

Caring First Homecare Ltd

Caring First Homecare Ltd (Norwich)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection that took place on 8 March 2017.

Caring First Homecare Ltd (Norwich) registered with us in 2015. It is a service that provides personal care to people in their own homes. This was our first inspection of the service and eight people at the time were receiving care and support from the service.

There was a registered manager working for the service. They were also the sole director of the provider company. 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 and associated Regulations about how the home is run.

Through good training and leadership, people received care from staff who were kind, polite and compassionate. Staff were given the time by the provider to develop caring relationships with people.

People valued the visits from staff. They felt they mattered, were listened to and respected. The staff took action to reduce the risk of people experiencing social isolation and provided them with information and guidance in relation to organisations and places that people could join or attend.

People were treated with dignity and respect and felt in control of their own care. They could make their own decisions in relation to how they wanted to be cared for and these were respected and met by the staff. People's preferences in how they wanted their care to be delivered were also being met.

The provider had ensured there were enough staff working for the service to meet the needs of the people they supported. These staff had received sufficient training and supervision to make sure that people were safe when staff were with them and that they received good quality care.

People who required help with their medicines received these when they needed them. The staff assessed risks to people's safety and took actions to reduce these as much as possible. This included protecting people from the risk of abuse.

Where it was part of a person's care package, the staff prepared food and drink to people's preferences and likes. They also supported people with their healthcare needs.

The provider and staff regularly monitored and reviewed the quality of care being provided. People and staff's feedback was often sought. Where any shortfalls had been identified or suggestions had been made for improvement, action had been taken. The provider was continually looking at ways to improve the quality of care they gave to people to enhance their wellbeing and quality of life.

Good leadership and direction was provided to the staff and there was an open, caring culture at the service. The provider had instilled this culture within their team which put people's welfare and needs at the heart of the service. The staff were happy working for the service. They felt valued, supported and listened to.

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.

Actions were taken by the staff to reduce the risk of people experiencing avoidable harm and they knew how to protect people from the risk of abuse.

There were enough staff to provide people with the care they required.

People received their medicines when they needed them.

Is the service effective?

Good 

The service was effective.

Staff had received training on how to provide people with care and their competency to do this effectively and safely had been regularly assessed.

The staff knew how to apply the principles of the Mental Capacity Act 2005 and acted in people's best interests where they couldn't consent to their own care.

Where it was part of the care package, the staff supported people to eat and drink sufficient amounts to meet their needs. They also supported people with their healthcare needs.

Is the service caring?

Good 

The service was caring.

The staff were kind, caring and compassionate and treated people with dignity and respect. Their caring attitude made people feel valued and that they mattered. This enhanced people's sense of wellbeing.

Arrangements were in place to support people to express their views and to be actively involved in making decisions about their care.

Is the service responsive?

Good 

The service was responsive.

People's care needs and preferences had been assessed and were being met. The service was responsive to people's individual changing needs.

People knew how to complain. Systems were in place to investigate and response to people's complaints.

Is the service well-led?

Good ●

The service was well-led.

There was an open and transparent culture where people and staff felt listened to, respected and involved in running the service.

Good leadership was in place. Systems and processes were in place to monitor the quality of care people received. The registered manager continually looked for ways to improve the quality and safety of the care that was provided to people.

Caring First Homecare Ltd (Norwich)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 March 2017 and was announced. The provider was given 48 hours' notice before we visited the office because the service provides care to people within their own homes. The provider and staff operated from a central office and we needed to be sure that they would be on the premises so we could speak with them during the inspection. The inspection team consisted of one inspector.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We also reviewed other information that we held about the service.

During this inspection, we spoke with two people who used the service and three relatives of people who received care from Caring First Homecare Ltd (Norwich). We also spoke with three care staff, the deputy manager and the registered manager who was also the sole director of the company.

We looked at the care records and risk assessments of three people who used the service, three staff recruitment records and information in relation to staff training. We also looked at how the provider monitored the quality and safety of the service.

Is the service safe?

