Carers Direct Homecare Ltd

Carers Direct Homecare

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Carers Direct Homecare provides personal care and treatment for older people living in their own homes. On the day of the inspection the registered manager informed us that there were a total of 24 people receiving care from the service.

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

Risk assessments were in place to protect people from risks to their health and welfare, though these did not cover all assessed issues. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care from staff. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

We saw that medicines had been supplied safely and on time, to protect people's health needs.

Staff had received training to ensure they had skills and knowledge to meet people's needs, though more training was needed on some relevant issues.

Not all staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives. Assessments of people's capacity to make decisions were not always detailed to determine whether they needed extra protections in place to keep them safe.

People and relatives we spoke with all told us that staff were friendly, kind, positive and caring. They told us they had been involved in making decisions about how and what personal care was needed to meet any identified needs.

Care plans were individual to the people using the service to ensure that their needs were met.

People and relatives told us they would tell staff or management if they had any concerns, and they were confident these would be properly followed up.
They were satisfied with how the service was run. Staff felt they had been fully supported in their work by the management of the service.

Policies properly set out information about the need to refer to the relevant safeguarding agency. The

registered manager was aware that these incidents, if they occurred, needed to be reported to CQC, as legally required.

Management had carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service, though more detail was needed to fully show what checks had been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not comprehensively safe.

Risk assessments to protect people's health and welfare were not always in place to protect people from risks to their health and welfare.

People and their relatives thought that staff provided safe care and that people felt safe with staff from the service. Staff recruitment checks had, in the main, been in place to protect people from receiving personal care from unsuitable staff. People had received care at agreed times to safely promote their health. Staff were aware of how to report incidents to their management to protect people's safety. Medicines had been supplied as prescribed.

Is the service effective?

Good

The service was effective.

People and relatives thought that staff had been trained to meet the assessed needs. Staff had received support to carry out their role of providing effective care to meet people's needs. Staff were trained, in the main, to meet people's care needs, though some training was needed to comprehensively cover all people's care needs. People's consent to care and treatment was sought, though action was needed so that this was always in line with legislation and guidance. People's nutritional needs had been promoted. People's health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been, in the main, involved in setting up care plans that reflected people's needs. Staff respected people's choices, privacy, independence and dignity.

Is the service responsive?

Good

The service was responsive.

People and their relatives had been satisfied that staff provided a service that met people's needs. Care plans contained information on how staff should respond to people's assessed needs. People and their relatives were confident that the service would act on complaints. Calls had not always been on time to respond to people's needs.

Is the service well-led?

Good

The service was well led.

Legal notifications had been sent to us. Services had been audited in order to measure whether a quality service had been provided. People and their relatives thought it was an organised and well led service. Staff told us that their management provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people.

Carers Direct Homecare

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 15 June 2017. The inspection was announced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of older people.

The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in.

On this occasion we asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with three people who used the service and six relatives. We also spoke with the registered manager and three care workers.

We looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with and their relatives thought that personal care had been delivered safely. They were unanimous that staff kept people safe.

A person said, "I feel very safe with them. They use a hoist with me and there has never been a problem. They check everything and its all fine. I have known them [staff] for a long time and feel very confident with them." A relative told us, "[Person using the service] is definitely safe with the carers. If there are any problems the carer will phone me to let me know."

Another relative said, "[Person using the service] is bed bound and they help him with everything... he also has never had one pressure sore. They really understand about skin care. The district nurses are amazed. The carers always position him comfortably and he is very comfortable with them."

Staff told us they were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards and made sure hoists were working properly before using them to transfer people. This told us that staff tried to ensure that people were safe when supplying personal care. We also found risk assessments of people's homes in care plans that covered relevant issues such as fire, any equipment they needed and tripping hazards. Equipment had been identified to assist people to live their lives such as equipment to aid their mobility. This ensured that staff were aware of managing any issues to protect people's safety.

We saw that people's care and support had, at times, been planned and delivered in a way that ensured their safety and welfare. For example, there was a risk assessment in place with regards to a person with breathing needs. This directed staff in detail as to how to maintain their equipment to ensure they had been protected from the risk of infection. Another risk assessment outlined that a person needed assistance with their catheter care. The care plan was detailed in how staff should assist the person and so prevent any distress or infection.

