

Kind Hands Caring Services Limited

# Kind Hands Caring Services Ltd

## Inspection report

144 Whitley Road  
Eastbourne  
East Sussex  
BN22 8LS

Tel: 01323414650  
Website: [www.kindhandscaring.co.uk](http://www.kindhandscaring.co.uk)

Date of inspection visit:  
28 September 2016  
06 October 2016

Date of publication:  
16 November 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Kind Hands Caring Services Ltd is a domiciliary care agency (DCA), based in Eastbourne. The office is in a residential area where parking is available on local roads. It provides personal care and support to older people living in their own homes covering Eastbourne town and the surrounding areas. People receiving this care had varied care and support needs. This included help with personal hygiene, the administration of medicines and support in the preparation of food. Some people had memory loss and lived with dementia. Other people had mobility problems and needed assistance in moving, sometimes with the support of two staff and equipment.

This inspection was announced with the provider given over 48 hours' notice. The inspection took place on 28 September and 6 October 2016.

At the last inspection undertaken on 8 July 2015 we asked the provider to make improvements in relation to staff training to include practical training on safe moving and handling on the Mental Capacity Act and to demonstrate a thorough induction programme had been completed by new staff. The provider also needed to improve their knowledge and understanding of current legislation that covered the provision of DCAs. The provider sent us an action plan stating they had addressed all areas identified for improvement. At this inspection we found the provider was meeting staff training regulations and had a sound understanding of relevant legislation governing the provision of DCAs.

The DCA had a registered manager who was also the registered provider of the service. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Feedback from people regarding the service and the staff was positive. They felt they received a good standard of care that met their needs. One person said, "Definitely recommend them to anyone with confidence."

However, the quality monitoring systems needed further development to ensure they were used to ensure best practice and to identify shortfalls and demonstrate effective responses. This included the use of suitable guidelines for medicine administration and accurate records to demonstrate staff delivered these in a consistent way. In addition, some care documentation was not completed to record person centred care or that all risks had been identified and responded to. This was identified to the registered manager as an area for improvement.

There were systems in place to keep people safe. People were supported by staff who knew them well and understood their needs and preferences. People were visited at times that suited them. People were mostly supported by regular staff who knew them well.

Staff spent the correct amount of time with people and delivered the planned care in a safe way. The service employed enough staff with the right skills to meet people's needs and people's safety was ensured through appropriate recruitment practices. Staff had a good understanding of the procedures to follow to safeguard people from the risk of abuse.

The needs and choices of people had been documented in their care plans. People's care was personalised to reflect their wishes and what was important to them. Where people's needs changed people's care and support plans were reviewed to ensure the person received the care and support they required.

People were supported by staff who were caring and kind and took account of people's privacy and dignity. People had their health care needs attended to with the support and guidance of additional health and social care professionals when required. Where required staff supported people to have enough to eat and drink and maintain a healthy diet.

There was an induction programme in place and staff received the training and support they required to meet people's needs. Staff were trained in the principles of the MCA and understood the importance of people giving their consent. The management team knew the correct procedures to follow when people lacked capacity to make decisions.

People were regularly asked for their feedback about the service and support they received and were aware how to make a complaint. There was an open and positive culture at the service. The staff told us they felt supported and listened to by the registered manager. The DCA had clear aims and objectives and some quality assurance systems were used to promote these.

## 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 and their relatives told us that they felt safe with the staff that supported them.

There were clear policies in place to protect people from abuse. Staff had a clear understanding of what to do if safeguarding concerns were identified.

Risk assessments were in place to ensure people were safe within their home.

Staff were trained in how to give medicines and systems supported the safe management of medicines.

There were enough staff who had been safely recruited to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service was effective.

There was an induction programme in place and staff received the training and support they required to meet people's needs.

Staff were trained on the MCA and understood its principles.

People's nutritional needs were met and they were supported to receive enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness, and respect.

People told us they were supported by staff who were caring and kind.

People were treated with dignity and respect by staff who took the time to listen and communicate.