Our findings

Both of the people we spoke with told us they felt safe when the staff provided them with care in their own homes. One person told us, "I always feel safe. They always turn up." The relatives we spoke with agreed with this. One said, "Oh yes, [family member] is very safe with them." People and relatives told us the registered manager sent them a list each week to tell them the staff who would be providing them with care. One person told us this was important to them so they knew who was coming to their home. They also told us that if the member of staff on their rota changed, that the registered manager would call them and let them know.

There were systems in place to protect people from the risk of abuse. All of the staff we spoke with knew how to protect people from the risk of abuse. They understood the different types of abuse that could occur and how to report any concerns. This included reporting concerns outside of the service if the staff member felt this was appropriate. The registered manager was also aware of their responsibilities to report and investigate any alleged abuse. They told us safeguarding was regularly discussed with staff in meetings and the staff confirmed this.

Risks to people's safety had been identified. These included risks in relation to supporting people to move safely, taking medicines, equipment they used and the environment. Where necessary, other risks such as people falling or the development of a pressure ulcer had been assessed. There was clear information within people's care records to guide staff on how to reduce these risks. The staff were able to demonstrate they knew how to manage these risks effectively. For example, staff told us how they made sure that people used appropriate equipment when walking to reduce the risk of them falling. The staff told us that if a person had equipment they were unfamiliar with that they would always seek advice from an appropriate healthcare professional, such as an occupational therapist before using it.

There were sufficient numbers of staff to meet people's needs and to keep them safe. Both of the people we spoke with told us that the staff always attended their care calls. They added that the staff stayed for the length of time they needed, which enabled the staff to provide them with safe care. The relatives agreed with this. One person told us, "They always turn up. No problems." Another relative said, "They always stay for as long as we want them. They are never rushed at all."

All of the staff we spoke with told us there were enough of them to meet people's needs. They said they were given sufficient time to give people the care they required. The care records we checked confirmed this. The registered manager told us they currently had enough staff in place to meet people's needs and that this was kept under regular review. They said they always ensured they only took on new packages of care if they had the required number of staff in place. Existing staff, the registered manager and deputy manager were utilised to cover any absences such as sickness or annual leave if needed. The registered manager was also recruiting a bank of staff to assist with this when needed.

We reviewed three staff recruitment files and found the required checks had been made prior to them commencing work at the service. They had been subject to an appropriate Disclosure and Barring Services

(DBS) check as is required. This ascertains whether the staff member has any criminal convictions or has been barred from working within the care sector. The registered manager had reviewed the identification of the staff member to make sure this was in order and had obtained references from their previous employer to help them judge the staff member's conduct in their previous employment.

People received their medicines when they needed them. At the time of the inspection, only one person was receiving assistance with their medicines. We spoke with this person and they told us they always received their medicines when they needed them.

We checked this person's record in relation to their medicines. This indicated they had been given their medicines as prescribed. Some of the medicines they received had been prescribed on a PRN (as and when required) basis. The registered manager told us they did not have any guidance within people's care records in relation to these medicines. They agreed to put this immediately in place so staff had appropriate information to guide them as to the circumstances they would give people these types of medicines.

The staff we spoke with told us they had received training in how to give people their medicines safely and that their competency to do this safely had been assessed. The registered manager confirmed they had checked their staff's competency in relation to this but had not made a record of this. They agreed to do this in the future. They also told us they looked at people's medicine records when they were completed each month to make sure people had received their medicines correctly.

Is the service effective?

Our findings

Both of the people we spoke with and relatives said they felt the staff had been trained well. One relative told us, "They are all well trained and work to a very high standard." All of the staff we spoke with told us they had received enough training to give them the skills and knowledge to provide people with effective care. They said that the training was very good and that it involved e-learning and practical hands on training. The registered manager told us they had assessed how staff liked to learn. They had found that some staff were visual learners and therefore, they provided them with a different form of e-learning to suit this need. This involved staff watching presentations and videos rather than just having to read text. The staff told us that in meetings, they regularly discussed various topics to help them learn further. One staff member advised how a discussion about how to support people living with dementia had occurred which had helped their understanding and learning.

Staff had received training in a number of subjects including but not limited to: how to support people to move safely, infection control, safeguarding adults and dementia. The registered manager told us they were keen to develop their staff's skills in relation to dementia care as they were aware a number of people they supported were living with this condition. They were therefore actively seeking further training and information within this area to improve staff skills.