A relative told us, "[Person using the service] has challenging behaviour but is safe and settled …but the carer always deals with it very well which also makes us feel he is safe with them. "

However, care plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting people's safety. For example, one care plan stated that a person's behaviour presented a risk. The risk assessment outlined what staff needed to do if this occurred. However it did not identify triggers for this behaviour to try to prevent the behaviour occurring and did not specify issues such as distraction to try to manage the behaviour. The registered manager said this would be followed up to ensure detailed was included to manage the behaviour.

Another care plan identified when a person needed to be repositioned to prevent pressure sores developing. Although there was some information in care records this had been carried out, there was no record as to whether the frequency of repositioning had been followed. The registered manager sent us information after

the inspection putting in place a chart for staff to sign when they had carried this out. These measures will then assist to ensure people received comprehensive safe care.

Another care plan identified that a person had seizures. However, there was no risk assessment in place to give direction to staff about how to manage this condition, should it occur. The registered manager acknowledged this and sent us this information after the inspection visit.

People and their relatives told us there were no missed calls and that staff were almost always on time and stayed for the agreed times. A person said, "I have regular carers. In fact I have moved to this agency because my carers moved to work with them." A relative told us, "They are on time and if they are going to be a bit late they always send me a text or give me a quick ring." Staff told us there was enough time between calls to ensure they were not late for the next call. Information supplied to people using the service gave an emergency number so people could contact the agency out of hours if they needed assistance. This gave an indication that there had been enough staff available to provide safe personal care that met people's needs.

We saw that staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons' known to the respective staff member. However, one reference was from a relative of the person, which did not provide an independent view of abilities and trustworthiness. The registered manager stated it had been difficult to obtain a second reference for the person but agreed this practice would not occur again. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This showed us that staff recruitment procedures were, in the main, robust so as to keep people safe from unsuitable staff.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. The whistleblowing policy contained in the staff handbook directed staff to relevant outside agencies. This supplied staff with all relevant staff information as to how to action issues of concern to protect the safety of people using the service.

People and their relatives told us that there had been no issues regarding medicines. A person said, "They give me medication from the blister packs and there has never been a problem." A relative told us, "He has several different creams for his skin. I only have to tell them once about any new cream and they just get on with it and they complete and sign the forms"

We saw evidence that staff had been trained to support people to have their medicines and administer medicines safely. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. Medicine issues were discussed in staff meetings to ensure proper practices were followed by staff.

We saw evidence in medicine records that people had received their prescribed medicines. This ensured that people always received their medicine to safely protect their health needs. There was evidence in place that management followed up issues with staff with regards to medicine.

Good

Is the service effective?

Our findings

People and relatives we spoke with said that the care and support they received from staff effectively met assessed needs. They thought that staff had been properly trained to provide effective care. A person said, "I know they have training." A relative told us, "I think they are very well trained and very efficient"

Staff told us that they thought they had received training and refresher training so that they were able to meet people's needs. A staff member said, "Training is good. We are always asked whether we need more training." Another staff member said, "We get lots of training. If anything comes up like having to deal with someone's health needs, we always get more training so we know what we are doing."

Staff training information showed that staff had training in essential issues such as such as how to move people safely and keep people safe from abuse. The registered manager made staff aware, in staff meetings, of the need to undertake training. We also saw information that relevant information was available in people's care plans about specific long-term health conditions. This did not specify relevant issues such as stroke care and epilepsy. The registered manager stated that training would be reviewed to ensure that staff had all the skills and knowledge to meet people's needs. He later sent us information confirming that this training would be supplied to staff within specified timescales.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as infection control and dementia. There was also evidence in staff meeting information that staff training issues were raised to remind staff to complete training on essential issues. There was evidence in place to show that new staff were enrolled on the Care Certificate training. This is nationally recognised comprehensive induction training for staff.

Staff told us that when new staff began work, they were shadowed by experienced staff on shifts. At the end of the shadowing period, new staff member, if they did not feel confident and competent, could ask for more shadowing to gain more experience to meet people's needs. We saw confirmation of this system in staff records.

Staff felt communication and support amongst the staff team was good. We saw that regular supervision with staff had taken place, where discussions about training needs were held. This helped to advance staff knowledge, training and development. Staff members also told us they always felt supported through being able to contact the management of the service if they had any queries. They said they always received a positive and helpful response.

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.

