Dignity Direct Homecare Limited

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Inspection report

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Date of inspection visit:
21 September 2017

Date of publication:
19 October 2017

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 announced inspection took place on 21 September 2017. Dignity Direct Homecare Limited provides personal care to people living in their own homes. The service provided other support activities to people using the service such as domestic tasks, which the Care Quality Commission does not regulate. At the time of the inspection, 22 people were using the service.

This is the first comprehensive inspection of the service by the Care Quality Commission (CQC) since registration on 1 February 2016.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 service is run.

Care workers knew how to protect people from abuse and understood their responsibility to raise any concerns at the service. The registered manager carried out risk assessments and ensured care workers had guidance about how to provide safe care and support to people. Care workers provided an enabling environment to people for positive risk taking.

People received the support they required to maintain their independence and to reach their full potential. Care workers knew how to support people who displayed behaviours that may challenge the service and others.

People received safe care because care workers underwent robust recruitment procedures and pre-employment checks before they started providing care. The provider ensured there were sufficient numbers of care workers available to meet people's needs.

People received support to take their medicines safely. Care workers were trained and assessed as competent to manage people's medicines.

People using the service and their relatives said care workers were kind and caring. People were involved in making decisions about their care, and where they were unable to do so, received appropriate support through best interests meetings.

Care workers understood the health needs of people using the service and had sufficient knowledge and skills to deliver their care effectively. People received care from care workers who were supported in their roles. Care workers received regular supervision and appraisal of their performance.

People had an opportunity to provide their views about the service and felt that the provider listened to them. The registered manager responded to people's feedback and made changes when necessary.

People were treated with dignity and care workers maintained their privacy. The registered manager assessed and reviewed people's needs regularly. Care workers asked people about how they wanted their care delivered and respected their decisions.

People were supported to eat and drink and to maintain a healthy and balanced diet. Care workers supported people to access healthcare services when required.

People were encouraged to develop and maintain their independence and daily living skills. People received person centred care that was based on their individual needs, preferences and wishes. Care workers supported people to access the community safely and to take part in activities that they enjoyed.

People knew how to raise concerns and make a complaint about the service. The registered manager investigated and resolved complaints in line with the provider's procedures and timeframes. The provider reviewed procedures and provided additional training to care workers to minimise the recurrence of incidents or complaints at the service.

People and care workers knew the registered manager and described him as approachable and easy to talk to about their welfare. Care workers understood their roles and responsibilities and showed a commitment to support people with their individual needs in a person centred manner. Quality assurances systems were in place and used effectively to monitor the care and support provided to people. The registered manager acted on shortfalls identified and made the necessary improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People received safe care. Care workers understood their responsibility to identify and report any concerns or abuse to protect people from the risk of harm.

People had risks to their health and well-being identified and managed to keep them safe.

People received care from sufficient numbers of care workers deployed to meet their needs.

People received the support they required to take their medicines from competent and trained care workers.

Is the service effective?

Good

The service was effective. People received effective care from skilled and knowledgeable staff. Care workers received support, training and supervision to undertake their roles effectively.

People consented to care and treatment. Care workers supported people in line with the requirements of the Mental Capacity Act 2005 (MCA).

People received support to eat and drink sufficient amounts. Care workers supported people to access health care services when needed.

Is the service caring?

Good

The service was caring. People received care in a kind and caring manner. Care workers knew people and their needs well. Care workers had developed good working relationships with people using the service.

People using the service and their relatives were involved in making decisions about their care.

People had their privacy and dignity maintained.

Is the service responsive?

Good

The service was responsive. People received care in line with their assessed needs. Care workers adapted the care they provided to meet people's changing needs.

People received the support they required to access the community and undertake activities of their choosing.

People knew how to raise a concern or make a complaint. The registered manager investigated and resolved complaints. People were encouraged to share their views about the service.

Is the service well-led?

Good

The service was well-led. Care workers received support in their roles and said the registered manager encouraged an open and person centred culture at the service.

The registered manager carried out checks and audits to improve the quality of the service.

People benefitted from the close working together of the provider with external organisations and other health and social care professionals.

Dignity Direct Homecare Limited

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 checked 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 21 September 2017. One inspector and an expert-by-experience carried out the inspection. 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 provider was given 48 hours' notice to ensure that someone would be available to support us with our inspection.

Before the inspection, we reviewed the information we held about the service including statutory notifications the provider had sent to us about significant events at the service. Statutory notifications include information about important events, which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR). A PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection, we spoke with the registered manager, the branch manager, two care workers, a field supervisor, a human resources officer and a consultant retained by the provider for compliance monitoring.