Staff were able to explain the importance of confidentiality

### Is the service responsive?

Good ●

The service was responsive.

People knew how to make a complaint and raised any concerns with the office staff.

People received care and support that was responsive to their needs and reflected their individual wishes because staff knew them well.

### Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

The quality monitoring systems did not ensure best practice in all areas. Some records were not accurate or completed in a consistent way to support safe and effective care.

People felt the management of the service was effective and available.

Staff told us the management and leadership of the service was approachable and supportive. There was a clear vision and values for the service, which staff promoted.

The staff told us they felt supported and listened to by the registered manager and the management team.

# Kind Hands Caring Services Ltd

## **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.

We carried out this inspection on 28 September and 6 October 2016 and it was announced. Notice was provided to ensure relevant people were in the office at the times of the inspection. The inspection was undertaken by one inspector with an expert by experience speaking with people who used the service. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the DCA, which included previous inspection reports, safeguarding alerts, associated investigations undertaken by the local authority and notifications received. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The expert by experience spoke with thirteen people and or their representatives with their consent, who were receiving a service from the DCA. We also spoke with the Local Authority Contracting Team, who has responsibility for monitoring the quality and safety of the service provided to Local Authority funded people.

The inspection included two visits to the office that was the registered location, telephone contact with five staff working for the DCA and two professionals who had dealings with the agency. This included a nurse specialist and a manager of a community housing service. During the office visits we spoke with the registered manager, the office manager and two care co-ordinators. We looked at five staff files, complaint and safeguarding records and quality review checks. We looked at staff scheduling records and systems for

staff training and supervision. Six people's care files were reviewed along with a selection of policies and procedures that supported the provision of care.

# Is the service safe?

## Our findings

People and their relatives were positive about the service provided. They felt the care and support was delivered in a safe way by staff who were trusted. People told us they normally had regular staff and this helped them feel comfortable and safe. One person said "Yes I feel safe, absolutely safe."

The service had a number of policies and procedures that supported staff and gave guidance on how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. Staff told us they received regular training on safeguarding people and staff had a clear understanding of different types of abuse, how to identify it and protect people from the risks. This included ensuring people were safe in their own homes and were not for example, at risk from other people they had contact with. Staff told us if they had any concerns they would be reported to the office manager or registered manager. They also understood the importance of reporting to outside organisations if necessary including the police. One staff member said, "If I have any concerns about the safety of people I can always ring and discuss these with the office staff. They always give good advice." The registered manager and office manager understood and were familiar with the procedures used when reporting any suspicion or allegation of abuse and had used these in the past.

We found people were protected as far as possible by robust recruitment practice. The office manager was responsible for staff recruitment and followed the organisations recruitment policy. Staff files included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring check. (DBS) These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. These checks took place before staff commenced working unsupervised. Staff were required to drive as part of their employment. There were annual checks to ensure staff had appropriate car insurance, and driving licences. Staff files contained information on staff employment including terms and conditions of employment.

Environmental risk assessments were completed to identify any hazards to people or staff. For example areas within the home that could present a trip hazard like slippery or uneven pathways. Fire safety issues were reviewed as part of the environmental assessment and staff were provided with guidance on what to do in the event of a fire. The security of people's homes was assessed and key locks were used when necessary to maintain the security of the home. Staff kept this information secure and the provider reviewed and updated the associated procedure to ensure information did not include any names and addresses. Staff were issued with identity badges and these were updated and renewed on a regular basis so people were confident staff were sent from the DCA.

People with poor mobility had their needs assessed by the local authority. Following this assessment appropriate equipment was supplied including a care plan completed by an Occupational Therapist for staff to follow. For people who needed equipment to move them, two staff were supplied to use the equipment safely. Staff told us that when two staff were needed on a visit this was always provided. The systems in place identified environmental and moving and handling risks and protected people and staff from harm.

One person told us "They are really careful, they stopped giving me a shower. This was a joint decision as it was not safe." Staff we spoke with had a clear understanding of the people they supported. They understood the risks to individuals and what actions they should take to mitigate these risks. This included monitoring people's skin for signs of any damage that were reported to the district nursing team.