New staff received a comprehensive induction to their role as a care worker. One staff member we spoke with told us they had experienced a good induction when they joined the service. They said they had shadowed a more experienced member of the team and had been given plenty of time to gain confidence before providing care to people on their own.

All of the staff said their competency to perform their role was regularly assessed by the registered manager. The registered manager confirmed this although we saw that they had not received updated training in moving and handling since 2014. They told us they were aware of this and were in the process of booking further training on the subject. All of the staff we spoke with said they received regular supervision and were happy with the amount they received. They also said they were supported with completing qualifications within health and social care.

Both of the people we spoke with and relatives told us that the staff asked for consent before care was provided. One person said, "They always ask if they can do things."

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 service was working within the principles of the MCA.

All of the staff we spoke with demonstrated they had a good understanding of the MCA and worked within its principles when providing people with care. For example, some staff were clear about the need to

assume that people could consent to their own care. They therefore always ensured they asked them before performing a task such as supporting them to wash or dress. Other staff told us how they supported people to make a decision by giving them a choice of clothes to wear or food to eat. Staff were aware that if people were unable to make a decision for themselves, that any decision made on their behalf needed to be in the person's best interests. The staff were also aware of the need to report any concerns they had about people in their own homes being deprived of their liberty. This was so the matter could be referred to the Court of Protection if necessary.

The care records we viewed contained information about people's capacity to make decisions for themselves and what support staff needed to give people to enable them to make choices about their own care. Some people had signed their care record as part of the consent process. The registered manager told us that some people who were close to the person who used the service such as a relative or friend, had a Power of Attorney (PoA) who could consent on that person's behalf. However, the registered manager not checked the PoA held the relevant paperwork to confirm they had this power. The registered manager agreed to immediately review this to ensure that consent was being gained fully in line with the relevant legislation.

People told us that where it was part of their care package, that staff prepared their food and drinks to their liking. One person told us, "They do the food the way I like it." The staff we spoke with told us they were aware of the importance of supporting people to eat and drink sufficient amounts for their needs. One staff member told us how they always ensured people had enough to eat in the house. Another staff member was able to describe in detail how one person liked to have their sandwiches prepared for them. They also said they took the time to prepare one person a cooked breakfast when they wanted one. Staff knew people's individual likes and dislikes in relation to food. The registered manager said if they were concerned about anyone's food or drink intake that they would monitor and record this. They also confirmed they would involve other healthcare professionals such as the GP when necessary.

The people we spoke with told us they arranged their own healthcare. However, they said they were confident that the staff would assist them with this if required. The relatives said the staff were observant and would inform them if they were concerned about their family member's health. The staff told us they had contacted healthcare professionals in the past such as GPs, paramedics, occupational therapists or the district nurse if they had needed to. Some people's care records we looked at confirmed this. We were therefore satisfied that the staff supported people with their healthcare needs.

Is the service caring?

Our findings

The people and relatives we spoke with consistently told us the staff were kind, polite and caring. They spoke about them with fondness and said they all felt valued by the staff and that they mattered. They added that the staff often went 'the extra mile' when providing them or their family member with care. Comments such as the staff, "always being there for me" and that "nothing was too much trouble" were commonly made to us during our conversations with people who used the service and relatives.

One person told us about their experience and how the caring attitude of the staff impacted on them. They said, "They are all excellent. They are what I would describe as 'caring' carers. I've had some bad experiences in the past where they have had no time for you. But these will spend time with you and will also take the time to help you." They added, "They often go the extra mile. They will spot things that I just don't see. For example, if they see some dirty washing in the basket they will do it for me. If the floor is dirty they will clean it. Extra things like that to make my life a bit easier. I don't have to ask them, they know me well enough now and just do it." They also told us, "I had been unwell and they stayed with me. They stay over their time if they need to – so kind. They are always there for me, they have said I can contact them anytime and I do for a chat or advice."

