

Carewatch Care Services Limited

Carewatch (Burnley)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Carewatch (Burnley) on 6 and 7 September 2017. We gave the service 48 hours' notice to ensure that the registered manager would be available when we visited.

Carewatch (Burnley) is a domiciliary care service providing personal care to people with a variety of needs including people with a learning disability, autistic spectrum disorder, poor mental health, physical disability, sensory impairment, older people, people who misuse drugs or alcohol, younger adults and people living with dementia. The agency's office is located in Colne in East Lancashire. At the time of our inspection the service was providing support to 191 people. This was our first inspection of this service.

At the time of our inspection there was a registered manager at the service who had been registered with the Commission since February 2015. 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.

During our inspection people told us they received safe care. Staff had a good understanding of how to safeguard vulnerable adults from abuse and were aware of the appropriate action to take if they suspected abuse was taking place.

Records showed that staff had been recruited safely and had received an appropriate induction. Staff received regular supervision and their practice was observed regularly to ensure that they were providing safe care. Staff told us they felt well supported by the registered manager and the office staff.

We found that people's medicines were being managed safely and people told us they received their medicines when they should. Staff members' competence to administer medicines safely was assessed regularly.

We found that people were supported with their healthcare needs and were referred to healthcare professionals when appropriate. The community healthcare professionals that we contacted about the service did not express any concerns.

People were happy with the care and support they received from the service. They told us that their care needs were discussed with them and they were involved in decisions about their care.

People told us staff arrived on time and stayed for the full duration of the visit. They told us that when two staff were required to meet people's needs, two staff always visited.

People liked the staff who supported them and told us they were caring. They told us staff respected their privacy and dignity when providing care and encouraged them to be independent.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). They sought people's consent and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

People were asked to give feedback about the service they received during regular reviews and in satisfaction questionnaires. We reviewed the questionnaires from February 2017 and found that people had reported a high level of satisfaction with most aspects of the service.

Most people we spoke with told us they were happy with the management of the service. They found the staff and management team approachable and helpful and knew who to contact if they had any concerns.

We saw evidence that regular audits were completed by the registered manager and the service provider. These checks were effective in ensuring that appropriate levels of care and safety were maintained.

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.

The manager followed safe recruitment practices when employing new staff.

Staff had completed safeguarding training and were aware of the action to take if they suspected abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that people's risks were being managed appropriately.

There were safe medicines policies and practices in place. People told us they received their medicines when they should.

Is the service effective?

Good ●

The service was effective.

New staff received an appropriate induction and observed experienced staff before they became responsible for providing people's care.

People's care plans were detailed and individualised. Care plans included information about people's preferences as well as their needs.

Staff understood the importance of seeking people's consent before providing support. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

Staff supported people appropriately with their nutrition, hydration and healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were given information about the service when they started receiving care. This included a service user guide which

was available in a variety of formats.

People told us their care needs had been discussed with them and they were involved in decisions about their care.

People told us that staff respected their privacy and dignity and did not rush them when providing care. They told us staff encouraged them to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before the service started supporting them and were reviewed regularly.

People received personalised care which reflected their needs and their preferences.

People were asked to give feedback about the care and support they received and reported a high level of satisfaction with the service.

People felt able to raise concerns with the staff or the registered manager.

Is the service well-led?

Good ●

The service was well-led.

The service had a mission statement which focused on people's independence and dignity and was promoted by staff and the registered manager.

Most people being supported by the service and their relatives were happy with the way the service was being managed.

Staff felt that the service was managed well and felt supported by the registered manager. They felt fairly treated as employees.

The registered manager and the service provider regularly audited many aspects of the service. The checks being completed were effective in ensuring that appropriate standards of care and safety were being maintained.

Carewatch (Burnley)

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.

The inspection took place on 6 and 7 September 2017 and we gave the provider 48 hours' notice, as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by an adult social care inspector and three experts 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. The experts by experience contacted people who received support from the service or their relatives by telephone, to gain feedback about the care they received.

Before the inspection 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 used the information in the PIR to help with our inspection.

Before the inspection we reviewed information we held about the service including concerns and safeguarding information.

