

Eldercare (UK) Ltd

# Eldercare

## 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

The inspection took place on the 4 and 5 February 2016 at the agency office and was completed by contacting people using the service and staff with telephone interviews on 9 February 2016. The first day was announced. This was to enable the management team to make themselves available to participate in the inspection.

Eldercare is a domiciliary care service. The agency's office is located in the centre of Rossendale in Lancashire. The service provides flexible personalised care and support for people who require additional support to live independently within the community. The agency provides support to people currently residing in the Nelson area of Lancashire. Additional services are offered such as domestic support and carer support. At the time of the inspection 12 adults were using the service for personal care and support.

In addition to this service Eldercare also provides a Nationwide emergency response service. This service responds to calls made via a pendant alarm. The emergency responders work in partnership with other care agencies to ensure the persons personal requirements are met appropriately. We noted at time of inspection no person was actively using the emergency response service solely for personal care.

The service was last inspected in July 2013 and was found compliant in all areas inspected.

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

During this inspection we received positive feedback from the people who used the service and their family members. People expressed satisfaction with the service provided and spoke very highly of the staff that supported them. Comments included, "I am very very satisfied with the service. They are very good to me" and "The carers really know their job, this makes me feel safe". Family member comments included, "I know my [relative] is safe in the care of the agency. They are great. They have never missed a visit and if they are running late they contact us to let us know".

We noted the service had robust processes and procedures in place to maintain a safe environment for people using the service and staff members. The service had detailed and up to date health and safety checks for each person's house which covered areas such as adequate lighting, security of windows and doors, electrical wiring and heating. These were reviewed every three months.

People using the service told us they felt safe. Visitors were also confident that their relatives were kept safe. We noted robust safeguarding procedures were in place and staff showed a good understanding around recognising the signs of abuse. Staff had also undertaken safeguarding training.

At the time of inspection we found the service had adequate staffing levels. Staff told us they had adequate time to undertake the caring role effectively. People told us visits were never missed and they did not feel rushed when the carers arrived. Care staff confirmed that they were never required to 'squeeze' visits in and felt adequate time slots were allocated.

We found the service had a thorough and robust recruitment system in place. Staff files we looked at contained all relevant documentation and appropriate checks on staff good character had been made.

The service had processes in place for the appropriate administration of medication. Staff were adequately trained in medication administration. People told us they received their medication when required and on time.

Each person using the service had detailed individual risk assessments based on their need. These risk assessments included, mobility, nutrition, health needs and communication.

We saw detailed care plans, which gave clear information about people's needs, wishes, feelings and health conditions. These were reviewed three monthly with involvement from the person and service manager. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

We saw the service had detailed training programmes. This ensured care staff were equipped with the correct knowledge to support people effectively. All people spoken with were very positive about staff knowledge and skills and felt their needs were being met appropriately.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provided legal safeguards for people who may be unable to make their own decisions. The management team also demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

We had positive feedback from people using the service, relatives and staff about the management team. People told us they were happy to approach management with any concerns or questions.

## 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 told us they felt safe. They were cared for by staff who had been safely recruited and had received appropriate induction and training.

Staffing levels were appropriate and enabled the service to meet people's individual needs and risk effectively.

Staff were aware of their duty and responsibility to protect people from abuse and followed a correct procedure if they suspected any abusive or neglectful practice.

### Is the service effective?

Good ●

The service was effective.

People received care and support that was tailored to meet their needs.

People were supported by staff who were well trained and supervised. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People were supported well with their health and wellbeing. They were supported with their health care needs when necessary.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and dignity was respected by staff they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences and were encouraged to maintain their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review.

Staff were knowledgeable about people's needs and preferences and the agency offered a flexible service that responded to any changes in people's requirements including emergencies.

People were encouraged to raise concerns and their concerns were dealt with effectively.

### **Is the service well-led?**

**Good** ●

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values which were promoted by the management team and care staff.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

# Eldercare

## 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 was 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 4, 5 and 8 February 2016. We gave the provider 48 hours' notice as this is a small service and we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 12 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we spoke with eight people who used the service or their main carers. We spoke with five staff members, the registered manager and the service manager. We looked at the care records of five people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at three staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

## Is the service safe?

### Our findings

People we spoke with told us the service they received from the agency was "Very good". They felt safe in their home and they considered the staff to be "Excellent". People told us that care staff would always ensure their home was secure before leaving. One person told us, "I can be a bit naughty and leave my door unlocked, but the staff always speak to me about this and the importance of securing my home. They always make sure I lock up behind them". All the people we spoke with told us they trusted their carer's. One person said, "The carers really know their job, this makes me feel safe". One relative said, "I know my [relative] is safe in the care of the agency. They are great. They have never missed a visit and if they are running late they contact us to let us know". Care staff showed a good understanding of ensuring the person's property was secure before leaving. One staff member said, "I always scramble the key safe and ensure it is securely shut before leaving". Another staff member told us that they cover the key pad when entering the code.