The other person said, "I've got to know them all well. They stay and wash up the tea things for me which is nice." They added, "I would describe them as very thoughtful, polite and homely. I can have a good chat with them and they know me well." A relative said, "They are exceptionally kind to [family member]. Nothing is too much trouble for them." They said the staff, through their caring approach and nature, had an impact on their family member's wellbeing. They told us, "They are aware that [family member] can be anxious but they are so friendly that [family member] never worries about seeing them. They are all like friends with [family member] who has got to know them all. [Family member] always looks forward to their visit. It is very important to her." They added, "[Family member] is not just a number to them."

Another relative said, "We like them all on a personal level. They are kind, caring and extremely good. [Family member] knows them all really well. I can see a considerable difference in [family member] since they have started to visit." They went on to tell us this was due to the staff spending lots of time with their family member, chatting and engaging with them which made their family member happy.

The registered manager told us they ensured that people saw the same staff so they could build up meaningful relationships with people. They said this was because they knew this was important to people. They tried to match people with the staff in terms of personalities. Staff were always introduced to people before they provided support and care to them so people could be comfortable with them and knew who would be visiting their home. Once care had started to be provided, the registered manager checked that people were happy with the staff who were supporting them. When we spoke with staff, it was obvious they knew the people they supported very well and cared for them. They demonstrated they had a lot of empathy for people and confirmed they could provide people with continuity of care.

The registered manager told us they were aware that staff often went above and beyond when providing

care to people. When asked, staff told us of extra things they did although they did not feel this was above and beyond what was expected. For example, one staff member told us how a person they supported was finding it difficult to sleep. They knew the person liked plants and so researched if certain plants could help. They found that one possibly could and so bought it for the person. Another staff member said they would often read letters to people or post them for them if needed. They also told us about a time they arrived at one person's house to find they had no heating. They therefore facilitated the repair of this for them and stayed with the person during this time to ensure they were comfortable.

People were involved in making decisions about their care. They said they were visited by a representative from the service before they started using it to discuss and agree their care needs. They also told us that the registered manager checked with them regularly to ensure they were happy with the care they received and to ask if they wanted to make any changes to it. One person told us, "I have my own care plan that I look at. They write in it often. I can choose how I want my care given to me and they listen and respect that." A relative said, "[Deputy manager] comes out and does reviews with us. We are asked our opinion as is [family member]. We are all fully involved and we can make changes if we want to." The records we looked at showed that the person and their relative if required, had been asked how they wanted to be cared for during the initial assessment of their individual needs when they started to use the service. Written records showed that people and/or their relatives were also involved in regular reviews of their care where they were asked for their opinion and input into their care.

The registered manager told us that during their recruitment process, they made sure they only recruited staff who they felt demonstrated a caring and respectful attitude towards people. Staff received coaching and training in relation to how to treat people with dignity and respect. It was evident from our discussions with staff, that they were passionate about providing people with care based on these values. They were able to demonstrate to us the importance of treating people with respect and protecting their privacy at all times. For example, staff told us they always ensured that curtains were drawn and that doors were closed when they provided people with personal care.

Without exception, both of the people and the relatives we spoke with said the staff always treated them or their family member with dignity and respect and encouraged their independence. One person told us how they were touched by the thoughtfulness of the staff due to them always removing their shoes and putting on slippers before they came into their home. They said whilst laughing, "They put on blue slippers which are their corporate colours to match everything else. I am really impressed with that." They added, "They are definitely all respectful, particularly with intimate care. They make sure I am covered up and they encourage me to do what I can for myself." A relative told us, "They are always very respectful and encourage [family member] to be as independent as they can be. I have seen a considerable difference in [family member] physically due to their help. They are less tired and can now do more for themselves than they could before."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Both of the people we spoke with told us this was the case. They also said they could get hold of staff in the office when they needed and that the service was responsive if their needs changed. One person told us, "They are always considerate to my needs. If I need to change the time they will do that for me." A relative told us, "We and [family member] were asked about preferences, what [family member] likes and dislikes, timing of calls etc. [Family member] is not an early riser and they come at a time of her choosing." Another relative said, "They know what care [family member] needs and prefers. They look out for extra things. They spotted that [family member] was not eating well so have kept prompting them about that and now they are eating much better."