As part of the inspection we contacted three community healthcare professionals who were involved with the service for feedback about the care provided, including an occupational therapist and a social worker. None of the professionals contacted expressed any concerns about the service. We also contacted the Quality and Contracting Unit at Lancashire County Council and Healthwatch Lancashire for feedback.

As part of the inspection we spoke on the telephone with 20 people who received support from the service and fourteen relatives. We also visited one person at home. We spoke with three care staff, one quality officer, the registered manager and the provider's regional quality service improvement manager. In addition, we reviewed the care records of four people receiving support. We looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks that had been completed to monitor the quality of the service.

being delivered. We also looked at the results of the most recent customer satisfaction survey.

Is the service safe?

Our findings

The people we spoke with told us they always felt safe when staff supported them. Comments included, "I have one carer and she prompts my medication. I feel safe with her", "They make sure there's nothing I can trip over", "I feel quite safe with them" and, "I need hoisting. They are very good. I never feel vulnerable". The relatives we spoke with also felt that the care provided was safe. One relative commented, "[My relative] feels reasonably safe when carers are moving and transferring him". Another relative told us, "I can't fault [my relative's] carers".

We looked at how the service safeguarded vulnerable adults from abuse. There was a safeguarding policy in place which included the different types of abuse, staff responsibilities, information about whistle blowing (reporting poor practice) and the contact details for the local safeguarding authority and the Care Quality Commission (CQC).

We looked at staff training and found that 96% of staff had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with understood how to recognise abuse and told us they would raise any concerns with the management or the local authority. Our records showed that safeguarding concerns had been managed appropriately and referrals had been made to the local safeguarding authority.

We looked at how risks were managed in relation to people supported by the service. Risk assessments had been completed for each person, including those relating to moving, falls, eating and drinking, skin breakdown, the home environment, fire safety and infection control. Risk assessments included information for staff about the nature of the risk and how it should be managed. Risk assessments were reviewed regularly. We noted that people's care files did not include specific information about how they should be supported in an emergency. We discussed this with the registered manager who assured us that this would be addressed as a priority. Following our inspection, the registered manager provided us with copies of emergency evacuation plans that had been completed.

The registered manager kept a record of accidents and incidents that had taken place and we noted that the last accident had taken place in October 2016. We saw evidence that accidents had been investigated appropriately and any necessary actions had been taken. The registered manager signed each accident record, which helped to ensure that appropriate action had been taken and that documentation had been completed appropriately. One person told us, "I did have an accident. The carer took me to hospital. She was very helpful". One relative commented, "[My relative] had a fall. She was on her own. There was no injury but the carer did note it in the book the following morning and made sure she was ok".

We looked at the recruitment records of three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted that DBS checks were renewed by the provider every three years. Proof of identification and at least two written

references had also been obtained. These checks helped to ensure that the service provider recruited staff who were suitable to support vulnerable adults.

We looked at staffing arrangements at the service. Most people told us that staff visited when they were supposed to. Comments included, "They are always very punctual and I see the same people", "They are not often late" and "They're usually on time. They do all I need".

Everyone we spoke with told us that staff stayed for the full duration of the visit. Comments included, "The carers always stay until they have done all needed", "They always stay for the full time, sometimes longer if needed" and "The carers arrive on time. [My relative] can be very slow. They never rush her". People told us that when two members of staff were required to provide support, two staff members always attended. One person said, "I have two carers at one time. Normally they come within a few minutes of each other. They are very efficient with moving me".

Staff told us that communication between staff at the service was good. They told us they documented the support they provided at each visit as well as any concerns identified. Staff told us that they always contacted the office staff if they had any concerns about a person's health or wellbeing and discussed any concerns with family members. We reviewed people's visit logs and found that information documented by staff included the support provided with personal care, meals, medicines and domestic tasks, as well as any concerns identified. This helped to ensure that all staff were kept up to date with people's needs, and that risks to people's health and wellbeing were managed appropriately.

We looked at whether people's medicines were managed safely. A medicines policy was available which included information about storage, administration, 'as required' (PRN) medicines, controlled drugs, which are medicines that can be at risk of abuse, recording, staff training and errors. Records showed that 96% of staff had completed up to date medication awareness training.

Records showed that staff were observed regularly to assess their competence to administer medicines safely. The completion of medicines administration documentation was reviewed as part of the observations. The staff we spoke with demonstrated that they understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly.