There was evidence of assessments of people's mental capacity. Some had not been fully completed. For example, to assess whether the person was able to retain and weigh up information relating to the decision. This meant there was a risk of measures put in place unnecessarily to restrict the decision making of the person. The registered manager said this would be carried out to ensure all issues were effectively assessed. He later sent us this information after the inspection visit. Where a person was assessed as not having capacity to make decisions about how they lived their lives, there was evidence that best interest meetings had taken place to determine how to make the decision in the person's best interests.

We saw information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. People confirmed that staff always asked for their consent when they were provided with personal care. A relative told us, "They [staff members] also understand about consent and always check [person using the service] has given verbal consent and is agreeing to the shower."

Staff were aware of their responsibilities about this issue as they told us that they asked people their permission before they supplied care. We saw that staff had received training about the operation of the law. However, not all staff were aware of what the MCA meant in practice, which meant there was a risk of people having their lifestyle choices restricted due to the lack of staff knowledge. The registered manager said this would be followed up with staff by refresher training. This will then mean that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

People and their relatives were satisfied with the support staff provided when they assisted with meal preparation, provision and choice offered. A person said, "They provide my meals and [staff member] knows just what I like. She gets ready meals for me but I choose, although she knows me so well I don't have to really tell her anymore. She does the shopping for me and always brings me the bills. Everything is done very professionally."

We saw information which indicated people had adequate nutrition at mealtimes. If people had nutritional needs, this was acted on. For example, a person with swallowing difficulties was still able to be supplied with certain specified foods to enable them to taste the food, as well as having food supplied by medical equipment.

These issues indicated that staff were aware of how to meet people's nutritional needs and wishes.

People told us that staff were effective in responding to health concerns.
A relative said, "The carer always helps with podiatry, doctor appointments or dentist. They arrange the appointments and take [person using the service] to the appointments. I think they are very well trained and very efficient."

Another relative told us, "For example [person using the service] cut her arm on a tin of beans she had been trying to open and when the carer got there… the bleeding wouldn't stop so [staff member] phoned for an ambulance and then phoned me and she stayed with her until we arrived."

Staff gave us examples of when they contacted medical personnel. For example, a staff member told us that they contacted the district nurse when a catheter bag was blocked, causing the person using the service, distress. Another staff member said that they had informed the registered manager when a person had a high temperature. The registered manager had contacted the GP, whilst they stayed with the person to provide support and monitoring. An ambulance was sent to take the person to hospital for assessment and treatment.

This told us that people received proper healthcare and on going support.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with stated that staff were gentle, kind and caring in their approach. A person told us, "They are very kind and know [what to do] if I'm feeling a bit down." A relative said, "He has brilliant male carers. He was given a choice on the gender of the carers. …they are so respectful towards him. They joke with him and the rapport between them is brilliant."

Another relative said, "This is the happiest she has been in ages. We have had other agencies in the past but this is by far the best. It helps that they send carers who speak Punjabi and so can communicate with her. [Staff member] who comes in the morning and evening is so nice and so chilled out. She so understands and knows how to cope." And another relative told us, "My relative is very happy with them. His carers chat to him. At weekends he has Punjabi speaking carers and this helps."

There was staff monitoring in place to check that the attitude of staff towards people had been friendly and caring. The staff guide emphasised that people should be treated with respect. Staff meeting minutes included emphasising to staff that people needed to be treated with dignity and respect, and emphasised their right to privacy and independence. Staff told us that they would always protect people's dignity and privacy by doing things such as asking visitors to leave the room when they were about to provide personal care.

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. The guide for people receiving the service emphasised that the service would not discriminate on the basis of relevant issues such as race and religion, though other issues such as discrimination against gender and sexual orientation had not been included. The registered manager said this information would be inserted into the document. This would then give people from all backgrounds message that they would be treated with fairness and respect.

People and their relatives considered that care staff were good listeners and followed preferences. They told us their care plans were developed and agreed with them. The agency's information stated they would be involved in reviews and assessments of their care. We saw evidence that relatives had signed care plans agreeing that care plans met assessed needs. However, some plans had not been signed by people using the service. The registered manager said this would be carried out, as people were always involved in setting up their own care.

People told us that their dignity and privacy had been maintained and staff gave them choices such as with regard to how they wanted to base, the food they wanted to eat and the clothes they wanted to wear. This was reflected in care plans we saw. For example, in one care plan it stated a person wanted to be called by a preferred name, which was not their real name. This emphasised that staff were expected to follow people's choices.