This relative also told us how the staff had noticed that when they arrived at their family member's home, that they were becoming distressed. This was because due to their decreased mobility, they could not move out from behind the front door very quickly to let the staff into their home. The relative told us that in response to this, the staff had sat down with them and the family member and discussed if there was an alternative way for them to gain access to the home that decreased the person's distress and anxiety. The relative told us, "It is little things like that, which they notice that mean such a lot. We talked about it and they put something in place very quickly and it is now no longer an issue."

People told us that staff usually arrived to provide them with care at their preferred times. The relatives we spoke with agreed with this. They said that if staff were running late, they were informed about this so they could understand what was happening. One person told us, "The majority of time they do. If they are running a bit late I always get a call to let me know so I know what is happening. I can email the office if I need to and they always come back to me." A relative said, "Their time-keeping is generally good. They tell us if there is any issue."

The staff we spoke with told us the registered manager built in time on their rotas to ensure they could support people in the way they wished to be supported based on their own individual needs and preferences. This included being able to support people to get up when they wanted to and eat their meals at their preferred times. The staff were clear about people's individuality and diverse needs and were able to explain how they supported people with these needs. The registered manager told us that currently they did not employ any male carers. This meant they could not offer people a choice of gender of carer. They said they always checked with the person before providing them with care they were happy to have female carers, which was currently not an issue to people. However, they said they were mindful of this and had plans to recruit male carers if needed, in line with the growth of the business.

An assessment of people's individual needs and preferences had been conducted before people used the service. This included information in relation to people's health, social and cultural needs. People's individual daily routines of how they wanted to be cared for had been clearly recorded and were detailed to help staff provide them with care in a way they wanted to receive it. For example, in one person's care record it had been noted exactly how they liked to have various foods prepared and what lights they liked to be left on in the home when staff finished their care call in the evening. Important information such as any allergies

people had and the need for them to have access to a personal alarm before staff left them had also been highlighted.

The staff told us the communication was good in relation to people's changing needs. They said they always received an updated care record in these circumstances. This was to inform them of any changes they needed to apply when supporting people. All of the staff told us that people's care records provided them with accurate information to the care that people wished to receive.

The registered manager and the staff told us they were aware that some people who they provided a service to were socially isolated. In response to this, they advised people of local community events that were taking place such as a café in the local area that provided a free lunch and opportunities to socialise. One staff member told us how they had arranged for one person to attend a local day centre which had helped them access the community more. Other people had been given information about a local bus service that could take people out on trips.

All of the people and relatives we spoke with told us they did not have any complaints but knew they could contact the office if they had any concerns. They added they were confident that the registered manager would look into any issues they raised. One person told us, "I don't have any complaints or concerns, I would recommend them to anyone." A relative said, "I can contact the office about anything if I need to. They listen and are very responsive. They are exceptional and act upon any suggestions or feedback we give. I don't have any complaints though."

When people started to use the service, information was given to them in relation to how they could make a complaint or raise a concern if they wanted to. The staff told us they regularly requested feedback from people and advised the registered manager if any concerns were raised. They said that action was always taken in response to any concerns about the care being provided. No formal complaints had been made but the registered manager told us how they would deal with them, in line with their policy, should any be received. We were therefore satisfied that people's concerns and complaints were encouraged and listened to and that the registered manager learnt from these.

Is the service well-led?

Our findings

The people and relatives we spoke with were extremely complimentary about the management team at the service and the positive, caring and open culture they had developed that put people at the heart of everything they did. They all said they thought the service was led well and everyone without exception said they would recommend the service to other people. All of the staff we spoke with also agreed with this. One person and a relative told us they had already done this on several occasions.

One person told us, "I am really impressed with the care. They are all excellent. They are so professional. I know [registered manager]. She is excellent. Wonderful, she can be really proud of herself and what she has achieved." The other person said, "I am happy with the care I receive. [Registered manager] comes out to see me regularly. She is very sweet and nice. Very approachable and caring. Always gets things done." A relative told us, "It certainly is well-led. There is a light years difference between them and another service we used in the past. The general standard is so much higher. I would certainly recommend them." Another relative said, "I could not recommend them highly enough. They are led so well. They are 100% reliant – amazing." They went on to tell us how another relative of their family member had visited recently and discussed the impact the care was having. They told us, "[Relative] said, 'if you paid a million pounds you couldn't get [family member] better care', what more can be said!"