We reviewed the Medication Administration Records (MAR) for one person who we visited at home and found that they had been completed appropriately by staff. We noted that people's MARs were audited monthly when they were returned to the office. We saw evidence that where shortfalls had been identified, such as missing staff signatures, appropriate action had been taken to improve staff practice. People told us they were happy with how staff supported them with their medicines and they received their medicines when they should.

The service had a business continuity plan in place which provided guidance for staff in the event of a fire, flood, severe weather conditions, a pandemic, the loss of amenities such as gas, electricity and information technology and a terrorist incident. This helped to ensure that people received safe care when the service experienced difficulties.

Is the service effective?

Our findings

People and their relatives told us they were happy with the care provided. Comments included, "I have no complaints. I am quite happy with the care" and "I've used them off and on for a number of years. I keep coming back. They are one of the best agencies".

People told us they felt staff were able to meet their needs. Comments included, "The carers are friendly, very pleasant, easy to talk to and polite and flexible", "They are great. Very efficient and competent" and, "They all seem to be quite experienced". The relatives we spoke with told us, "We're very happy. They are very good with [our relative]", "[My relative] has no concerns. She likes them all. They are wonderful people" and, "They all show good skills".

People told us that staff regularly sought their consent before providing support. Comments included, "They always ask what I need doing, such as whether I would like my hair washed", "They always ask my consent before doing anything" and "They ask all the time. They even ask if they can use the toilet". One relative told us, "Although [my relative] is non-verbal, they always ask her consent, they never just do things". Another relative commented, "They ask [my relative] before they give her medication or personal care". We found that people's care files included signed consent forms relating to a variety of issues including the administration of medicines and personal care.

We looked at how the service addressed people's mental capacity. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. No applications had been made at the time of our inspection.

The service had an MCA policy in place which included information about the principles of the MCA, capacity assessments, best interests decisions and the importance of consent. Records showed that 96% of staff had completed MCA training. The staff we spoke with understood the importance of seeking people's consent about everyday decisions, even when they lacked the capacity to make decisions about more complex aspects of their care. They told us they encouraged people to make everyday decisions such as what they wore and what they ate at mealtimes. Staff were also aware that people had the right to refuse care regardless of their capacity and where people lacked capacity, their relatives should be involved in decisions about their care. One staff member told us, "We encourage people who are reluctant to receive support. We monitor refusals and report them to the office".

Records showed that staff completed a thorough induction when they started working at the service and observed experienced staff as part of the induction. This was confirmed by the staff we spoke with. We noted that each staff member's practice was observed regularly, when they were assessed in relation to a number

of issues including communication, medicines administration, health and safety and record keeping. The staff we spoke with confirmed this.

We reviewed staff training records and found that 96% of staff had completed up to date training in health, safety and fire awareness, food safety, nutrition and hydration, infection control, first aid awareness, moving and positioning, record keeping and dementia awareness. The staff we spoke with told us they had completed training when they joined the service and their training was updated yearly. They felt well trained and told us they could request further training if they needed it. This helped to ensure that staff were able to meet people's needs and provide them with safe, effective care.

Records showed that each year staff received one office based supervision, one field based supervision and an appraisal. The staff we spoke with confirmed this and told us they felt able to raise any concerns or make suggestions for improvement during their supervisions and appraisals. They told us they felt well supported and fairly treated by the registered manager.

We reviewed four people's care plans. We found that they included information about people's needs and how they should be met, as well as their likes and dislikes. Each care plan contained information about what people were able to do for themselves and how care should be provided by staff. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, we saw evidence their relatives had been consulted.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary preferences, and risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration. One member of staff told us, "We encourage people when they are reluctant to eat or drink. It's important. We support quite a few diabetics".

People told us that staff supported them with their nutrition and hydration needs. Comments included, "They encourage me to eat, mainly micro meals. They will cook if I want them to", "They always make sure I have a hot drink and something to eat" and, "They prepare a sandwich or heat some soup. I'm not always hungry. They will sit with me and encourage me to eat". Relatives were also happy with the support provided. One relative told us, "They make sure [my relative] is eating and has plenty to drink".