We looked at nine people's care records, their risk assessments and medicines administration records. We reviewed care workers records including information about recruitment, training, supervision, appraisal reports, duty rosters and care workers' meetings. We read documents relating to the management of the service that included safeguarding records, accidents and incident reports, complaints and compliments received at the service, policies and procedures and quality assurance records.

We reviewed feedback the service had received from people using the service and their relatives, health and social care professionals and care workers.

After the inspection, we spoke with two people using the service and eight relatives. We received feedback from the local authority commissioner and three health and social care professionals.

Good

Is the service safe?

Our findings

People using the service and their relatives told us they received safe care and support. One person told us, "I feel safe with the staff." Another person said, "I do not have any concerns." Care workers understood how to identify the signs and symptoms of abuse and the provider's safeguarding procedures to follow to protect people from harm. One care worker told us, "I would report any issues to a senior care worker or the manager." Care workers received training in safeguarding adults and understood their responsibility to report to the registered manager any changes in physical, behavioural or social condition of a person or any perceived lack of resources, which might be harmful to them. People received care that respected their rights under equality and diversity. The registered manager worked closely with the local authority safeguarding team about concerns for people's well-being and took appropriate action to ensure their safety.

People received safe care in line with known risks to their health. One person told us, "The [care workers] keep me safe and make sure I don't slip in the bath." One relative told us, "They know how to help [family member] to get out of bed safely." Assessments in place identified risks to people's well-being and safety. Support plans contained sufficient detail for care workers about how to deliver safe care and to reduce the risk of avoidable harm and injury. Records showed care workers followed the guidance in place to manage risks and communicated to the registered manager any concerns. There were regular reviews of risk assessments and updates of care plans to ensure that care workers provided care that met people's changing needs. Care records identified the risks to people's well-being that included their mobility, swallowing difficulties, neglect of personal care, developing a pressure ulcer, trips and falls and burns. Care workers told us they understood that the exercising of choice and control in people's lives involved risk taking, and that they did not allow their fears to curtail people's independence. Care workers encouraged positive risk taking.

People received their care as planned despite mixed views about the punctuality of care workers. Seven of the people using the service and their relatives commented that care workers were on time for their calls and three said they had experienced delays. For example, one relative told us, "I can't fault them for their time-keeping and doing the job." However, one person said, "I have had some delays." Three people told us that care workers were sometimes late for their calls. The registered manager monitored care workers' punctuality and communication between office staff and people using the service. Supervision notes showed the registered manager had taken action regarding concerns about a member of staff's punctuality.

The provider had introduced an electronic call monitoring system during the week of our inspection visit. This system enabled the registered manager to check care workers punctuality, eliminate lateness, absence, and improve the quality of the service. It was too early for us to check the effectiveness of the system.

There were sufficient numbers of care workers to meet people's individual needs. One person told us, "Generally, they [care workers] stay and do the job as best as they can." People using the service and their relatives commented that care workers provided their care in an unrushed manner and stayed for the whole duration of their visits. Care workers told us and records confirmed that they had sufficient travel time

between home visits and no overlapping calls. The registered manager told us they used the postcodes of people using the service to plan the routes and duty rosters for staff. Care workers told us this worked well as most of their calls were within walking distance of each other which increased their punctuality and reduced delays caused by traffic or reliance on public transport. Duty rotas showed people received care from a regular team of care workers and that all shifts were covered. The call visit times were determined by the local authority team who commissioned the placements. The registered manager ensured call packages were reviewed when people's needs changed. For example, one person received support from an additional care worker, as they needed two care workers to aid with their transfer from bed to chair and for personal care.

People received support from suitably assessed care workers. The provider carried out recruitment checks before care workers started to deliver care to people. Pre-employment checks confirmed character and employment written references, explanations for gaps in employment, criminal record checks and verification of applicants' photographic identity and right to work in the UK. New care workers underwent a probationary period to ensure they demonstrated an understanding of how to deliver safe care before the registered manager confirmed them in post.

People using the service and their relatives had access to an office and out of hours contact telephone number to discuss their care and support needs. One relative told us, "We can check with the manager at any time about the care workers." Care workers contacted the on call duty manager to discuss any concerns they had about people's health. One care worker told us, "There is a senior member of staff on duty or the registered manager to take your call. If not, they will return your call within minutes."