The staff were very complimentary about the registered manager and how the service was led by them. They told us the registered manager was extremely passionate about providing people with high quality care that met their needs. Some of them told us they felt the service provided was of good quality because the registered manager only employed staff who were very caring. One area they discussed as being important to them was the emphasis the registered manager had on giving staff the time they needed to improve people's quality of life and wellbeing. One staff member told us that "if anyone was going to set up an exceptional home care service it was [registered manager]. She just cares so much, this is much more than just a job to her."

All of the staff said they received good leadership and direction from the registered manager and other senior staff working at the service. They felt included in the running of the service and supported. They told us they were always asked for their opinion about how they could improve the quality of care people received. One staff member told us about their idea to wear slippers in people's homes as they wanted to be respectful of their property. This idea had been implemented and appreciated by the people and relatives we spoke with. Staff said they felt valued, that their personal morale was good, that they were regularly thanked for doing their job and were treated fairly. An example of this was that the registered manager ensured the staff took turns to cover unsociable shifts such as weekends or nights which the staff appreciated.

Any compliments that had been received in relation to the support staff provided had been passed on to them. The registered manager told us they felt it was important that staff knew they were appreciated and did a good job. From our conversation with the registered manager it was evident they were appreciative of the staff and their efforts to provide people with good quality care. The staff said it was a pleasure to work

for the registered manager and to be part of the team. Some described the team of people they worked with as a 'second family.' Regular staff meetings were held so staff could get together and discuss the care that was being provided. This also gave them the opportunity to bond as a team which they told us meant they did not feel isolated.

The registered and deputy manager were keen to improve the quality of care people received and to continually improve the service they provided. They had joined a number of online resources to help them keep their knowledge up to date with good practice. They were also exploring attending the next local provider and manager meetings that were being held in the local area. The staff had access to an online portal so they could keep up to date with the service's policies and procedures and any changes required to their care practice. The registered manager told us they were keen for all staff to complete the Care Certificate so they could update their knowledge and skills in relation to social care. This was even if they already had qualifications or were experienced working in social care. The Care Certificate is a new health and social care qualification that is recognised within the industry. The deputy manager, who had worked in the care industry for many years, told us they had pledged to staff that they would also complete the Care Certificate as encouragement for them. They told us the staff appreciated this gesture.

The registered manager had recognised that an increasing number of people they were supporting were living with dementia. In response to this, they told us they were keen to develop specialist knowledge within this area. They had researched this online and had recently signed up as a dementia friend in the local area and had signed the dementia pledge. This is a pledge that care providers sign up to that gives them ideas and resources on how they can improve the quality of care they provide to people living with dementia. The registered manager told us they were making links with local dementia services and looking to benchmark the care they currently provided against current best practice to improve this. The idea of asking people for information about their life history when the service started to provide them with care was also being discussed with the staff. The registered manager told us the reason for this was to help staff reminisce with people and further develop their relationships with them.

Systems and processes were in place to monitor the quality of care provided. These included in respect of the training staff had completed to ensure they had up to date skills and knowledge. The registered manager said they checked regularly that people received their medicines when they needed them, that the staff arrived at people's preferred times when conducting their care visits and that staff were competent to perform their role safely. They said they did this by reviewing people's medicines administration records, communication logs and observing staff during spot checks of their care practice. However, they had not documented that they had performed these checks or what action if any, they had taken where shortfalls had been identified. The spot checks had also not been documented. They told us they had plans in place to introduce a more formal audit in relation to checking the quality of care in these areas. Also, in relation to monitoring staff attendance to care calls, they said they were currently investigating the use of different types of computerised software that could help them do this in the future as they grew the business.

The deputy manager told us they reviewed the content of people's care records when they did reviews of their care with them to ensure they held correct information. They said they had recently improved the information to ensure that this could be found quickly should the emergency services need information about the person.

People's views on the care they received had been regularly sought by the way of telephone interviews and questionnaires. We viewed the results of the recent questionnaire survey that had been completed in February 2017. All of the responses were very positive and no suggestions had been made on how the service could be improved.