Staff gave us examples of promoting people's privacy such as leaving people when they were using the bathroom, shutting doors when visitors were present and covering people when helping them to wash and

dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by the people and relatives we spoke with.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. This encouraged staff to have a caring and compassionate approach towards people.

People told us that staff respected their independence so they could do as much as possible for themselves. A relative said, "My relative likes to do …bits herself and the carers support her to do this…they know her so well – even little things like how she likes her hot water bottle filled." Staff also gave us examples of how they promoted people's independence. For example, if people could wash, then this had been encouraged. This presented as an indication that staff were caring and that people and their rights were respected.

Care plans included people's religious, cultural and spiritual preferences to provide information to staff on respecting people's beliefs. In one care plan, there was an indication that if people wanted their care plans in their first languages, this would be carried out. We saw information relating to a person's medical condition that had been translated into the person's preferred language. Staff also confirmed they were able to speak to people in their preferred first languages.

In another care plan, we saw evidence that the person's religious wishes have been recorded in relation to food. However, there was no information on people specific wishes in relation to their religious and cultural needs such as respecting religious objects. The registered manager said this information would be added to people's care plans. This would then ensure the service was fully mindful of people's religious and cultural preferences.

Good

Is the service responsive?

Our findings

People and relatives told us that staff responded to people's needs. A person said, "I'd like to go to church on Sunday but I've lost the courage to go. [Staff member] is going to start taking me to church and picking me up to bring me home. That will make a lot of difference to my life." A relative told us, "It's the same carers who come and so he has built a good rapport." Another relative said, "He has the same carers, which is fantastic and they have built a good relationship with him."

Most people reported having regular staff visiting them which people appreciated. One relative said, "99% of the time it's the same carer which is reassuring for my wife as she has got used to her and the carer knows what my wife likes and doesn't like." Another relative told us, "I'm able to talk to the carers and they give me advice and help me all the time." A further relative told us, "[person using the service] has to have an injection …and it causes him to have itchy skin. The wash not only keeps his skin clean but soothes him and then they put on the creams he has been prescribed. They keep him very comfortable. They are brilliant and every day they ask us 'Is there anything else you want?'"

A staff member told us how they communicated with a person that had difficulty in speaking. They said they guessed what the person was saying and if this was correct, the person closed their eyes so that they knew they had correctly guessed what they were trying to communicate. This was an example of staff attempting to respond to people's needs in an innovative way.

We saw evidence that people had the option of having their care plans translated into their first languages and having larger print plans. This responded to people's physical and cultural needs.

People and their relatives gave further examples of the service being able to respond flexibly to their or their relatives changing care needs. A relative said, "We were getting three times a day visits but they have now added some night visits and were able to do this as I needed it to happen in order to give me some respite. If I was to say that we have a special event that I need to go to they will say 'No problem, we'll be there.' I never have to worry about it. If anything crops up I know they will be there." Another relative said, "[Person using the service] was getting two visits a day but this was increased to four as things got more difficult. They were able to do this without a delay."

These were examples of responding to people's needs in a flexible manner.

Everybody reported having a care plan in the folder. A relative said they had been involved in a review of the care needed, "[Staff]… were very nice and explained everything fully. They went through all the questions and we both felt involved in everything as they wrote it down."

People told us they had their care plans reviewed. One relative said, "They did a review when they increased the care and we all felt involved with this process." We looked at a review for one person. This covered a number of relevant issues. It also stated that the person needed more time for eating. However, there was no evidence this had been acted on. The registered manager said this would be carried out in the future.

This will then mean people's needs are closely reviewed, to ensure that the care provided responded to their needs.

We found that people had an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and communication needs.

There was information as to people's personal histories and preferences to help staff to ensure that people's individual needs were responded to. This meant that staff were aware of people's preferences and lifestyles, and worked with them to achieve a service that responded to people's individual needs.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes. We saw evidence of information about people's changing needs so that staff could respond to these needs. There was evidence in staff meeting minutes stressing to staff that they should always report any changes in people circumstances, so that the care provided always responded to changing needs.

People and relatives said that staff usually arrived on time for their care calls. If they were going to be late, the service contacted them. Another relative said that staff arrived on time and stayed the agreed length of time. Another relative said that staff arrived on time and stayed the agreed length of time. If they were going to be late, the agency always contacted them.

