Age UK Leicester Shire and Rutland

Lansdowne House - Leicester

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

Lansdowne House provides personal care 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 57 the 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 some more were needed to 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, in the main, 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 training was needed on some issues.

Staff did not all 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 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 their 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.

People were satisfied with how the care they had been provided with. Staff felt they had been, in the main, supported in their work by the management of the service.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring it to the relevant safeguarding agency. We saw evidence that incidents of this nature had been reported to us, as legally required.

Notifications of concern had been reported to us, as legally required, to enable us to consider whether we needed to carry out an early inspection of the service. 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.

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 thought that staff provided safe care and that people felt safe with staff from the service. Risk assessments to protect people's health and welfare were not fully in place to protect people from risks to their health and welfare. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff. People had received care at agreed times. Staff were aware of how to report incidents to their management to protect people's safety. Medicines had, in the main, been supplied as prescribed.

Is the service effective?

Good

The service was effective.

People and relatives thought that staff had been trained to meet 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 more 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 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 were, in the main, satisfied that staff met their needs. Care plans contained information on how staff should respond to people's assessed needs. People's and their relatives were confident that the service would act on complaints. The registered manager was aware of contacting other relevant services when people needed additional support. 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. The services had been audited in order to measure whether a quality service had been provided. Legal notifications had been sent to us. People and their relatives thought it was an organised and well led service. Staff told us that there management usually provided good support to them, though this needed to be improved in one case. They said the home care manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs.

Lansdowne House - Leicester

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 12 May 2017. The inspection was announced. 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.

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.

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 seven people who used the service and five relatives. We also spoke with the registered manager, the home care 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.

Good

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.

One person said, "I feel safe with the carers. They look after me and I trust them. They do my shopping and always bring a receipt. She [staff member] makes sure there is nothing for me to fall over as I have had a few falls." Another person said, "I always feel safe because she just gets on with it and is good at everything and always so friendly. There isn't anything they could do to improve things. They are great." Another person said, "She always puts a hat on me to protect my hair from the water and sits me safely in the shower."

A relative told us, "She is definitely safe with them. She is always left secure and they let her know when they have let themselves in [so as] not to frighten her." Another relative told us, "I know that I can trust them – I'd trust them with my life. They have never let me down."

Staff told us they were aware of how to check to ensure people's safety. For example, they checked that water was not too hot before helping people with bathing; and they checked rooms for tripping hazards and made sure people were wearing the right foot wear to eliminate the risk of people falling. This told us that staff tried to ensure that people were safe.

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. For example, there was a risk assessment in place that directed staff to prevent falls by ensuring a person wore their shoes before attempting to walk, and ensuring their wheelchair was positioned close to the toilet to reduce the risk of falls. 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 infection.

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 was at risk of developing pressure sores. However, there was no risk assessment in place to guide staff to ensure that measures were in place to prevent this happening. The home care manager supplied us with this information after the inspection. This will help to ensure the person is protected from developing pressure sores.

Another person was identified as having hearing impairment. There was no risk assessment in place to guide staff to assist the person to deal with any issues that could arise from this condition. The registered manager said this would be followed up. After the inspection the home care manager sent us a revised risk assessments for this person setting out how staff would support the person with this issue.

No one we spoke with reported having any missed calls. Everybody stated that staff arrived at or near to the agreed times. They said they were informed if staff were going to be late. One person told us, "They come at the time we agreed and they stay for the full time." A relative said, "They are always on time and give me a ring to say if they are going to be late and I let Mum know." This gave indicated that they were enough staff

available to safely provide 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 work, checks had been made with previous persons known to the respective staff member and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help to ensure that staff employed are of good character. All staff records we looked at had a DBS check in place. This showed us that staff recruitment procedures were robust so as to help 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 both internally and to other relevant outside agencies if necessary, 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. However, there was no whistleblowing policy contained in the staff handbook to direct staff to relevant outside agencies. The home support manager sent us this revised policy after the inspection visit. This will then supply staff have with all relevant staff information they need 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 relative said, "This week the carer picked up on a possible error by the pharmacy with medication and checked it out – she phoned the office and got the pharmacy details and sorted it out and put all the contact details for the pharmacy on the system. I have no worries at all about their competence."

