

Jewel Home Support Ltd

# Jewel Home Support

## 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 inspection took place on 25 and 26 February 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service; we needed to be sure that someone would be in to facilitate the inspection. The service had not been previously inspected since registering with the Care Quality Commission.

Without exception, people we spoke with told us they felt safe using the service.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse.

The service had a whistleblowing policy in place and this told staff what action to take if they had any concerns.

We found the care and support records of people who used the service were comprehensive, well organised and easy to follow and included range of risk assessments to keep people safe from harm.

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure that people who used the service were safe. We looked at the medicines administration record (MAR) charts for people when we visited them in their own homes and found that these had all been completed correctly and were up to date.

There was an appropriate up to date accident and incident policy and procedure in place and details of any accidents and incidents were recorded appropriately.

There was an up to date business continuity plan in use which covered areas such as loss of utility supplies, loss of staff, loss of IT systems and adverse weather.

People who used the service told us they felt that staff had the right skills and training to do their job. New staff were given an employee handbook at the start of their employment which identified the principles and values underpinning the service. There was an 'induction and job start checklist' in place which was used to audit the progress of new staff relative to the induction process.

Staff were given a copy of the organisation's policies and procedures which were available electronically or in paper format and staff knowledge of these policies and procedures was tested out at supervision meetings and as part of the process of induction.

Staff told us they felt they had received sufficient training to undertake their role competently showed staff had completed training in a range of areas, including dementia, safeguarding, first aid, medicines, the Mental Capacity Act 2005, infection control and health and safety.

Staff received supervision and appraisal from their manager and the service which kept a record of all staff supervisions that had previously taken place.

The service used an electronic staff scheduling and monitoring system which enabled real-time live updates to be sent to care staff members which reduced the potential for missed or late visits.

Before any care and support was given the service obtained consent from the person who used the service or their representative.

We found that each person who used the service had a comprehensive Health Assessment which was easily accessible within their individual care and support plan.

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect.

Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

People's care and support plans contained a 'service user compatibility assessment' which recorded each person's preferences for the staff who supported them. This was matched with available staff members who were then introduced to the person prior to any service being delivered.

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. The structure of the care plans was clear and information was easy to access. Regular reviews of care needs were undertaken by the service.

Some staff members were multi-lingual which meant that people who used the service were not excluded from day to day conversations and were empowered to actively participate in the delivery of their care and support.

The needs of people were assessed by experienced members of staff before being accepted into the service and thorough pre-admission assessments were completed to ensure the service could meet people's individual needs.

The service did not provide end of life care directly but worked alongside and supported other relevant professionals such as district nurses and Macmillan Nurses through the provision of a night sitting service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that should there be a need to complain they felt confident in talking to the manager directly and had regular discussions with management. They told us they felt the culture of the service was open

and honest and it was easy to talk to the manager. The service sought the views of people using the service and their relative's through the provision of satisfaction surveys. The service regularly undertook audits to ensure quality of care provision.

## 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 we spoke with told us they felt safe using the service.

Each person's care file contained a variety of risk assessments and suitable arrangements were in place to ensure the safe management of medicines.

There were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

### Is the service effective?

Good ●

The service was effective.

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service.

Staff received supervision and appraisal from their manager.

The service had trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general.

### Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect.

The service aimed to embed equality and human rights through well-developed person-centred care planning.

Most people were receiving support from no more than two different staff members which ensured familiarity and consistency.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place identifying people's care and support needs. Staff were knowledgeable about the people they supported in order to provide a personalised service.

People who used the service and their relatives felt that staff and manager were approachable and there were regular opportunities to provide feedback about the quality of the service.

There was a complaint policy in place and people who used the service and their relatives knew how to use it.

**Is the service well-led?**

**Good** ●

The service was well-led.

The staff we spoke with told us they enjoyed working at the service and felt valued, were able to put their views across to the management, and felt they were listened to.

The service undertook regular audits and had policies and procedures in place to monitor the quality of service delivery.

There was an up to date business continuity plan in place.

# Jewel Home Support

## **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 25 and 26 February 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service; we needed to be sure that someone would be in to facilitate the inspection. The service had not been previously inspected since registering with the Care Quality Commission.

The inspection team consisted of one adult social care inspector from the Care Quality Commission. Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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 reviewed information we had received since the service registered including notifications of incidents that the provider had sent us. We also liaised with external agencies including the contract monitoring team from the local authority.

