We looked at the care records of ten people who used the service and four staff files. We also looked at other records in relation to the running of the service. These included health and safety checks and quality audits that the provider had undertaken as well as medicines records and staff rotas.

We asked the area manager to submit documentation to us after our visit. This was in relation to the provider's aims and objectives and 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 from staff members. One person told us, "I feel safe and have been handled well". Another person said, "I've no concerns with them being in the house". Staff described how they supported people to remain safe. One staff member told us, "I make sure the property is locked and that nothing can harm them".

People were protected from abuse and avoidable harm by staff members that knew their responsibilities. This was because the provider had made available to them a policy on safeguarding adults. Staff knew about the different types of abuse that people could be exposed to and what action they would take should they have needed to. One staff member told us, "If I notice something I would talk to the person and report to the office. I can contact the local authority but I usually speak to the office first. I can challenge the manager if I don't agree". Other staff told us that there was always a manager on-call should they need help or support. We saw that the provider had contacted the local authority to share concerns about people where this was necessary. We also found that staff received training in safeguarding adults. In these ways people were protected from abuse by staff who knew what action to take should it be necessary.

Risks to people's health and well-being were regularly assessed to support them to remain safe. One staff member told us, "We go out and involve the person in risk assessing and their family if a person wants this. We look at what their needs are and get to know them". We saw that risk assessments were completed in areas such as moving and assisting where people required support to move from one place to another, people's skin condition and falls. These assessments contained guidance for staff on how to offer support to people with a view of minimising, wherever possible, accidents and incidents. This meant that staff had up to date guidance on how to support people in a safe way.

The provider had arrangements in place for monitoring and taking action following an accident or incident. We saw that staff recorded accidents and incidents and these records were then passed to the manager. The manager recorded action they had taken to prevent a reoccurrence wherever possible. We saw that on one occasion a person had been referred for specialist advice and support following a fall. We discussed with the area manager that the recording of incidents was not always thorough. We saw that on one occasion a person had fallen and although medical advice had been sought, the record did not show that initial first aid had been given to the person by a staff member. The area manager told us that they would remind staff about the importance of thorough recording.

People's equipment and their home environment were regularly checked to support them to remain safe. We saw that people's home's had been checked for their security and staff had information on how to isolate the gas supplies. We also saw that equipment within the office was regularly checked such as fire fighting equipment to keep people and staff safe should there have been an incident.

People would have continued to receive a service should there have been an unforeseen emergency. This was because the provider had emergency arrangements in place that were known by staff. We saw that people had their own evacuation plans in place should they have needed to vacate their homes in an

emergency. We also saw that staff had guidance for if they could not gain access to a person's property. This meant that the provider had considered people's safety should an incident have occurred.

People mainly felt there were enough staff to provide their care and that staff members mostly stayed for the full amount of time as commissioned by their social worker. One person told us, "It all depends. They'll go when they've finished if they're running late". Another said, "They stay as planned. I clock watch!". We looked at the rota for five people and found that the timings of calls had all been planned as detailed in people's care plans. The area manager told us that the on-going monitoring, including spot checks, of staff included checking that staff stayed for the full amount of time.

People received care from staff who were suitably checked before working for the service. We saw that the provider had a recruitment procedure that was followed. The process included obtaining references, checking right to work documentation and undertaking a Disclosure and Barring check. The Disclosure and Barring Service 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 consistently taken place when new staff joined the organisation.

People received safe support from staff members where they needed support to take their prescribed medicines. One person told us, "They check I've taken them each time". We saw that people's care plans detailed their preferences for how they liked to take their medicines and the level of support required. We looked at people's medicines records that had been completed in people's own homes and then returned to the office. We found that they had mainly been completed thoroughly. Where there was a gap where staff should have recorded the administration of one person's medicines, this had been noticed by the manager and action had been taken with the staff member involved. We also saw that checks on people's medicine records happened regularly to make sure that people received the right medicines at the right times.