We looked at how people were supported with their health. The people we spoke with felt staff made sure their health needs were met. Comments included, "They have called an ambulance. They will notice if I am unwell", "They have called a doctor" and, "They have called the paramedics some time ago". Relatives were also happy that people's healthcare needs were met. One relative told us, "I'm sure they would call the doctor if needed". Another relative commented, "[My relative's] skin is quite fragile. They apply her cream and keep her comfortable".

Care plans and risk assessments included information about people's medical history, their health needs and guidance for staff about how to meet them. The staff we spoke with told us they contacted the office staff if they had any concerns about a person's health and the office staff contacted healthcare professionals and people's relatives when appropriate.

Is the service caring?

Our findings

People told us the staff who supported them were caring. Comments included, "They make me feel extremely comfortable", "The staff are very helpful" and, "They are very kind, chatty and friendly. I enjoy them coming". Relatives also felt that staff were caring. One relative told us, "They are compassionate, pleasant and courteous. They talk to [my relative] and encourage her". Another relative said, "They are very kind and caring. They are excellent workers".

People told us that staff respected their right to privacy and dignity. One person told us, "They're very kind and respectful" and "They are very kind. They always respect my privacy and dignity". Relatives commented, "The staff are very discreet and pleasant to [my relative]", "They treat [my relative] with great respect. They keep doors closed and curtains drawn while getting her ready" and, "The staff are very respectful. They never ask personal questions".

People told that staff provided support when they needed it and did not rush them when providing support. Comments included, "I'm never rushed. They do everything I ask them to" and, "They do everything I need as well as a few extra things at times". One relative told us, "The staff are very compassionate. [My relative] is certainly not rushed". Another relative commented, "[My relative] is quite slow. They are very patient with her".

People told us that staff encouraged them to be independent. One person commented, "I can do most things myself". Another person told us, "I'm as independent as I can be". Relatives also felt that people were encouraged to be independent. One relative commented, "[My relative] is encouraged to do the things she is able to do". Staff understood the importance of encouraging people to be independent. One staff member told us, "We encourage people to do what they can, such as washing themselves. I visit one person who manages well, I just wash their back".

Some people we spoke with told us they had always been introduced to new staff and other people told us that sometimes new staff had introduced themselves. None of the people we spoke with were concerned about this. Comments included, "When someone new comes, the other carer always introduces them", "The new carers shadow the more experienced carers. They all wear uniforms and if there is a change in the two, they introduce themselves". Another person told us, "They always introduce themselves. Usually they shadow initially".

The staff we spoke with told us they knew the people well that they supported regularly, both in terms of their needs and their preferences. They could give examples of how people liked to be supported and felt they had enough time during visits to meet people's individual needs in a caring way. One staff member told us, "I know people very well and I treat everyone as if they were a family member".

Most people we spoke with told us their care needs had been discussed with them. Comments included, "The care co-ordinator came in and put my care plan together and I have signed it" and "I had visits from [staff member] who talked through everything when they started". Where it was felt that people lacked the

capacity to make decisions about their care, relatives told us they had been consulted. One relative told us, "We review [my relative's] care plan together. I know her reactions and it is discussed together". Another relative told us, "I am involved in [my relative's] care due to her lacking capacity".

We saw evidence that people received detailed information about the service. The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The pack included information about the different services available, people's rights, reviews, confidentiality, safeguarding and how to make a complaint. The registered manager told us that the guide could be ordered in large print, braille and a variety of languages if this was needed. This helped to ensure that people had access to information in a format that met their needs and preferences.

We noted that the care and support worker handbook which was issued to staff when they started working at the service included a general code of conduct. The code emphasised the importance of respecting people's right to privacy and dignity and the right not to be discriminated against because of race, gender, disability or other characteristics. Similar information was contained in the service user guide. This demonstrated a commitment by the service provider to ensure that people were treated fairly and their diversity was respected by staff.

The service had a policy in place relating to advocacy which included information about Independent Mental Capacity Advocates (IMCAs) and local advocacy services. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

People told us that the care they received reflected their needs and their preferences. Comments included, "I know all the staff that come here and they know my needs and preferences", "All the staff do what they should and more", "They are all pretty good. It's all in the care plan" and "The staff know my likes and understand my condition". One relative told us, "They give us everything we need in our care package". Another relative commented, "Staff know [my relative's] needs and risks. Her preferences are known too".