We looked at staff rotas and time sheets. These indicated processes were in place and aimed to maintain consistent staffing arrangements. We noted there was a sufficient number of care staff employed to meet the person's needs safely and effectively. The service manager told us if a staff member becomes involved in an emergency situation and unable to attend the next visit then the service manager or senior supervisor would be called out. We spoke with the senior supervisor who told us this was part of her role therefore, would be available in any such event. People we spoke with told us they never felt rushed when care staff attended. One person said, "I am always treated with courtesy and never rushed. The staff always ensure my comfort when they are here". Another person told us, "I am never rushed, the staff always carry out their duties as they should and are always very considerate of my needs". Care staff we spoke with told us they were never expected to 'slot' another visit in that would encroach on people's allocated time slot.

We looked at the recruitment records of three members of staff. We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. The recruitment process included candidates completing a written application form and attending a face to face interview. The three recruitment files we looked at had appropriate information in line with current guidance. We saw the required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted the services 'recruitment policy' was written in accordance with the services 'equal opportunities policy'. This would help ensure a safe and fair recruitment and selection process was followed.

All people we spoke with had assistance from care staff to take their medicines. They all considered the care staff who supported them with this task were competent to do so. One person said, "My carer always ensures I take my tablets. They are always on time. I know I would forget if they did not remind me". One relative told us how it gave them piece of mind to know that their [relative] received their medication by trained and competent staff. We looked at how the service ensured that staff were competent in medication management. We noted all care staff had been trained in the administration of medicines. The service

manager told us, "Spot observations" were done with all care staff. This included observation of medication administration, sample audits of medication administration records (MARR) to ensure they were correctly completed and 'spot counts' on medication. Care staff we spoke with confirmed they had received training in medication management and demonstrated understanding around the safe handling of medicines in line with current procedural guidance. We found there were specific protocols for the administration of medicines prescribed 'as necessary' and 'variable dose' medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

We looked at how the service protected people from abuse and the risk of abuse. We discussed safeguarding procedures with the care staff, service manager and the registered manager. Staff spoken with showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff told us they had received training and guidance on safeguarding and protecting adults. We saw evidence of up to date safeguarding adults training on the service's training matrix. We saw the service had policies and procedures to support an appropriate approach to safeguarding and protecting people. We noted the safeguarding policy along with contact names and numbers were included in the 'service user guide' and 'handbook'. These were kept in the person's own home. People we spoke with confirmed they had these packs and could demonstrate who to contact in such an event.

We noted the service had 'whistleblowing' (reporting poor practice) procedures in place. Staff we spoke told us they were aware of the policies and procedures to follow in any such event. They expressed confidence in the registered manager and service manager to deal with any concerns they raised appropriately. One staff member said, "Both managers are very approachable and will deal with any issues people have. They are very professional".

We looked at other protection measures taken by the agency to ensure people using the service and staff employed were supported to keep safe. We noted risk assessments were in place to ensure the safety of both staff and people using the service. We saw in the four care files a 'domiciliary care client premises risk assessment checklist' was present. This checklist considered areas such as 'adequate lighting' 'security of windows and doors', 'electrical wiring' 'heating' and if the building was in an 'acceptable state of repair'. The service manager told us the risk assessments would be reviewed three monthly or sooner if required. We noted these were up to date. Care workers we spoke with had a good understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported. They demonstrated a good understanding around encouraging people to live their lives the way they chose, but they recognised this should be done in a safe way.

We noted the service had a clear and detailed policy in place in the event of care staff being unable to gain access to people's homes. We spoke to staff about this. Staff showed a good understanding of the procedures to follow in any such event.

We noted the service had clear 'emergency fire procedures' in place. These procedures provided clear guidance to staff on how to react on discovering a fire or the sounding of an alarm.