There were enough staff to meet people's needs. The registered manager told us before accepting people to use the service their needs were assessed and discussed with the office manager and the care co-ordinators. This was to ensure there were enough staff to meet their needs and provide the level of care and support required. Systems in place including weekly scheduling ensured staff were used effectively. Staff who worked in the office including the registered manager were available and covered some visits. This ensured they knew and understood people's needs and were able to cover staff holidays and staff sickness at short notice. Staff we spoke with told us there were enough staff.

Staff recorded the time of each visit within the records held at each home and on their time sheets. People told us staff stayed the time they were supposed to and completed the required care and tasks. Staff were allocated time between each visit to allow for travelling. The office staff knew where staff and people lived and had the information to organise work in an emergency situation for example in the event of severe weather conditions. In these cases staff were allocated people that they could walk to if necessary. This meant people received the care and support they needed at an appropriate time.

People were supported with medicines and the application of creams safely. People told us staff provided appropriate support. One person told us "We have it in a special cupboard, carers help me order more when it is running out. They give me my tablets at the right time." A relative told us "The carer makes sure he takes his tablets, she records her visit. Perfectly happy with this." Staff told us they had received medication training and their competency to give medicines was assessed and reviewed. Records confirmed training and competency checks were completed. Staff were aware of the procedures to follow to administer medicines safely. Staff completed Medicine Administration Records (MAR) charts and these were returned to the office each month to be audited. Staff told us if they had any concerns about the medicines to be given they telephoned the office staff for clarification. Care plans included information on what medicines were prescribed and when people were supported with topical creams. Instructions were documented on where and how this cream was to be applied.

## Is the service effective?

### Our findings

People told us they liked the staff that supported them and care and support was delivered to a good standard. They felt staff took account of their choices and preferences. People told us they preferred having regular staff but understood there needed to be some changes to cover holidays and staff vacancies. Most people felt staff were well trained and competent to do their work. People's comments included, "My wife uses a mobility walker. They are obviously well trained with this and are conversant with the stair lift. They are very patient with my wife and very considerate," "Yes, putting stockings on me. The regular one is marvellous and the relief care is excellent as well" and "They help me with any problems I have, my carer is brilliant. They get me washed and dressed." Some feedback was mixed and indicated some staff lacked 'medical knowledge and initiative.' This was balanced with other people praising the skills of staff and told us, "Yes they are skilled to meet people's needs and beyond, because on the odd occasion the medical situation has arisen I have been surprised at the knowledge and advice they have given."

At the last inspection on 6 July 2015 we asked the provider to make improvements in relation to staff training including practical training on safe moving and handling, the Mental Capacity Act and to ensure a thorough induction programme had been completed by new staff. The provider sent us an action plan stating they had addressed all areas identified for improvement. At this inspection we found the provider was meeting staff training regulations.

Staff received the training and support they required to meet the needs of people who used the service. There was a training programme in place. Training included medicines, infection control, safeguarding, dementia, MCA, first aid and moving and handling. Practical training sessions on moving and handling were now in place. When staff started work at the service they received an induction which included reading policies, training and shadowing senior staff. Staff told us the period of shadowing gave them the knowledge and skills to look after people. The shadowing period varied according to staff experience but always included three days. Staff who were new to care completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. A new staff member told us, "I feel I was eased in gently to the job as I did a lot of shadowing and then worked on visits where there were two staff members." Training was ongoing and we saw staff received updates when they were required in line with the provider's policy. There was a system in place to check what training staff had completed and when this needed to be updated.

Staff skills and competencies were checked by senior staff. A supervision programme was in place which included one to one supervision and spot checks. Spot checks are when a member of the management team observes a staff member providing care. Spot checks are usually unannounced. During spot checks staff competencies were observed in relation to the care provided. This included moving and handling, medicine management and correct use of infection control procedures such as using gloves and aprons appropriately. During one to one supervision staff discussed people they supported and any training they needed to complete. Annual staff appraisals were undertaken and used to develop and support staff. Staff

told us they received appropriate training and were well supported to complete their roles. They said they were always able to contact a senior member of staff for advice and guidance. One staff member said, "I would always call the office if I had any question for example about the medicines. They are always very helpful and know what medicines people are on."