We saw evidence that staff had been trained to support people to have their medicines and administer medicines safely. There was evidence in a care plan we saw that staff were responsible for collecting a person's medication from the pharmacist on a frequent basis. There was also a medicine administration policy in place for staff to refer to assist them to safely provide medicines to people.

We saw evidence in medicine records that people had largely received their prescribed medicines, although there were a small number of gaps, which had not been explained in medicine records. The registered manager said this would be followed up, to ensure that people always received their medicine on time to safely protect their health needs.

We saw evidence in place that management followed up issues with staff with regards to medicine errors, and they had reminded staff to follow protocols on when to supply as needed medicine so people received this when they needed it.

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 told us, "About three weeks ago a lady was brought round by my regular lady so she may accommodate my extra day and the regular carer was showing her what needed to be done." A relative said, "I've never had cause to question what they are doing. I know that they have training days and they do seem to be very proficient and happy in their work." Another relative told us, "The carers will sometimes mention how they meet up with each other on training days. Age UK are hot on their training."

Staff told us that they thought they had received sufficient training to meet people's needs. A staff member said, "I have been trained in all the things I need to know about and we also have refresher training to remind us about essential information needed to do the job." Another staff member said, "We get the training we need."

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. We also saw information that other training was being planned such as nutrition, the Mental Capacity Act and awareness of long-term health conditions. This did not include relevant subjects such as protection from developing pressure sores, Parkinson's disease, mental health conditions and diabetes. The registered manager stated that training would be reviewed to ensure that staff had all the skills and knowledge to meet people's needs. The home care manager stated that staff would also be trained in end of life care.

We saw evidence that new staff were expected to completed induction training. This training included relevant courses such as infection control. There was also evidence in communication memos that staff training issues were raised to remind staff to complete training on essential issues. We also saw evidence 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, the 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.

Staff felt communication and support amongst the staff team was good. Supervision with staff had taken place. This helped to advance staff knowledge, training and development. One staff member also told us they felt supported through being able to contact the management of the service if they had any queries. However, two staff members said that had been an issue trying to get through to their line managers if they had any queries. The home care manager said this issue had been reviewed and improved recently.

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. There was information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. One care plan stated, "All tasks with [name of person receiving the service] consent." People confirmed that staff always asked for their consent when they were provided with personal care. A person said, "She always checks that I feel well enough before she starts helping me - that she has permission from me."

Staff were aware of their responsibilities about this issue as they told us that they asked people for their permission before they supplied care. We saw that not all staff had received training about the operation of the law. The home care manager told us that this training had been organised and was due to be provided to staff in the near future. This will then mean that staff are 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 relative told us, "My sister leaves a sandwich in the fridge for the carers to give them in the afternoon. They [staff](carers) always make sure that mum and dad have eaten and had something to drink, and document it in the folder."

We saw information about ensuring people had adequate nutrition at mealtimes. If people had nutritional needs, these were addressed. For example, staff recorded the amount of food people had eaten to check how much food they had to monitor that they were eating enough. This checked they were not at risk of malnutrition. There was also information in people's care plans about people having enough fluids to drink between care calls. For example, in one care plan it stated, "Ensure she has water available."

The service took account of people's choices in how they wanted to eat their meals. For example, a person wanted to eat with a dessert spoon, as they found this easier to manage. This information was in the care plan for staff to follow. This meant staff knew how to meet this person's preference.

People told us that staff were effective in responding to health concerns.

A relative said, "At least once or twice mum has sunk to the floor. Her knees go weak and she falls down. They have used her emergency necklace to contact paramedics and they let me know and I go round too. The main thing is that they cope well with the situation." Another relative told us, "A while ago he [person using the service] had a urinary infection and didn't feel well …together we helped get him comfortable in bed and he was fine the next morning." Staff told us that if someone was not well, they informed office staff who then obtained medical help for them. This told us that people received proper healthcare and ongoing support.

Good

Is the service caring?

Our findings

Everybody stated that staff were caring, kind and friendly. One person said, "They are always very kind and gentle. They make sure that they shower me well each week and I enjoy their company." Another person told us, "She is very kind to me and we have a laugh." Another person said, "They seem like very nice people and are courteous and sympathetic."

A relative said, "They are very nice people. They and mum are best mates. They chat with her and talk about what they are doing and involve her in their lives which she loves." Another relative told us, "The girl [staff member] is caring and chats with us. I hear her and my wife laughing and joking in the bathroom whilst I'm in the kitchen making the breakfast. I feel that the carer always listens well to me and to my wife. She understands."