We reviewed the care records of ten people that used the service and records relating to the management of the service. We looked at documentation such as care plans, staff personnel files, policies and procedures and quality assurance systems.

During our inspection we went to the provider's head office and spoke with the nominated individual, the registered manager, two senior carers, the administrator and four care staff members. We visited five people in their own homes and spoke with six other people who used the service and six family members of people who used the service over the telephone as part of the inspection. This was in order to seek feedback about the quality of service being provided. We also looked at five staff personnel files.

At the time of our inspection there were 40 people who were using the service, which employed 26 members of care staff.



# Is the service safe?

## Our findings

Without exception, people we spoke with told us they felt safe using the service. One person who used the service said: "I have a very good relationship with the care staff." Another person told us: "Staff are very caring and professional, I have no issues." A third person said: "I feel safe with the carers. I have the same carer all the time; they are always on time and never miss visits." A relative told us: "We feel very safe with the carer. He is very punctual and always comes at the right time." Another relative said: "Staff are very kind and caring to my mother."

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service maintained a safeguarding policy and associated procedures which were up to date. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. All care staff had undertaken safeguarding training as part of the induction process or thereafter.

We asked one member of staff what they would do if they suspected signs of abuse against people who used the service and they stated that they would contact the office and speak to their manager. One member of staff said: "The managers encourage us to raise any concerns we have immediately with them." Staff were able to tell us about the different forms of potential abuse.

The service had a whistleblowing policy in place and this told staff what action to take if they had any concerns. Staff we spoke with confirmed they were aware of the policy, one staff member told us: "I have all the contact details to hand and management emphasise that we must always raise any concerns we have."

We looked at the care and support records of people who used the service and found these were very comprehensive, well organised and easy to follow and included range of risk assessments to keep people safe from harm. These included areas such as pressure sore care, eating and drinking, moving and handling, memory and personality, sleeping and pain.

Additionally there was a separate 'internal risk assessment' document in use which considered issues relating to the home environment of the person receiving care and support, such as lighting, temperature, window opening checks, sanitary conveniences, alarm bell (if fitted), grab rails (if fitted), bed safety, tripping hazards and the condition of external pathways and steps. This meant that staff were constantly considering any environmental risks to the person receiving care and support or to themselves at each home visit. Each risk assessment had a corresponding form that identified the specific risk or hazard, the existing control measures and further control measures required to reduce any further potential risk.

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service. Personal details had been verified and at least two references had been obtained from previous employers. Criminal Records Bureau (CRB) checks or Disclosure and Barring (DBS) applications had been obtained. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. There was also evidence of identity and

address checks. This showed us that staff had been recruited safely.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure that people who used the service were safe. We looked at the medicines administration record (MAR) charts for people when we visited them in their own homes and found that these had all been completed correctly and were up to date. We looked at staff records and saw that the service regularly and systematically undertook competency checks of staff who administered medication. All staff administering medication had received training, which we verified by looking at training records. A relative of a person who used the service told us: "The staff give (my relative) their medicines on time, and there's never been any issues with that."

The service did not administer any controlled medicines. There was an appropriate and up to date medicines administration policy in use which included information on medicines to be taken 'as required' (PRN). Staff we spoke with told us they had received a copy of the policy.

During the inspection we looked at five staff personnel files. We saw evidence in these files of appropriate disciplinary action being taken where relevant and there was an up to date disciplinary policy and procedure in place.

We looked at how the service managed accidents and incidents. There was an appropriate up to date accident and incident policy and procedure in place and details of any accidents and incidents were recorded appropriately, including any remedial action required to reduce the risk of any future potential harm.

There was an up to date business continuity plan in use which covered areas such as loss of utility supplies, loss of staff, loss of IT systems and adverse weather. The plan also identified the care needs of people using the service in a 'critical function priority list' used in the event of an unforeseen disruption to business continuity. This meant that people's priority care needs could be identified and responded to quickly.

Jewel Home Support is domiciliary service providing care to people in their own homes and we saw that adequate supplies of personal protective equipment (PPE) were available in the office premises for staff to collect at any time before supporting people, including gloves and aprons which would assist with minimising the potential spread of infections.