People received the support they required to take their prescribed medicines. One relative told us, "Staff do the medication. They seem to do that ok. I have no problem with that." Another relative said, "I do the medicine for [family member]." Care workers described how they followed the provider's medicines management procedures. For example, care workers told us they administered medicines that were in blister packs, labelled and that included the person's name, dose, and how much they should give. The registered manager carried out assessments to determine each person's ability and their relative's involvement in managing their medicines. The registered manager ensured that records identified whether care workers or family members managed a person's medicines to minimise the risk of errors. Care workers received training to administer people's medicines and received refresher courses to maintain their competency.

The registered manager reviewed medicine administration records to ensure care workers supported people to take their medicines. The registered manager took action following a medicines administration error, which included additional training of care workers and a one to one supervision to reinforce policies and procedures.

People received support from care workers who followed good hygienic practices. Care workers had received training in infection control and knew how to minimise the risk of cross contamination. Care workers were able to describe how they followed the provider's infection control procedures such as washing hands before and after handling food and medicines and providing personal care.

Care workers supported people in a manner that reduced the risk of a recurrence of an accident. Care workers reported and recorded any incidents or near misses to ensure that the registered manager put appropriate plans in place. The registered manager reviewed incidents and discussed with care workers about how to manage difficult situations.

Good

Is the service effective?

Our findings

People received support from care workers who were trained and skilled for their roles. One person told us, "Yes, they know their job. They are very good." Another person said, "I think they are well trained. They seem to know what they are doing." One relative told us, "Yes, I would say on the whole they are trained. They know their job well." Care workers told us and records confirmed they had attended the provider's mandatory training that included safeguarding adults, medicines management, moving and handling, food hygiene, handling information, first aid, fire awareness, domestic violence and infection control. Care workers said the training equipped them with knowledge on how to provide effective care in line with best practice. The registered manager ensured care workers received specialist training when needed to enable them to support people with specific health conditions such as dementia and diabetes.

People received support provided by care workers who received an induction to their roles. One relative commented, "[Care worker] is the complete professional and a delight to have in the house." New staff were introduced to people, read their care plans and the organisation's policies and procedures to familiarise themselves with their roles. The provider ensured new care workers completed classroom room based training, care workbook completion and demonstrated competency in using equipment such as hoists and administering medicines. Care workers new to care completed Care Certificate training, a course that introduces the standards of practice expected when providing people's support. Care workers completed an induction prior to starting to work independently. Care workers told us they benefitted from the induction process as it empowered them to undertake their roles.

People received effective care because care workers received support in their roles. Care workers underwent regular supervision to evaluate their practice. Records showed the registered manager discussed issues such as their support needs, complaints received and their standard of work. The registered manager monitored care worker's punctuality and conduct at work and took action when care workers did not perform to the expected standards. Care workers received an annual appraisal of their performance where they discussed their training needs and agreed their learning and development plan. Supervision and appraisal records were comprehensive and showed that care workers were involved in their development. The registered manager ensured care workers undertook further training and implemented short-term objectives from previous sessions.

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. 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. We checked whether the service was working within the principles of the MCA.

People received care that met the requirements of the MCA. One person told us, "They ask what I need to be done." Another said, "I say what I want and they get on with it." Care workers understood and supported

people in line with the principles of the MCA. Care workers sought people's consent to care, respected, and recorded their decisions when they declined care and the reasons why they had not provided support. They informed the registered manager if there was a pattern of a person declining care to ensure a review of their support plan. Mental capacity assessments were carried out when required to determine a person's ability to make specific decisions about their care. Health and social care professionals and relatives where appropriate were involved in best interests' meetings to support people who were unable to make decisions about their care. Care records showed that care workers provided people's care in line with best interests' decisions and as planned.

Care workers supported people to eat and drink sufficient amounts. One person told us, "I prepare my own food and [care workers] put it in the microwave for me." Another person said, "They (care workers) prepare my breakfast and the rest is done by my family." One relative told us, "There are ready meals for defrosting and reheating by [care workers]." Care records identified people's nutritional and hydration needs such as food allergies and the support they required with food preparation and to maintain a healthy weight. Care workers were aware of these needs and ensured people had sufficient amounts of appropriate foods at home.