People said that staff respected their privacy. A person said, "They are very thoughtful...it could have been embarrassing having somebody to wash me but she makes me feel comfortable and always covers me with a towel. Very thoughtful." A relative told us, "They always make sure they close the curtains to protect her privacy."

People said that staff respected peoples confidentiality and did not talk about other people receiving a service. One person told us "She tells me that she goes to other people but doesn't mention any names." This told us that staff were aware of the need to protect people's confidentiality.

There was staff monitoring in place to check that the attitude of staff towards people was friendly and caring. Care plans set out that staff should sit and have a chat with people when they had time. This gave people the chance to have positive social interaction and stimulation. The staff guide emphasised that people should be treated with courtesy.

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, religion, gender and sexual orientation. This gave people a clear message that they would be treated with fairness and respect.

People and their relatives said the considered that care staff were good listeners and followed preferences. They told us their care plans were developed and agreed with them at the start of their contact with the service. It stated they would be involved in reviews and assessments of their care. We saw evidence that people or their relatives had signed care plans agreeing that care plans met people's assessed needs.

People told us that their dignity and privacy was been maintained and staff gave them choices. One relative told us staff gave a choice of food, drinks and clothes. This was reflected in care plans we saw. For example, in one care plan it stated staff should ask people what they would like to eat. There was evidence in care plans that people would be called by their preferred names. Again, this emphasised that staff treated people with respect.

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 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 having their cultural needs respected. This encouraged staff to have a caring and compassionate approach to people.

People told us that staff respected their independence so they could do as much as possible for themselves. A person told us that staff respected their independence. Care plans we looked at asked people what they were able to do for themselves which encouraged people's independence. People said that being independent was very important to them. Staff also gave us examples of how they promoted people's independence. For example, if people could wash, then this had been encouraged. The staff handbook also emphasised the importance of promoting people's independence. This helped to ensure that staff were caring and that people and their rights were respected.

Care plans included people's religious, cultural and spiritual preferences so staff were aware of these. In one care plan, we saw evidence that the person's religious wishes had been recorded. However, there was no information on people specific wishes in relation to their religious and cultural needs such as how to respect religious artefacts. The registered manager said this information would be added to people's care plans. This would then ensure the staff were fully mindful of people's religious and cultural preferences.

Good

Is the service responsive?

Our findings

People and relatives told us that staff usually responded to people's needs.

One person said, "They do my shopping and they know what I like and within a short time they cottoned on to the fact that I like fish and chips and so now each Tuesday they get fish and chips for me. It's a real treat." A relative told us, "They are nice too in terms of doing extra things.... They go above and beyond what they have to do." We saw in a person's care plan that staff had identified that it was important for a person living with dementia that they provided a specific meal for their partner, and staff ensured they were able to do this. This told us that staff responded to people's needs.

Not everyone thought that the service had been responsive in dealing with their concerns. A person told us, "My carer […] saw that I was starting to struggle and that maybe I needed extra care […] when I did want to increase from one to two days and I phoned them it sounded like it was a big problem. After a few days I did get a call [...] telling me that the second call was possible but she just told who was coming and when. There was no discussion with me about it and I felt that I had no choice about who it was or which day they would come."

Another person told us, "I have been waiting for two or three weeks for some extra care. They [staff from the service] came out to see me but I haven't heard anything yet. I only have one visit a week and she helps me with a bath and helps in the kitchen but I need somebody every day as I'm struggling more now."

A relative told us, "They come to her [person receiving the service] each weekday but she is finding it more difficult and has poor eyesight and mobility and her memory is affected. We have asked if they can do weekends now as well but they can't."

We followed up these issues with the home care manager. We were later provided with information that people have been contacted and assured that they would be provided with additional personal care when new staff had been recruited. This responded to people's needs.

Most people reported having regular staff visiting them which people appreciated. One relative said, "99 % per cent 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." This responded to people's needs for staff that were aware of people's needs and had a good relationship with them.