# Is the service effective?

## Our findings

People who used the service told us they felt that staff had the right skills and training to do their job. A relative of a person using the service told us they were always informed if care staff had any concerns about (their relative). One family member said: "The care staff all seem very well trained to me and I have no concerns with the quality of care provided." A person who used the service told us: "Staff help me with washing and showering. The staff are well trained."

We looked at the process of staff induction for new staff members. New staff were given an employee handbook at the start of their employment which identified the principles and values underpinning the service. These referenced privacy, confidentiality, discrimination, dignity independence and individuality, fulfilment of aspirations, consultation and personal choice, care plan reviews, medicines, complaints and protection. Staff confirmed that they had received these documents and undertaken a process of induction which included 'shadowing' more experienced colleagues until they were assessed as being competent to work individually.

There was an 'induction and job start checklist' in place which was used to audit the progress of new staff relative to the induction process. We found the staff induction programme for new staff was robust and the service followed the local authority 'care certificate induction programme'.

The manager told us that as part of the staff induction training there was discussion about the company's policies around safeguarding, the routes for reporting abuse including individual responsibilities from alerting and investigating cases of abuse, and the whistle blowing policies. This was verified by the staff we spoke with.

We saw that staff were given a copy of the organisation's policies and procedures which were available electronically or in paper format and staff knowledge of these policies and procedures was tested out at supervision meetings and as part of the process of induction. This meant that staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing safe care to people in their own homes.

Staff told us they felt they had received sufficient training to undertake their role competently. One staff member told us: "When I had completed the induction programme I asked to do additional dementia training and management put me on this straight away."

We reviewed the service's training matrix and staff training certificates, which showed staff had completed training in a range of areas, including dementia, safeguarding, first aid, medicines, the Mental Capacity Act 2005, infection control and health and safety. We saw that additional staff training dates had been arranged throughout 2016 for a number of different courses including dementia and end of life and the administration of medication level 2 refresher training.

Staff received supervision and appraisal from their manager and the service which kept a record of all staff

supervisions that had previously taken place. These processes gave staff an opportunity to discuss their performance and identify any further training they required. We found that staff were actively encouraged by managers to share their views and opinions through the mechanism of supervision. Staff told us they received supervisions every two to three months in addition to an annual appraisal. We checked records to verify this. One staff member said: "Management are very supportive and this is the best company I have worked for. Management address concerns straight away, including supporting me with personal home issues which means I'm in a better frame of mind to do my job."

At the time of the inspection the service was using an electronic staff scheduling and planning tool called 'Tagtronics'. This system enabled real-time live updates to be sent to care staff members which reduced the potential for missed or late visits. The system also enabled messages and updated documents to be sent to the staff member's mobile phone such as changes to any policies and procedures, in addition to any real-time information regarding the care and support needs of people who used the service. Additionally the system required the need for staff to scan their mobile phone over a 'bar-code' which was located in each person's care file. This meant that staff did not have to ask permission to use the person's home telephone to register their entry and departure. The system was linked to each individual staff members' name which helped managers to track individual staff performance.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 found that all staff had completed training in the Mental Capacity Act 2005 as part of the process of induction. This meant that the service had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general. Care plans contained a 'mental health assessment tool' that was used prior to service commencement which considered mood, anxiety, memory, depression, challenging behaviour, self-harm and self-neglect. This enabled the service to identify if the person had been suitably referred to the organisation or whether a more specialist service was required.

We looked at the way the service managed consent for any care and support provided and found that before any care and support was given the service obtained consent from the person who used the service or their representative. Consent also included areas such as recording care plan information, sharing information with other professionals involved in the person's care and support and the recording of any wounds. We were able to verify this by speaking to people who used the service, checking people's files and speaking with staff. One staff member told us: "We are all trained to ask the person we are supporting for their agreement before carrying out any care and support." A relative of a person who used the service said: "Yes, carers ask permission and (my relative) is happy with everything staff do for them." A person who used the service said: "Staff are competent and they ask my permission before providing any care."

We looked at how the service supported people to maintain good health and to access healthcare services. We found that each person who used the service had a comprehensive health assessment which was easily accessible within their individual care and support plan. This gave clear information and appropriate guidance about people's individual health needs and how best to manage their on-going health issues. We also saw that the service completed a holistic assessment of people's wider health needs which included mental and emotional health, family and social relationships, lifestyle and culture, and daily living skills.