People were supported to maintain good health. People received access to healthcare services when needed. One relative told us, "On one occasion, [family member] was unwell, they [care workers] called me." Another relative told us, "They look after [family member]. If [family member] is not OK, they will let me know. I am quite satisfied with that." Care workers supported people to attend medical appointments at their GPs or hospital where this was part of their care package. Care workers updated health and social care professionals when people's health conditions declined. This ensured people received timely care to prevent deterioration in their health. Records confirmed a physiotherapist was involved to ensure a person received an assessment on their reduced mobility. Healthcare professionals such as community nurses, occupational therapists, physiotherapists and diabetes nurses visited people in their homes. Care workers were aware of people's health conditions and recognised the signs and symptoms of a decline in their well-being. Care workers supported people with their health action plan and ensured they attended medical reviews and check-ups for conditions such as diabetes.

Good

Is the service caring?

Our findings

People using the service and their relatives told us care workers delivered care with kindness and compassion. One person told us, "Oh yes, they are caring. They are very kind." Another person said, "Oh yes in that way. They are kind and considerate, no problem there." One relative told us, "[Care worker] is kind, compassionate, caring and very often on the ball." Care workers knew people well and their support needs. One relative told us, "[Care worker] and [family member] have bonded really well." Care workers were able to describe people's needs and told us they spoke with and received updates from family members who were involved in people's care. Care records contained information about each person's history, likes and dislikes and preferences. Care workers told us they read this information and talked to relatives to understand people and their needs. This enabled them to provide care suitable to each person.

People were involved in planning and making decisions about their care. One person told us, "Yes, I have seen the care plan." One relative said, "Yes, there is a care plan. It's in the folder [family member] has." People's relatives where appropriate supported people in making decisions about how they spent their day, the support they required to undertake day to day living tasks, setting of goals on what they wanted to achieve and to attend care review meetings. Records confirmed that the registered manager consulted with people and their families before developing care plans. People had access to information they needed in regards to their care and had details of advocacy services when needed to ensure their voice was heard.

People were supported to maintain relationships that were important to them. For example, care workers accompanied people for visits to their family members and updated them about their welfare as they wished. This ensured people were able to live meaningful lives and helped to reduce the risk of social isolation. One care worker told us, "Older people may experience loneliness or grief due to changes of lifestyle, loss of mobility or loss of a close friend or relative." Care workers told us they had received training to enable them to recognise symptoms such as lethargy or problems with eating or sleeping and would report to the register manager any concerns.

People were treated with respect. One person told us, "They [care workers] greet me when they come into the house." Another person said, "They are ok with me." Care workers ensured they promoted people's dignity and privacy when they delivered care. One relative told us, "Yes, I would say so. Yes, they make sure the door is closed when needed." In addition, another relative said, "Oh yes, I made sure of that. Yes everything is done in [family member's] bedroom and curtains are closed." The provider respected people's choice on gender preference of the care workers who supported them. One person told us, "I did. I requested that I get a female carer and that is what I have all the time."

People received their care with dignity. Care workers were able to describe how they promoted people's dignity such as providing personal care behind closed doors and curtains, by covering up people when providing personal care, and knocking and waiting for people to invite them into their bedrooms. The registered manager emphasised the importance to care workers of ensuring they provided care in a dignified manner. For example, care workers underwent disciplinary procedures and further training when they were reported to have communicated in a language that a person using the service did not understand.

The registered manager had investigated the issue and found out that while the discussion between the care workers was about how to undertake a particular task safely to support the person, this had left the person feeling excluded from being involved in their care delivery. Supervision records confirmed that the registered manager ensured care workers understood the importance of providing care with dignity and compassion.

People using the service and their relatives were happy with the service. However, three relatives said care workers did not spend enough time chatting to their family members. We reviewed the call visit times, care worker log in records and their times sheets and observed that care workers stayed the duration of their visits and sometimes longer than the stipulated time. We were assured that people were supported in line with their care packages as approved by the local authority commissioning team.

People were complimentary about the care provided. We read emails, postcards and letters sent to the registered manager by relatives which included comments such as, "Thank you for the hardworking [care workers]." "I am happy with the quality of care and the care worker" and "[Family member] is happier and healthier because of the good care from your staff."

Care workers had developed positive relationships with people using the service and understood their needs including their preferences and histories. One person told us, "I feel on the whole the carers employed by the agency are good and some are very good." Another person said, "They understand [family member] and know what they want." Care workers told us and duty rotas confirmed that people were supported by a regular team when possible. This fostered good working relationships with people as they knew the care workers providing their care were familiar with their needs.

People's care records were kept confidentially and securely. Care workers told us they respected people's confidentiality by not discussing their health needs with third parties unless authorised to do so by the registered manager. The field supervisors collected daily observation records from people's homes and stored these securely at the office.