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and how this may relate to people they supported. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. All staff had received training on the MCA and relevant policies and procedures were available for staff to refer to. The management team were aware of ensuring people had been included in the decisions about their care, and decisions made were in the person's best interest. They confirmed people were able to consent to the care and support provided to them. They advised if they were concerned about people's capacity and ability to make decisions this would be referred to a social care professional for further advice and a capacity assessment may be completed as necessary.

Where required, staff supported people to eat and drink and maintain a healthy diet. People told us staff were good at supporting their nutritional needs. One person said, "I mostly have ready-made meals, the carers put them in the microwave. They make me a sandwich for tea and cover it in cling film. I choose what I want to eat myself." Another person said, "I order the food and they make a meal. They ask what I want, it is hot and well prepared. They leave me to eat my meal. They seem entirely happy to tackle anything I put in their way." Staff responded to people's nutritional needs and provided people with meal choices and variety. Staff said that they recorded what meals were prepared for people and were in contact with office staff and relatives if people were not eating or drinking well. The office staff ensured any nutritional concerns were referred on to relatives and health care professionals as necessary.

# Is the service caring?

## Our findings

All feedback from people was complimentary about the staff providing the service and the way that they delivered the care and support required. People were complimentary about the approach of staff and told us they were kind and compassionate. One person said, "Staff are absolutely kind and friendly. We talk about each other's lives. They always ask me if there is anything else they can do for me. All the carers do my little bit of washing up." One relative said, "They are very patient with my wife and very considerate."

The registered manager told us they received positive feedback about the approach of staff. This was supported by the compliments and thank you cards held in the office. Feedback from health and social care professionals confirmed staff were willing to put themselves out to ensure people were well cared for. For example one carer was asked to see a person who was not receiving a service who was living in a community housing service. They gave their time freely showing a caring approach to people in general. A healthcare professional said, "Nothing is too much trouble. Staff always put themselves out to provide good care."

People said they were treated with dignity and respect and felt comfortable with the staff who supported them. One person told us, "The carers are absolutely marvellous." People told us they felt that staff really cared about them and saw them as people with their own likes, interests and feelings. One person said, "The care staff feel like very close friends" and a relative said, "The staff always seem very fond of their clients." People said staff took time to find out about them. This was important for people as it gave them meaning and made them feel valued. One person told us, "One carer knows about my interest in formula one and sports. She talks to me about them." Another said, "We have a little chin-wag. I have been with them so long they know more about me than I know myself. They are a very caring bunch, I am very fortunate."

Staff maintained people's privacy and promoted their independence. Staff confirmed that they had received training on privacy and dignity and respected people's individual choices. Staff were able to describe how they protected people's dignity and were mindful that they were in people's own homes as a guest. People confirmed staff promoted their independence, did not rush them and encouraged them to do things for themselves whenever they could. One person said, "Carers try to motivate me to walk and encourage me to do things and not to sit around. One rings the doorbell rather than using the key safe so as to encourage me to move." Staff however were sensitive about people's abilities and ensured people had the support they needed. One relative described how staff promoted independence with all things that did not involve being mobile for example encouraging a relative to clean her teeth independently. A visiting healthcare professional provided positive feedback and told us how the DCA had enabled one person to remain within their own home independently which was invaluable to this person.

Staff worked well together and demonstrated a dedicated team approach. Staff communicated regularly with each other through telephone and face to face conversations and recorded important information within care records. The management team were available to support staff professionally and they also took time and an interest in staff's individual well-being. This ensured staff were cared for and valued. For example during the inspection the registered manager provided emotional support to one staff member

who was asked to come into the office as they were clearly upset. They spent individual time with this staff member giving them support and advice. . Another senior staff member told us how they had driven a staff member to their scheduled visits when their car had broken down. This not only supported the staff member but ensured people received the care and support they were expecting.