# Is the service caring?

## Our findings

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect. One relative told us: "(The staff) always respect (my relative's) privacy and dignity and are prepared to do other things if there is time." Another relative said: "The carer is a very good worker and is very kind to (my relative)." A person who used the service said: "I have a very good relationship with the care staff. I have male carers who are very helpful and nice." The nominated individual commented: "It's all about caring, and that's what we try to get across to staff from the start."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

Involvement of people who used the service was embedded into everyday practice. The views and opinions of people were actively sought and information was presented in a way that enabled people who used the service to fully participate and make informed changes. People who used the service and their relatives told us they were involved in developing their care and support plan. They were able to identify what support they required from the service and how this was to be carried out.

One person told us: "The carer is very good and understands the cultural and religious needs of (my relative)." A relative told us how their family member did not use English as their first language and the service had arranged for support to be provided to this person by members of staff who could speak the person's chosen language. They said: "The same staff come regularly and (my relative) knows them well. They are respectful of privacy and dignity and don't talk about other people when they are here."

Staff employed by the service were actively encouraged to communicate with people in their chosen language. Some staff members were multi-lingual which meant that people who used the service were not excluded from day to day conversations and were empowered to actively participate in the delivery of their care and support.

A relative told us: "They (the service) provide a good service and we've had no problems. There is no problem getting through to the office if needed." A person who used the service said: "(The carer) knows what they are doing and always listens to me."

The manager told us that the service endeavoured to allocate no more than three care staff members to each person. We found that most people were receiving support from no more than two different staff members. This enabled the development of positive long-standing and trusting relationships between people who used the service and the staff who supported them. A person who used the service said: "I have male carers who are very helpful and nice. They are like my sons and make me feel very safe."

The service did not provide end of life care directly but worked alongside and supported other relevant professionals such as district nurses and Macmillan Nurses through the provision of a night sitting service. We saw that although staff did not directly provide end of life care, they had been trained in this area by the local authority and there was an appropriate and up to date end of life care policy in place.

The service had a Service User's Handbook which was given to each person who used the service in addition to the Statement of Purpose, which is a document that includes a standard required set of information about a service. These documents provided a wide range of information such as the care philosophy; principles and values that the service followed; the standards of care that people should expect; details of the registered manager and nominated individual; a description of the services and facilities provided; how to make a complaint and dignity and respect.

## Is the service responsive?

### Our findings

A person who used the service told us: "The staff are excellent and very helpful, they do a good job." Another person told us how the staff took them out to venues of their choice such as shopping, a friend's house or to the mosque and said: "Staff are very good and punctual all the time. They're caring and professional and I have no issues."

We looked at how new referrals to the service were assessed. The needs of people were assessed by experienced members of staff before being accepted into the service and thorough pre-admission assessments were completed to ensure the service could meet people's individual needs. This included gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives.

During the course of the inspection we observed several occasions when staff members who were out supporting people in their own homes rang the office to ask for advice. For example one staff member had found one person to be looking unwell when they entered their home. The staff member rang the office and the manager provided advice and instructed the staff member to ring them back with an update after they had followed this advice. We saw that the staff member did this and the manager then updated the person's care records accordingly. This showed that the service was pro-active and able to respond to a change in need immediately.

We found that for another person, the service had identified that the care hours commissioned by the local authority were insufficient to meet the person's needs. The service had subsequently reviewed the number of care hours allocated in partnership with the local authority and additional care hours were granted.

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care.

The structure of the care plans was clear and easy to access information. The care plans were comprehensive and person centred, and contained details regarding the person's background and life history, interests and social life, any existing support network, spiritual needs and recorded details of people who were involved in care planning such as family members and other relevant professionals.

We saw that prior to any new package of care being provided a pre-assessment was carried out with the person and their relative(s) which we verified by looking at care records. Before care and support was provided to any person the service completed a series of initial assessments which covered areas such as health, medicines, social history, mental health, preferred activities, moving and handling, environment.

Regular reviews of care needs were undertaken by the service. The manager told us that all care files had recently been reviewed and that a rolling programme of reviews was followed every three months or when necessary. We looked at records and saw that there was an up to date log of care file reviews for 2014 and

2015 and a schedule of reviews had been drawn up for 2016. The manager also told us that they visited people in their own homes to identify their views and experiences which was confirmed by the people we spoke with.