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences.

The care plans and risk assessments we reviewed were detailed and individualised. Care plans documented what the person being supported was able to do, what support was needed and how support should be provided to reflect people's needs and preferences. We noted that people's religion and any disabilities were documented in their care records. However, people's gender, ethnicity and sexual orientation were not. This meant that the service provider could not be sure that they were meeting people's needs fully. We discussed this with the registered manager who advised that she would raise this issue with the service provider, with a view to changing their documentation.

We saw evidence that people's care plans were reviewed regularly and any changes in people's needs were documented. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that any concerns identified were discussed with the office staff and they sought medical advice when appropriate. Staff told us they updated relatives about any changes in people's needs when appropriate. Relatives told us that communication from staff was good and they were updated by staff if there were any concerns or changes in people's needs.

Most people we spoke with told us that their support was provided by regular care staff. Comments included, "I've only had a rotation of four carers in 12 months", "I've only had one carer" and, "It's mainly the same team who come". This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs. Some people and their relatives told us they did not have regular staff but they did not have any concerns about this. One person told us, "I don't always see the same staff, but that's not a problem, they all know what they are doing".

Most people told us they received a weekly rota so they knew who would be supporting them. Comments included, "I do get a rota so I know who is coming. Occasionally it is changed", "They always ring up from the office if they are going to be late", "Staff do vary but I have a weekly rota. It's quite flexible to suit me and sometimes them" and, "I have got to know them. I know who is coming. They send a rota". However, one person told us, "I do get a rota but it's not always in advance of the start of the week". Another person commented, "The rotas can change without any notice". We discussed this feedback with the registered manager who told us that there had been some problems with the post recently, which had resulted in a delay in some people receiving their rotas. She assured us that she would remind staff of the importance of

sending rotas out on time and updating people when there were any changes to who would be supporting them.

The service had a complaints policy which included timescales for an acknowledgement and a response. Information about how to make a complaint about the service was also included in the service user guide. Records showed that eight complaints had been received in the previous 12 months. We found evidence that the complaints had been investigated appropriately and responded to in line with the policy. An apology had been offered in each response.

People told us they knew how to make a complaint and would feel able to raise any concerns with staff or the registered manager. Comments included, "I've not had any cause to complain. If I did, I would phone the office", "There was just one lady I wasn't happy with. I rang and explained. She hasn't been back" and, "I complained a long time ago. Nothing major and it didn't need any follow up". One relative told us, "I've never had to complain but I certainly would if necessary". Another relative commented, "We haven't had any complaints".

The registered manager showed us a large collection of compliments that had been received by the service. Comments included, "A big thank you for the help and support taking care of [my relative]. It was lovely to meet such kind and caring people" and, "What a lovely carer [staff member's name] is. She makes me feel at ease and is willing to do anything for me".

Records showed that people were asked for feedback about the care they received during yearly face to face reviews. Staff also contacted people regularly by telephone to monitor their satisfaction with the service. The comments in the care files we reviewed were positive, with people expressing satisfaction with the care they received. Comments included, "We're very happy", "Happy with all my care and regular carers" and "No issues. Happy with everything". One person we spoke with told us, "I was asked for feedback about the care a while ago". Another person commented, "I had a visit from Carewatch a couple of days ago".

The registered manager told us that satisfaction questionnaires were sent to 10 percent of the people being supported and their relatives each quarter. We asked people if they had received questionnaires. One person we spoke with told us, "I have completed a questionnaire". Another person said, "I've completed a questionnaire but not had a response". One relative we spoke with told us, "We've had a questionnaire. We're quite happy". Another relative commented, "Yes, we've had a questionnaire. No need for any improvements". Some people and their relatives told us that they had not received a questionnaire.

We reviewed the results of the questionnaires from February 2017. We noted that people had reported a high level of satisfaction with many aspects of the service, including feeling safe and secure, knowing which staff member would be visiting them, staff being dressed appropriately, staff arriving on time, feeling well cared for and respected, being treated with compassion, dignity and respect and staff being capable and well trained. We noted that the lowest scoring area related to staff not always identifying themselves with an identity badge. We discussed this with the registered manager who advised that this issue had been addressed with staff following receipt of the feedback.

Is the service well-led?