Confidential information was handled appropriately by staff. The service had a policy and procedure on confidentiality and a staff code of conduct which provided guidance to staff to maintain people's confidentiality. Confidential records were held in the office and were locked in filing cabinets. The staff training programme included handling information, and staff had a good understanding of how they maintained confidentiality.

# Is the service responsive?

## Our findings

People and or their representatives were involved and consulted on what care they needed and in what way they wanted it provided. People could recall being involved in developing their care plans. People felt they had been listened to and their needs were central to this process. Relatives told us they were kept informed about changes in care needs as their relative would want. People and relatives told us communication was good and they could contact the office staff at any time.

At the last inspection on 6 July 2015 we asked the provider to make improvements in relation to investigating and recording complaints. At this inspection we found the complaints procedure was established but had not been followed. However, there had not been any complaints since the last inspection to confirm that the procedure worked in practice.

People were able to raise a concern or complaint easily. The registered manager had established an effective system to receive, handle and respond to complaints. People and their relatives were provided with a copy of the complaints procedure when they started to use the service. People said they knew how to complain and would speak directly to the registered manager or other staff working in the office. One person told us, "I have approached the manager on many occasions and she has been very helpful to me. They have responded in a reasonable amount of time. The way they dealt with it was fine." People said they felt confident that their concerns would be listened to and responded to. For example people told us when they told the office they did not want a certain member of staff this was responded to immediately with alternative staff being provided. One person said, "When I have someone who isn't very good I phone the office and say I would rather not see this person again and the office don't send them again."

An assessment was completed on any potential new people wanting to use the service. This identified the care and support people needed to ensure their safety and to meet their individual needs. The registered manager ensured there would be a core team of regular staff available to provide the care and support at a time of the person's choice. The registered manager and staff recognised the importance of regular staff visiting for continuity and so people could form a trusting relationship. One person said, "I know most of the carers now. When I get staff for a length of time it is nice, as I get to know them." People and where appropriate their relatives were involved in the development of care plans. Care plans reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. For example one person needed their medication at a specific time and this was accommodated.

Most people told us they had regular staff who arrived when they should, and stayed the correct amount of time. People said, "I have quite a bunch of regular staff, four different ones" and "I have one regular carer who is very nice and very kind." One person told us the timing of their visit was often wrong with staff being up to 30 minutes late. It was recognised that staff could often be delayed in traffic. This concern was raised with the registered manager and office manager who confirmed because of traffic problems visit timing could not be guaranteed and people were advised of this. If delays were unexpected or long the office staff made contact with people to notify them of this.

Staff told us communication with the office staff was effective and regular. This included telephone contact and most attended the office on a Friday to pick up work schedules and care plans of new people. Communication at all levels allowed the sharing of information which was especially important when the needs of people had changed. When people returned from hospital staff liaised closely with health and social care professionals to ensure people returned home safely and were provided with the appropriate support and care. For example medicines were often reviewed and changed following an admission to hospital. Effective communication ensured the care staff responded to these changes, updated relevant documentation and supported people with their new medication regime

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs which enabled them to provide a personalised service. Staff told us they had time to read the care documentation which included a care plan and a record completed by each member of staff at the end of each visit. The care plans were reviewed by the office staff each month to ensure they were current and reflected all care needs.

## Is the service well-led?

### Our findings

People told us they felt the service was well managed. They told us the managers were accessible if required and in touch with the daily lives of people who used the service. People told us they were listened to, treated as individuals and had their care needs suitably assessed and responded to. People told us they were well received whenever they spoke to any of the office staff who were helpful and were able to respond to any issues. Comments included, "I have approached the manager on many occasions, the office staff have been very helpful to me. They have responded in a reasonable amount of time. The way they deal with things was fine," and "Seems to be efficient when needed."