Staff knew what to do should there be concerns about people's medicines. This was because the provider had made available to them a medicines policy that detailed guidance for staff. One staff member told us, "One lady hadn't taken her medicines. I rang the office for advice as I was worried". We also saw that staff were trained in the administration of medicines and had their competency regularly checked. In these ways people received their medicines in a safe way and staff knew their responsibilities.

Good

Is the service effective?

Our findings

People told us that they received care from staff members who mainly had the required skills and knowledge. One person told us, "They seem ok in the job". Another said, "The staff seem ok in what they're doing". However, one person told us, "I had a new chap yesterday morning. I've never seen him before. I had to tell him what I wanted doing and what was where".

Staff received an induction when they started working for the service. One staff member told us, "I had four days training before I started working with people". Other staff confirmed that they received a thorough induction including shadowing experienced members of staff before they worked with people. Records confirmed that new staff had completed an induction. New staff were being supported to undertake the Care Certificate. This is an induction programme that aims to equip new staff with the knowledge they need for their role. Records showed that the provider had incorporated the Care Certificate into their training programme for all new staff.

People were supported by staff who had received training appropriate to their role. Staff spoke positively about the training they had undertaken. One staff member said, "Training is brilliant, I've just done a course. There's enough". We saw that staff had received training in a variety of topic areas such as moving and assistance, first aid and health and safety. The area manager showed us two booklets that staff completed to update their training regularly in the areas of safe working, good care and welfare. We also saw that the provider had made training available to staff members that was relevant to specific people and their conditions. Examples of this included Parkinson's disease awareness training and guidance on how to assist a person with their specialist eating requirements. The nominated individual showed us their electronic training record that highlighted when staff were due a refresher to their training. This meant that staff had received up to date guidance when supporting people.

Staff received effective and regular guidance on their work. One staff member told us, "Supervisions are usually monthly". Another said, "I used to meet regularly with a manager but this kind of stopped. However, I have had support more recently". We saw that staff had received regular supervision with a manager. Supervisions are meetings that staff have with a manager to receive guidance and feedback on their work. We saw that supervisions covered topic areas such as staff's well-being, issues in relation to people that used the service and considered learning and development needs. We saw that staff meetings had occurred regularly. These had included reminders for staff about handling people's medicines safely and updates on the recruitment of new carers. We also read about staff being reminded and guided to read people's care plans before they carried out care with people. This meant that staff had received guidance on how to provide effective support to people.

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 and found that it

was.

People confirmed they were always asked for their consent by staff to carry out care and support. One person told us, "They always ask me and are so helpful". Another person said, ""They ask me if it's ok to do this or ok to do that".

Staff members understood the requirements of the MCA. They told us that the people they supported had the capacity to make choices for themselves. One staff member told us, "It's about mental capacity assessments if needed and helping people to make decisions for themselves without taking over". Staff told us they received training in the MCA and records confirmed this. The provider had made available to staff members information on the MCA and which included how staff should support people to make decisions for themselves wherever possible. We saw that the MCA had been considered when planning people's care. People had usually signed their care plans to state that they agreed to the planned care. Where they were not able to do this, a legally appointed person had signed on their behalf or a family member had done so where a person had requested this. In these ways people's human rights were protected.

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 area manager told us that no one was currently deprived of their liberty and therefore no applications had been necessary. The area manager and staff were able to confirm what actions they would take if they were concerned about a person's capacity to make decisions for themselves which was in line with the requirements of the MCA.

People were largely satisfied with the support offered by staff members to meet their nutritional needs. One person told us, "They make me a ready meal and a drink. They ask me what I'd like". Another said, "I choose my meal from the fridge and they cook it for me". One person commented that they were not always satisfied with the food they ate. They told us, "They get me my food – I choose what I want and they get it. Some haven't any idea how to make porridge or do cheese on toast, so I can't always have what I want". A staff member described to us the preferences of one person they supported. They told us, "One lady has a poor appetite and I leave out things I know she will like and eat such as scones. It works for her and she likes it". We saw that people's eating and drinking preferences and requirements were documented in their care plans that staff were able to describe. Where people required a specific type of diet, this had been included in their care plan. In these ways people were, on the whole, supported to meet their dietary requirements and preferences by staff who knew about these.