We looked at care records and found that a number of call times were not always at the agreed time. For one person, the breakfast call time was often 20 or 25 minutes early. For another person, the lunchtime call was often 30 to 35 minutes early. The registered manager said this issue would be followed up. This will then respond to people's assessed needs.

Everyone we spoke with stated that they felt comfortable if they ever needed to complain. We saw that only one complaint had been made since the last inspection. We saw evidence that the complaint had been investigated and relevant action had been taken to satisfy the complainant.

The provider's complaints procedure in the service user guide gave information on how people could complain about the service. We looked at the complaints procedure. The procedure set out that that the complainant should contact the service. However, it also implied that people, if they were not satisfied with the response from the agency, could complain to CQC. This is not the case as CQC cannot legally investigate individual complaints. The procedure also stated that the investigation and response to the complaint would be carried out within 12 months. The registered manager recognised this was a lengthy timescale. After the inspection visit, the registered manager sent us an amended procedure covering these issues, and shortening the response time to 28 days.

Good

Is the service well-led?

Our findings

People and their relatives thought they received a service that met their needs. Everybody reported that they felt that the organisation was well led. A person told us, "I have not really had much contact with the office staff. I sort everything with the carers." Another relative said, "I don't know what I'd do without them. [The registered manager] is brilliant and if I need to get in touch with him the lady in the office will pass a message and he always gets back to me. I can rely on them." Another relative told us, "We have also had to cancel the occasional visit in the past and the message always reaches the carers so communication is good."

A further relative said "Every time I phone I get a response straight away. The out of hours service are also very helpful…I don't think there is anything they could do to improve the service. My relative is very happy and so am I." These comments told us that people were satisfied they received a service from a well-managed agency.

People told us that they received questionnaires from the service asking their views on whether the service met their needs. One person said, "A couple of times they have asked for feedback through a questionnaire." We saw evidence that people were asked what they thought of the service through telephone monitoring. Spot checks on staff had taken place to observe care being delivered and ask people what they thought of the service.

We saw evidence of staff assessments on their ability to deliver a quality service to people. There was evidence of telephone monitoring, contacting people by telephone, to ask them if they were satisfied with the personal care provided. We also saw evidence in reviews of people's care that they were asked if they were happy with the quality of care they received from the agency. This is an indication of a well led service.

We saw that staff had also been provided with the survey so they could comment on the running of the agency. However, there was no analysis of the results of the survey to see whether any changes were needed. The registered manager said this would be carried out.

We looked at a communication sheet with regard to contacting a medical professional. A person had damaged skin and this had been referred to the district nurse. However, there was no evidence that this situation had been reviewed to see whether any improvements could have been put into place in the future to prevent this happening again. The registered manager said that any incidents would be analysed to ensure lessons were learned in the future.

We saw evidence of the provider submitting relevant notifications to CQC. The registered manager was aware of the provider's responsibility to notify CQC of incidents. We also saw that the provider fulfilled the legal requirement of displaying their rating from the last inspection.

We saw evidence that the registered manager had raised the issue of the quality of care for people at staff meetings. The minutes of the meeting set out relevant issues such as emphasising the philosophy of

providing personalised care, how to protect people from abuse, ensuring people got proper food and drinks and ensuring good medicine practice was in place.

We saw evidence that staff had been thanked for their hard work and they had been given the opportunity to raise any queries or concerns they had. This indicated management were proactive in trying to ensure a quality service was provided to people.

Staff had been provided with information in the staff handbook as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. It emphasised important issues such as always showing courtesy to people using the service, action to be taken in the event of an emergency, being punctual for visits and staying the full time of calls to people.

Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people. The staff we spoke with told us that they were always fully supported by the registered manager and office staff.

Staff confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people. We saw evidence of this in the records we looked at. This indicated that a system was in place to ensure staff had up-to-date knowledge of people's changing needs.

We saw evidence that a client satisfaction survey had been sent to people in 2017. This asked them what they thought of the care and other support they received. This showed that a hundred percent of people were satisfied or very satisfied with the personal care they were provided with. This meant people had an opportunity to state their experiences of the care and whether any aspects needed to be improved.

We saw quality assurance checks in place to check that the service was meeting people's needs. The audits covered issues such as care planning, emotional and psychological needs of people, effective communication, medicine, falls and staff training. However, the audits indicated whether proper measures were in place but did not detail how this was carried out. The registered manager said this would be carried out in the future. This will then help to indicate a comprehensively well led service.