Good

Is the service responsive?

Our findings

People received the support they required to meet their individual needs. One person told us, "I talked about my health needs with someone from social services and Dignity Direct and agreed on what needed to be done." The registered manager used the information provided through a referral by the local authority commissioning team to carry out an assessment of each person's individual needs before they started using the service. People using the service and their relatives (where appropriate) and healthcare professionals were involved in identifying their needs and the support they required. Care plans reflected people's needs and how they preferred to have their care delivered. Support plans contained information for care workers about how to deliver care to people. Daily logs indicated that people received their care as planned. Care plans showed healthcare professionals such as social workers and physiotherapists were involved in assessing people's welfare and their support needs. The registered manager took account of this information when developing people's care plans.

People's care was responsive to their needs and preferences. One person told us, "[Care workers] do help and get on with it." One relative told us, "They know [family member's] frailties and help with any changes." Care plans were reviewed and support plans updated to ensure that care workers met the changing needs of people. Care workers told us they informed the registered manager of any changes to people's health such as a decline in mobility or loss of weight. For example, one person had an additional care worker provided to support them with personal care due to their increased needs. Health and social care professionals were involved in reviewing people's needs and the registered manager ensured care workers followed the guidance provided.

People received care that was adapted to their changing needs. The registered manager worked closely with other health and social care professionals to ensure that people moving to the service had access to the equipment they required. This supported people discharged from hospital with their recovery, to help them regain their skills and to develop their independence. For example, equipment such as hoists, slings, grab rails, anti-slip mats in the bathrooms were put in place to enable people to receive care that was responsive and appropriate to their needs.

People took part in activities of their choosing. One person told us, "I go out with the [care workers] to visit my family." Care workers told us and records confirmed they supported people to access the community, do their shopping and to undertake any other activities when this was highlighted as part of their care package. Care workers were flexible when people requested changes to their visit times to allow them to attend hospital appointments or social events such as family celebrations. Care records contained details about people's preferred activities such as reading books and magazines, watching television, cooking, going to church, visiting family members, having a meal out in the community and going out for a walk. Care workers knew how to identify when people lacked social stimulation and understood their responsibility to inform the registered manager to ensure they took appropriate action.

Care workers knew and respected people's routines and wishes about how they received their care. For example, care workers knew that one person liked to receive personal care before receiving their breakfast

and taking their medicines. Daily records confirmed that people received their care as they wished.

People received the support they required to maintain their independence. Care workers encouraged people to complete tasks they were capable of doing as indicated in their care plans. For example, one person dressed themselves after receiving support with personal care. This enabled people to live an independent life and to gain confidence about their daily living.

People using the service and their relatives knew how to make a complaint or raise any concerns. One person told us, "I do have the number of the supervisor and it's in the care book." Another person said, "I have the [office telephone] number. I ring and speak to the manager." People had access to the complaints procedure that was contained in the service user guide which they received before they started to use the service. The registered manager and provider took complaints or concerns raised seriously and ensured that these were resolved. The registered manager recorded complaints, sent out a letter of acknowledgement, and provided regular updates to people and their families about the stage of the investigation process. Records showed the provider conducted thorough investigations when they identified concerns and put action plans in place to prevent a recurrence. The provider liaised with the local authority commissioning team about complaints raised to ensure that people received care that met their needs. Care workers received information about complaints made during team and one to one meetings and discussed how they could minimise future complaints and improve their practice.

People using the service and their relatives were encouraged to talk about any issues in regards to their care. Field supervisors talked to people using the service and their relatives when they visited or telephoned them to find out if they were happy about their care. The feedback we received from people was mixed. One person and their relative said that the care workers were task oriented and did not have time to sit down for a chat with them. Six people felt that care workers did their work but expected them to do more, some activities we understood to be outside the areas indicated in their care plans or areas the Care Quality Commission regulates. One person and their relative felt that communication between them and the care workers needed some improvement. The registered manager told us they were aware of this and were actively working to improve on communication between people, their families and the service. We reviewed records of the investigations the registered manager had carried out about this and could see that they had taken appropriate action to address the concerns raised.

Good

Is the service well-led?