People were supported to maintain good health. A staff member told us, "We phoned a community nurse for one person as there was a change in their needs". We saw that staff members had recorded in people's care records when they had seen their GP and where there were changes to their health and well-being. One staff member had called a person's GP on their behalf as the person was concerned about their medicines. We saw that the staff member resolved the issue and recorded what action they had taken so that other staff were clear about the person's support requirements. We also saw that people's care plans contained up to date contact details of their relatives, GPs or other involved health 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 told us that staff members showed kindness and compassion when delivering their care. The comments we received included, "They seem to be very caring", "I think they're very trustworthy" and, "Most are genuine and chatty. I had a young little lass once who turned out to be so lovely". During our visit to the office, we overheard staff members on the telephone to people who used the service and to healthcare professionals. Staff spoke in a professional manner and answered queries fully. One person was distressed as they knew their regular staff member was on holiday. The staff member reassured the person in a kind and calm way that their call would be covered by another worker.

People's dignity was protected when they received support with their personal care. One person told us, "They close my curtains while they're here". Other people described how staff usually knocked on their doors and called out to them as they entered their property. We saw in people's care plans that their dignity had been considered. One person was hard of hearing and staff had documented, 'Speak clearly and direct and make sure you speak to me in my good ear which is my left ear'. This meant that staff showed a caring approach to the people they were supporting.

People had mixed views about the regularity of the same staff offering them care. One person told us, "The weekend rota goes to pot. I usually get the same carer on weekday mornings". Another person explained how they used to get different staff all the time but that, "I get the same person quite a lot nowadays". Another person told us, "The rota comes but they don't stick to it. Mornings and lunchtimes it can be anyone but they tend to be more regular ones on at tea and bedtime". One staff member told us that people could not always be guaranteed the same staff due to issues with recruitment. They said, "There used to be sufficient staff but it's changed". The area manager told us following our feedback that they had planned for four weeks of reviewing the rotas to enable consistency of workers with people wherever possible. They showed us an up to date rota for one staff member that detailed they were only planned to receive care from a small amount of staff.

Staff knew about the people they were supporting. They told us about the things that people liked and disliked and these had been documented in people's care records. One staff member told us, "One person likes colour-coordinating clothes and they choose". Another staff member said, "The most important thing is to talk to people to get to know them. One person only likes snack foods rather than a full meal and that's fine isn't it".

People were involved in the planning of their care where they were able to. One person told us, "I can see my file any time. They did early paperwork with me". Staff described how they gave people choices about what clothes they wanted to wear and what they wanted to eat. One staff member described how when people started to use the service they were asked about specific preferences they had for how their care was delivered such as specific routines that were important to them.

The provider had given people a 'service user guide' when they had started using the service. This outlined what people could expect from the service such as the type of help that could be provided as well as

information on advocacy services. An advocate is a trained professional who can support people to speak up for themselves. In this way people were given information on the support available to them.

People were supported to be as independent as they wanted to be. One person gave us an example of this and told us, "I always do my front and they do my back in the shower. I like to do as much as I can". A staff member described how they supported people's independence and said, "We try to get people to do things for themselves. For example, to feed themselves". We saw that people's care plans detailed things that people could do for themselves and what they needed support with. One person's care plan stated, 'I want to still live independently in my home. Carers to allow me to dress myself independently and just help me when required'. In these ways people received support from staff to retain their skills.

People could be sure that their sensitive information was handled appropriately. This was because the provider had confidentiality and data protection procedures in place that were known by staff. These detailed the need to store people's care records safely. When we visited, we saw that people's care records were in lockable cabinets and access to these was only by authorised staff members. We heard staff share information about people in a discreet and sensitive way so that conversations were not overheard by others. This meant that people's privacy was being protected by a provider who had suitable procedures and by staff who knew about these.

Good

Is the service responsive?