There were systems in place to record what care had been provided during each call or visit. Care plans contained a document, which was completed by staff at each visit. This included when personal care had been provided, any food preparation, medicines given or any creams applied. We checked these documents and found they were being filled in correctly by staff.

The nominated individual told us that it was the intention of the service to increase the frequency of visits to people's homes by the registered manager and nominated person, in addition to introducing a key worker system.

People told us that should there be a need to complain they felt confident in talking to the manager directly and had regular discussions with management. The relative of a person who used the service commented: "I did once have cause to complain against one member of staff who spent time on their phone when they visited. I rang and complained and in fairness they (the service) never sent them again. Yes, certainly they do listen to any concerns we raise." Another relative told us: "I'm aware how to make a complaint. I would ring the office straight away, but I have never needed to complain."

The service had a complaints policy and procedure and we saw that they followed this consistently. We saw evidence where complaints had been recorded and investigations had been carried out following issues raised, which in some cases included associated disciplinary action in respect of the staff member concerned.

The service sought the views of people using the service and their relatives through the provision of a satisfaction surveys. We looked at the responses received and found feedback from people who used the service and their relatives was very positive. Comments on one feedback form received said: 'The care staff are a credit to the company, they are always willing to go that extra mile if I need extra help.' Another comment from a relative of a person who used the service was: 'Your care workers have treated my (family member) with very high respect and dignity and we welcome them into our home as family members. We will highly recommend you to friends and family.'

People's care and support plans contained a 'service user compatibility assessment' which recorded each person's preferences for the staff who supported them. This was matched with available staff members who were then introduced to the person prior to any service being delivered. This meant that the people who used the service were able to choose the member/s of staff who assisted them.



## Is the service well-led?

### Our findings

There was a registered manager in post. 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.

An up to date registered manager's certificate was on display in the office premises in addition to an appropriate certificate of employers' liability insurance.

A staff member told us: "I feel the culture is very open and nothing builds up because it's addressed straight away. We all work together as a team. Management support us so we are happy and therefore the people who we support are happy too." Another staff member commented: "Management are absolutely brilliant." A person who used the service said: "They provide a good service, we've had no problems. There is no problem getting through to the office if needed." Another person said: "They are always available when you need them at the office."

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued. They said they thought the management were fair and approachable, and also told us the staff team worked well together. It was clear from our observations that the management team worked well together in a mutually supportive way.

People we visited all told us that the registered manager had visited them in their own homes. The nominated individual told us that it was important for the manager and senior office staff to visit people in their own homes to establish positive relationships and to demonstrate respect for each individual.

The service undertook audits to monitor the quality of service delivery. We saw a number of audits in place such as medication audits and spot checks on care staff to verify their competence in providing safe and good quality care. There was a spot checks matrix for 2015 which was fully completed and dates for spot checks due in 2016 had been scheduled. The spot checks included: time and attendance records; care plans; medicines records; discussions with the people who used the service regarding the quality of care they had received. We saw that comprehensive records of these spot checks were kept and information was cascaded to the relevant care staff member.

The views of people who used the service and their relatives were also regularly sought through professional advisors surveys, staff surveys, visitor surveys and surveys for people who used the service and their advocates (where applicable). The service also used a 'CQC Fundamental Standards Policy and Procedure' whose purpose was to support and inform compliance with the Fundamental Standards of Quality and Safety set out in the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014. The service had used this guidance to carry out 'mock inspections' which meant that the provider was taking a pro-active approach to ensuring quality of service provision.

People who used the service told us that they valued the care staff being from the same cultural background as them. Most care staff had been in employment with the service for several years and this ensured consistency of care staff deployment and familiarity with the people who used the service, who told us they valued the same staff. The relative of a person who used the service told us that they had requested a male care staff member for (their relative) and this was always respected by the service, who were always available to contact and actively encouraged discussions and contributions from family members regarding the persons' care and support.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date.

Where the service used any hoisting equipment, for example for transferring people, we saw that the service worked in partnership with the equipment suppliers to ensure it was safe before being used. We checked equipment test certificates and found these were all up to date.

The service was a member of Quality Compliance Systems (QCS) and contributed to their forums. The nominated individual demonstrated to us how updates to policies and procedures were regularly received through QCS. The home also subscribed to 'Care Quality Matters' which provides a range of information to support organisations in providing safe, quality care services.