Our findings

Most people we spoke with were happy with how the service was managed. Comments included, "The office staff are brilliant", "It seems to be well managed" and, "They do a good job". One relative commented, "It's very well managed". However, one relative told us they did not think that the service was managed well.

Most people felt that the staff and registered manager were approachable and helpful. Comments included, "If there are any problems you just ring up", "There's never been a problem contacting them", "Whenever I have rang them, they have been helpful" and "The manager sometimes pops in to see me". One relative told us, "They are brilliant. [My relative] recently had a spell in hospital. They kept me up to date with when she was being discharged. There was no interruption of her care". However, one relative commented, "They don't contact you and you can't always get hold of them".

People felt that staff understood their responsibilities. One person commented, "Staff will fetch and carry for me. They are always willing". Relatives also felt that staff were clear about their roles and responsibilities. Comments included, "Yes, I believe they are. We have had many different ones and they have all done what is needed" and "They are all pretty good". The staff files we reviewed included signed declarations that staff had received the confidentiality, health and safety and use of mobile phones policies, the care and support worker handbook and the code of practice. This information helped to ensure that staff were clear about their responsibilities and could provide safe care.

The service had a mission statement which stated, "Our company provides a range of solutions to individuals and families who need care and support within their own homes, enabling them to preserve their independence and dignity. We do this with dedication, integrity and compassion. We strive to develop and improve the services we offer, the solutions we deliver and the support we give to our staff and all those within the Company's family". We saw evidence during our inspection that the service's mission statement was reflected in the care and support provided by the staff and the registered manager.

The staff we spoke with told us they enjoyed their jobs. They felt well supported by the registered management and the office staff and told us they could speak with them at any time. Staff told us, "The manager is organised and approachable. Staff are managed well" and "I'm happy with the management. The service is organised. We get rotas and the manager is approachable". During our inspection we observed the registered manager communicating with staff in person and on the telephone, and noted that she was respectful and professional.

The registered manager told us that the office staff had a meeting every morning but they did not hold regular staff meetings with the care staff. She told us that staff memos were issued weekly to keep staff up to date with any changes and this was confirmed by the staff we spoke with. We reviewed two recent staff memos and noted that they included information about staff training, the importance of staff signing Medicines Administration Records (MARs) and updates relating to specific people being supported by the service. Most staff we spoke with were happy with this arrangement. However, one staff member felt that regular meetings which included the care staff would be beneficial.

A whistle blowing (reporting poor practice) was in place which included the contact details for the local authority and CQC. The staff we spoke with were aware of the policy and felt confident that appropriate action would be taken if they informed the registered manager of concerns about the actions of another member of staff.

Records showed that staff practice was observed regularly to ensure that staff were delivering safe and effective care. Care documentation was reviewed as part of these observations.

Regular audits were completed by the registered manager, including Medication Administration Records (MARs) and visit logs. We found evidence that shortfalls had been addressed with staff and repeated issues were also addressed in the memos issued weekly to staff. In addition, the quality service improvement manager completed a yearly audit, which included health and safety, staff training, complaints, safeguarding, medicines, missed visits and care documentation. As part of the audit, feedback was sought from people supported by the service and their relatives. We reviewed the audit completed in July 2017 and noted that compliance with the audit was high. Positive feedback had been received from people supported by the service and their relatives. We found that these checks were effective in ensuring that appropriate levels of care and safety were being maintained.

The service provider used a call monitoring service, where staff logged in via telephone when they arrived at a person's home and logged out when they were leaving. This helped the service provider to monitor whether staff were visiting people on time and staying for the full duration of the visit. The registered manager told us that this information was reviewed regularly and we saw evidence of this in the audits we reviewed.

The registered manager told us that missed visits were also monitored. We reviewed the log of missed visits and noted that there had been four so far in 2017. The missed visits related to staff not attending as scheduled. We saw evidence that people or their relatives had been contacted as soon as possible after it had come to light that the visit had been missed, to check that they were alright. People were advised to call the service if further visits were missed.

The Provider Information Return (PIR) received from the registered manager prior to the inspection identified a number of planned improvements to the service. These include a local service user memo to highlight any local events or services that could be useful to people, customer forums and focus groups, coffee mornings or lunches for care staff and additional training for all staff in catheter care, stoma care and eye drop administration.