Our findings

People had contributed to the planning of their support where they could. One person told us, "I had the early paperwork and signed a few things". Another person said, "The file in the house they fill in and I feel up to date with it all". We saw that where family members had contributed to their relatives' care plans about how they preferred to receive care, this had been documented in people's care records.

People had mixed views on the punctuality of staff members providing their care. One person told us, "I had a few words at the office about girls being late. They usually ring me to let me know, but when they've got kids and problems, you can't do much about it". Another said, ""They're not very good on times. They don't call often to say if they're late". Other people were satisfied with staff arriving on time. One person told us, "Usually on time but it depends who it is. They ring me if they are running late". One staff member told us, "Some staff have difficulty getting from A to B but we try our hardest". The area manager told us that they were looking to improve on the punctuality of staff. There was a monitoring system in place that all staff should have used. The area manager told us that they were regularly reminding staff to do this. They said, ""Not all staff are using it as they should. Each staff will be brought in and discussed in their supervision". We saw that checks were happening every month by the area manager to try to improve the punctuality of staff and found that every month there had been improvements. After our visit the area manager told us that they recognised they could improve upon letting people know about changes to their call times and would work hard to achieve this.

People received an assessment of their needs when they started to receive care from the provider. The area manager told us that a comprehensive assessment took place and we saw these in people's care records. These detailed discussions that people had with staff members about their support requirements and preferences. We saw that people had sometimes been asked about their preference for a male or female staff member but this had not always taken place. People told us that they had not always been asked their preference for either a male or female staff member to provide their care. The area manager told us that people's individual requirements were met whenever this was possible and they would remind staff about the need to ask people about their preferences for the gender of the staff members offering them care.

People's care plans were person-centred and detailed things that were important to them. People's preferred names were recorded and known by staff. We saw that people's routines and preferences were recorded to guide staff in offering care in ways that were important to people. For one person it was important that they still got into and out of bed on their own. We also saw that people's life histories had been detailed such as when they got married and important family members. This is important so that staff have information about people to use in discussions about things that are important to them. This meant that people received support based on their preferences and in a person-centred way.

People's support needs were regularly reviewed. We saw that staff members reviewed people's care needs every three months, or more often if required. Every six months a visit to a person in their home occurred. We saw that people had signed to say that they continued to be satisfied with the care offered. Where changes were needed, these had been documented. Staff generally felt that they had up to date information within

people's care plans to offer responsive care. One staff member told us, "Care plans are available and up to date". Another staff member commented, "They just need a little bit of improvement and tweaking from time to time". This meant that staff mainly had up to date information and guidance on how to provide support to people in ways that were important to them.

People knew how to make a complaint should they have needed to. People told us that complaints or concerns would be raised with the office if necessary and the provider took action where needed. One person told us, "Once when they were very late and they hadn't let me know, I rang and complained. The office apologised but I sent her home at 11am when she eventually arrived". Another person said, "I have no complaints at all". We saw that the provider's complaints procedure was detailed in the guide that people received when they started receiving the service. This described to people how to make a complaint as well as what the organisation would do following a complaint being made. We saw that four complaints had been made in the last seven months and the provider had responded in line with their procedure. The provider had sent acknowledgement letters to those who had complained and where an investigation had concluded, people were informed of the provider's findings. We saw that the provider took action when a complaint had been upheld. For example, we saw that a staff member had been spoken with regarding being late for a call. The provider was also looking to improve their practices following complaints and concerns about the lateness of some calls. The area manager explained to us that they were regularly monitoring the arrival time of staff members and speaking with them where necessary to understand why this had occurred.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well-led and people we spoke with confirmed this. One person told us, "I think it's well run. I'd definitely recommend them" whilst another said, "I'm fairly happy. No real criticism apart from timings". Another person commented, "I think they could do the communication better".