People told us staff reviewed their they had their care plans reviewed. One person said, "Occasionally a person comes out from the office about twice a year to check whether I am happy and they go through the folder to make sure everything is as it should be." A relative said, "They ring me and we arrange to go through the care plan. We all sit together with dad and they direct their questions to him as they know he can answer. It's a nice conversation." We found evidence in one review that a staff member had identified a number of issues such as a lack of food, unsuitable food and heating not being sufficient. There was evidence this had been followed up by the management of the service. This told us that people's needs were

closely reviewed to ensure that the care provided was responsive to their 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 being recorded so that staff could respond to these needs. There was evidence in staff meeting minutes that it was stressed that they should always report any changes in people's circumstances so that care plans and risk assessments could be updated. This helped to ensure that staff could continue to provide responsive care and 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 and if staff were . If they were going to be late they said, the agency always contacted them.

We looked at care records and found that a number of calls times were not always at the agreed time. For example, one person's lunchtime call time was recorded as being from 30 minutes to 60 minutes early on some occasions. The home care manager said this would be followed up. This will then respond to people's assessed needs.

No one we spoke with were aware of the complaints procedure. However, everyone stated that they would feel comfortable to complain if it was necessary. A person said, "I don't know about the complaints procedure but I would phone them if there was a problem and I have done." A relative told us, "I'd have no reservations about complaining to them as necessary and I'm absolutely sure if something was said they would deal with it."

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. It was not clear that people could refer complaints to the to the local authority if they wished. After the inspection visit, the home care manager sent us the amended complaints procedure with information about contacting the local authority included.

We saw that only one complaint had been made since the last inspection. There was evidence that the complaint had been investigated and action taken.

We saw evidence that the service advised people about was always ready to suggest other agencies that could provide them with extra support. For example, support on how to save money on energy costs and support to heat their homes effectively. Also, there was also information on evidence of referral to befriending services to provide people with friendship and companionship. This showed that the service supplied people with information about other agencies to ensure that people's personal needs were responded to.

Good

Is the service well-led?

Our findings

People told us they received a service that met their needs. A person said, "I really like this organisation. I am very happy with them. They really do try to help me." A relative said, "I can't praise them highly enough. I talk to them at least once a week [when I go] in the office to get a rota and they often email it to me. The whole organisation is brilliant right from the office people but particularly the ladies [staff] who come to visit him […] the manager [...] is very helpful and I have a direct number for her so can speak to her when I need to."

Another relative said, "I do think that the service is well led well managed and I would definitely recommend them to somebody else." Another relative told us, "They are a brilliant organisation. It is a benchmark for how care should be."

People told us that they received questionnaires from the service asking for 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. These are indications of a well- led service.

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

We saw evidence that the home care manager had raised the issue of the quality of care for people at a recent staff meeting. The minutes of the meeting showed that a number of quality issues were discussed including maintaining service standards, reminding staff to discuss the installation of free energy equipment, reporting medication issues, and discussing the social care commitment to provide high quality care. It also highlighted positive comments made about staff being caring and friendly to people in an official report.

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 valuing their staff and ensuring that they provided people with a trying to ensure a quality service was provided to people.

Staff had been provided with information in the staff handbook as to how to deliver 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 the visit.

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.

Staff we spoke with told us that they were supported by their line manager, although two staff members had concerns. They said it was difficult to contact their line manager at times, especially when they needed an answer immediately in response to a situation of concern. One staff member said that at times messages left had not been returned and that information supplied was not always recorded or passed on to their line manager. When they contacted their line manager about the difficulties of providing care to some people, they said they were not always listened to. If they were covering a call for a colleague, they were not always supplied with the key safe number to be able to enter people's houses. They did state that the situation was improving as more office staff had been employed. The home care manager stated that these issues had been followed up with the staff member concerned. There was a system that if there was an emergency staff could get through on another telephone line and staff had been made aware of this. These issues would be kept under review.

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 100% of respondents 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. There were a small number of comments made which needed action, though there was no action plan in place. The home care manager sent us this information after the inspection visit.

A staff survey had been carried out in 2016. This showed that staff were generally satisfied with how the service was run.resulted in general staff satisfaction with the running of the service. There were some issues raised such as staff training needs. There was an action plan in place which showed how these issues had been addressed.

We saw a system in place reviewing people's care. This covered relevant issues such as people's satisfaction with the service, the attitude of staff, and whether staff were competent in carrying out personal care tasks.

We saw quality assurance checks in place to check that the service was safe, effective, well led, and caring. We saw audits checking issues such as medicine, missed calls, safeguarding people, telephone checks with people, staff supervision and staff training. We saw action being taken in the event of any incidents such as medication errors. This indicated a well led service.