Our findings

People using the service and their relatives had mixed views about how well-led the service was. Seven people using the service and their relatives made positive comments about the registered manager. One person told us, "I am quite happy with them [care workers and the registered manager]. Yes, it's well managed there." One relative said, "I am quite satisfied with the service." One healthcare professional said, "The [registered] manager is proactive in organising the right support for service users." However, two people using the service and their relatives said there were cases of miscommunication between them and the care workers, which left them unhappy with the service. We reviewed the actions the registered manager took to resolve the issues that arose at the service. We were satisfied that they were proactive and effective in managing the service and people's expectations about the care they delivered.

People benefitted from a person centred and open culture at the service. People's support plans enabled people to maintain their independence. Records showed that care workers provided care that was individualised to each person's needs. Care workers told us the registered manager was approachable and encouraged them to share their ideas about how to develop the service. Care workers understood the provider's values of "providing people with a flexible service and to enable them as much choice as possible." They were able to describe how they supported people to have independent lives. Care workers shared the same view of the vision for the service as the registered manager and provider. Care records showed that care workers followed the provider's vision and ethos by putting people first in making decisions about their care.

The registered manager and provider submitted notifications to CQC as required. Records showed timely and appropriate involvement of other relevant agencies to ensure people received safe care. An external consultant reviewed the provider's compliance with the legislation and their registration with the CQC quarterly and made recommendations when appropriate. For example, they undertook audits on care workers skills around using mobility equipment such as hoists and communication skills and recommended that they received additional training when required. Care workers had access to up to date policies and procedures to guide their practice on providing care to people.

People benefitted from an open door policy at the service. Care workers said they could raise any concerns about the service through regular team meetings and one to one supervision sessions. They said the registered manager and provider listened to their ideas about how to develop the service. People received support from care workers who understood their roles and responsibilities. Care workers were able to describe how they treated each person and that they aimed to provide a high standard of care at all times. Care workers told us and supervision records confirmed the registered manager discussed with them the provider's expectations about how they carried out their duties. In addition, care workers were comfortable talking to senior care workers, field supervisors and the branch manager for guidance and said they did not undertake any tasks if they had not received the relevant training.

Care workers attended team meetings and shared any knowledge obtained from any training attended and experiences when supporting people in their own homes to promote best practice. Care workers said

teamwork was good and they received regular updates when people's needs and support plans changed. Minutes of meetings showed they discussed care plans, feedback on their recordings in communication logbooks and duty rotas. This ensured people remained at the focus of the service and received good quality care.

People received care that was subject to checks and monitoring. The registered manager used the systems for monitoring the quality of the service effectively in identifying areas that required improvements. Care plans and reviews, record keeping, risk assessments and medicines administration records, were audited regularly to ensure that these were accurate and up to date. The registered manager ensured that care workers understood and followed the provider's procedures and best practice when providing care. The provider had an oversight of the audit processes and ensured staff training, supervision, and appraisals were up to date, and that staff were sufficiently skilled and trained for their roles.

People received support from care workers who had their practice monitored regularly. A field supervisor carried out spot checks to ensure the safety and standards of care provided to people. One person told us, "Yes, I have seen her a couple of times, the supervisor, checking the book to make sure everything is ok." Records showed care workers received feedback about their practice and when necessary the registered manager followed up any issues in supervisions. Issues discussed included staff's punctuality, communication with people and moving and handling techniques used. People told us they were reassured by the checks.

People using the service, their relatives and staff completed quarterly and annual client satisfaction surveys. The August 2016 to February 2017 feedback analysis showed that people received care that met their needs. 91% of the people said the standard of care provided was very good. The registered manager contacted any person or their relative who raised any concerns about the service and acted on any issues raised. We saw correspondence between people using the service, the local authority commissioning team and the registered manager to resolve issues raised. Care workers told us they contributed to the staff surveys and felt valued because the provider considered their views.

The registered manager provided a quarterly report for the local authority commissioning team. The September 2017 report showed the number of people supported, any missed visits or late calls, the number of accidents and incidents and any safeguarding concerns or complaints received by the service. This showed that the registered manager and provider were transparent and honest in their conduct and how they sought to improve the quality of care provided. There were no concerns raised in the report.

People using the service benefitted from the involvement of the provider with other agencies. The registered manager worked closely with the local commissioning groups, health and social care professionals, advocacy groups and the local community. This enhanced the quality of people's lives as they had access to up to date guidance and current best practice. The registered manager ensured staff followed guidance provided by health and social care professionals on how to manage people's needs and in line with changes in legislation and current practice. The registered manager attended external meetings hosted by health and social care organisations where they discussed issues such as changes in the care sector and legislation. Records of team meetings showed that the registered manager shared feedback about these meetings with staff and discussed how to improve on their practice.