At the last inspection on 6 July 2015 we asked the provider to make improvements in relation to their knowledge and understanding of the current legislation relating to the provision of a DCA. Supervisions and staff appraisals needed to be regular and fully recorded and contacts made with people who used the service should also be fully recorded for quality monitoring purposes. Since the last inspection the registered manager and office manager had researched relevant legislation and had a good understanding of the legislation and associated regulations. Regular staff supervision and appraisal had been established and contacts with people were recorded more effectively.

Although the feedback was positive we found aspects of the service were not well-led.

The management systems that included quality monitoring did not always ensure that safe and best practice was followed in all areas. For example, records relating to the administration of a medicine that varied in dose were not accurate and did not confirm that this medicine had been delivered in a consistent way. The records relating to topical creams did not confirm that these were given in a consistent way and staff were not given clear guidelines on how to apply them. The care documentation did not show that all risks had been fully assessed and responded to and did not clearly reflect a person centred approach to care in all cases. For example people did not have a risk assessment completed in relation to possible skin damage or nutritional risks. Many people due to health, fragility or poor mobility have an increased risk of developing skin damage. A risk assessment identifies people at potential risk and enables staff to ensure suitable measures are put in place to reduce this risk. Accurate records and risk assessment are vital in ensuring care and support can be delivered in a consistent and safe way. This is particularly important when different staff are attending to people and need to refer to the care documentation.

However we did not find that these areas impacted on people's care because in this case people knew what medicines they took and staff had a good understanding of people's individual needs and monitored people's skin and nutritional health. When health care concerns were noticed by staff they were promptly referred to the GP or district nurse. This lack of accurate records and lack of evidence that risk assessments were completed and acted on was not picked up through the management's quality assurance systems. Robust auditing systems had not been fully established to ensure best practice was followed. Both these areas were identified to the registered manager as areas for improvement.

There was a clear management structure with identified roles and responsibilities within the DCA. The

registered manager was supported by an office manager and two care co-ordinators who all worked from the office but had regular contact with people either through providing direct care or when completing spot checks. All office staff knew and understood people's care needs well and had a good knowledge of staff's skills, abilities and availability. The office staff had daily discussions about people who used the service and any change in their care or support need. Office staff displayed a genuine interest in people who used the service.

The office management systems supported people and staff to maintain effective communication for the smooth running of the service. People told us they could ring the office at any time and could speak to someone who could answer any question. Staff felt communication with the office was effective and staff were always there for them. A 24 hour on-call service was available and covered by the office staff to ensure changes in the service provision could be responded to. For example ensuring an early response to any staff sickness and cover for poor weather conditions. One person told us "I think there were difficulties with a shortage of staff. The manager came in the snow when nobody else could come. I have met her twice." Staff meetings were held and recent feedback received from these confirmed communication with staff could be improved. The management team have responded to this view with improved and more regular communication including a weekly memo. This demonstrated that the management team listened to staff and responded to what they said.

People told us the approach of all staff was open and friendly. There was a positive culture at the service. The vision and values of the service were clearly recorded within the documentation shared with people and staff. The registered manager and staff were clear that their aim was to provide a high quality service to improve the quality of people's lives effectively, meet their needs and to maintain people's individual rights. There was a whistle blowing policy in place and staff told us they would use it to raise any concern to the appropriate person as required. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff said that they felt there was an open and inclusive management style in place and they felt very well supported by the senior staff working in the office. Staff felt valued and that they mattered as well as the people they cared for. One staff member told us how "We are very lucky with our managers, they have been fantastic when I had a personal problem. They were there for me and were great back up."

There were systems in place for senior staff to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People told us the office staff telephoned them from 'time to time' to ask if they were happy with the service being provided or had any concerns. Records confirmed contact was made routinely with people to check on the standard of the service received. People were also able to comment on the care provided through the completion of quality assurance questionnaires. The last questionnaire was completed in 2016, the results of which had been collated and discussed between the managers of the service and used to inform the quality of the service provided. The feedback was positive but identified that some staff were not wearing their identity badges. Staff were reminded in team meetings and through written notifications to show these to people to confirm who they are and who they are working for.