Staff had mixed views about the manager and how the service was run. One staff member told us, "I get on really well with my manager. I get really good support. We work well together. It's a really good company. There are a few improvements they could make. At grass roots level for example the day to day running could be tighter". Another staff member said, "I sometimes feel there is not enough time. Sometimes I am asked to cover. I feel I have to say yes". Four staff members described how they felt pressurised into taking on additional work. One staff member told us, "We feel bullied to cover shifts. We have told the new manager this. Nothing has been done". The area manager told us that following our feedback they had sent a letter to all staff members inviting them to raise concerns with the manager. The provider offered their apologies via a memo to staff about how they were feeling. The area manager also told us that the provider's bullying and harassment policy has been distributed to staff members with a confidential email address that staff could use to raise their concerns. The area manager confirmed that they would arrange a team meeting within a month for staff to attend to give them an opportunity to discuss how they were feeling.

Staff received regular feedback and guidance on their work from a manager during individual supervision meetings to check their values and to understand the provider's expectations of them. Staff generally described these meetings positively. One staff member told us, "Yes they happened pretty regularly. You bring things up and they get sorted one way or another". We saw that staff received commendations from the manager for good work that they had undertaken which had been documented within staff files.

We saw that staff meetings regularly occurred and covered topics such as reminders to staff about people's medicines and the need to raise any concerns that staff may have with a manager. We saw that staff were given opportunities to give feedback to the provider and any action that was required had been documented. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

The provider had a whistleblowing policy that had been made available to staff about how they should raise any concerns about a colleagues' practice should they have needed to. This also detailed the protection for staff if they raised concerns. Staff understood their responsibilities to report poor practice. One staff member told us, "I would stop a colleague if I saw poor practice and explain what I thought they were doing was wrong and inform the office. I can call the local authority and CQC". Another staff member said, "If we feel something is going on with other carers I can report in confidence". However, five staff members that we spoke with were not aware of other organisations, such as the Care Quality Commission (CQC), that they could approach with their concerns should they have felt that the provider did not satisfactorily address their concerns. When we fed this back to the area manager they told us they would take action. They provided us with a memo that had been shared with staff about other organisations they could raise

concerns with such as the local authority and CQC.

The provider had a statement of purpose that was available to people and staff members. This detailed the aims and objectives of the service. For example, we read that the service sought to put people at the centre of their care and to support their independence. Staff were able to describe the statement of purpose and gave examples of how they promoted people's independence. However, we found that the service did not always meet its aims and objectives. One of the service's aims was to promote people's dignity and we were given feedback that people sometimes received late calls without this being communicated to them. We also received feedback about people not always being asked about the gender of the worker they preferred. When we offered this feedback to the area manager they told us about the actions they were taking to improve such as individual discussions with staff about the timings of people's calls and looking to recruit more staff. The area manager told us that they had posted leaflets in the local area advertising their vacancies as well as visiting car boots sales to raise the profile of the company.

People had opportunities to give feedback to the provider. We saw that the provider carried out quality checks of the service people received approximately every three months. This was completed over the telephone or by a visit to the person. One person told us, "I had a survey and get asked for verbal feedback sometimes". Another person said, "I had an office person come round two weeks ago and filled in a form about if I was happy". We saw that the feedback people gave was largely positive.

The manager was in the process of applying to become the registered manager. We found that the manager was aware of their responsibilities. We saw that the relevant notifications had been made to the local authority and CQC. These included where people who had used the service had died. We also saw that the manager had arrangements for monitoring the working practices of staff and specialist support and guidance had been requested where there were concerns about the safety of people using the service.

The provider carried out regular quality checks of the service to make sure that the care people received was of a high standard. We saw that checks had taken place in the areas of people's care records and the management of complaints that had been received. We saw that where actions had been identified, the provider had taken steps to make improvements. We also saw that the provider had noted that although few complaints had been received, the lateness of calls was a concern. We saw that the provider was taking action to try to improve this for people by monitoring when staff arrived in people's homes. The area manager showed us that they analysed accidents and incidents as well as safeguarding concerns by looking at statistics that the manager had sent to them. We also saw that visits from senior managers regularly occurred to check health and safety practices and procedures. This meant that the delivery of the support people received was being regularly reviewed.