We looked at how risks to people's individual safety and well-being were assessed and managed. We looked at four care records. We found individual risks had been assessed and recorded in people's care files. The assessments included moving and handling, behaviours and pressure relief and dietary requirements. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. We found all risk assessments to be detailed and up to date. People we spoke with told us care staff were very responsive

to their needs. One person said, "The care staff know how I like things done. I couldn't ask for better care". Another person said, "They help me keep my independence and always do as I ask. They are trained well".

We saw all staff were provided with an identity card that remained the property of the company. These were required to be returned when staff left. Staff were provided with disposable gloves and aprons and hand cleansing gels to minimise the risk of cross infection. Care plans included details for staff to follow best practice for the safe disposal of continence products. We noted care staff had received 'infection control' training and showed a good understanding around infection control issues. People we spoke with confirmed staff would leave their houses clean and tidy.

We noted a Business Continuity Plan had been developed. This set out emergency plans, roles and responsibilities for the continuity of the service in the event of adverse weather, civil disruption, loss of staff, loss of critical business information, damage to offices, accidental death or injury through criminal actions or negligence. The service manager told us all staff had been trained in first aid and health and safety. Staff we spoke with confirmed this. We also saw evidence of this on the staff training matrix and in each individual staff file.

## Is the service effective?

### Our findings

People we spoke to told us they were happy with the care and support they received from the service. People told us that staff were punctual and never missed visits. One person told us, "The care I receive is very good. I would never change agencies. They really know me now and the carers are always very accommodating. I can ring up anytime and they listen to me and always help me with any concerns I have". Relatives we spoke with indicated they were happy with the service that was provided to their relatives. One relative told us, "It is a very good service, staff always sign in and leave detailed information in the care file".

We looked at the processes in place for staff training. Staff told us they felt they received a good amount of training and that the training courses were very detailed. Staff we spoke with told us that the service manager will arrange 'refresher' training when it was due. All staff spoken with told us their training was up to date. We saw evidence of this on the staff training records. We saw an effective training matrix system was in place. The service manager told us letters were sent to care staff home addresses to inform them when training had been booked. We saw the training offered to all carers was relevant to the caring role and covered a wide range of topics including person centred care, infection control and moving and handling. We saw the service supported staff as appropriate to attain recognised qualifications in health and social care. This was confirmed by the staff who told us the service promoted career progression and encouragement with higher qualifications.

We looked at the services induction process for new staff. We found this induction process to be very detailed and thorough. The service manager told us the induction requires new staff to be office based for two days. Over these two days staff were given mandatory training and were required to read policies and care files. New staff then shadowed an experienced member of staff for 20 hours before being signed off the induction by the service manager. Staff we spoke to told us the induction programme equipped them with the knowledge and skills needed to carry out their role. People we spoke to confirmed that staff were professional and supported them effectively. One person said, "The staff really know what they are doing".

We noted staff received supervision and appraisal in line with current procedural guidelines. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Staff spoken with told us they received regular one to one sessions and on-going support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. Staff we spoke to told us one to one time was useful. One staff member said, "I find the supervision sessions a good arena to discuss any issues I have with my visits and plan further training and career progression".

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs. The service manager told us if there was any information that needed sharing between staff, a text or phone call was made. We noted information was also given at team meetings. Staff told us there was a communication book in each person's house. This was used to pass messages to colleagues and families. However, if the information was high priority the service manager telephoned the relatives directly. Relatives told us this happened and the communication book was an effective method to record or share day to day

information.

The service manager told us care plans were evaluated monthly and an additional detailed review was completed every three months. This was when the service manager or senior member of staff visited the persons home and met with them and their family to discuss any changes in need or environment. People confirmed this happened.

People told us the service supported them to maintain good health and were happy to discuss their health care needs with care staff. People also told us they felt supported if they were not well and could ring the office and ask for support and advice. One person said, "Staff will call the doctor for me. They are good like that". Relatives gave examples of how they had been contacted by the service when their relative was unwell and that the service had kept them informed at all times. Weight, height and blood pressure charts were also evident in people's care files. People's care plans contained important information about their medical histories and any health care needs. This meant that care workers were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. We saw some good examples of the service working in partnership with community health care professionals to ensure people received the care they required.

We noted processes were in place to assess and monitor people's nutritional and hydration needs. The service's standard assessment process included a nutritional risk assessment. We noted care staff had received additional nutrition training from the 'speech and language team'. This helped to make sure any risks relating to poor nutrition or hydration were identified and addressed. Any support people required with their nutrition as part of their commissioned care was managed well. Visits were arranged to coincide with their preferred meal times and where relevant, their food preferences and any specialist dietary needs were provided. Records returned to the office showed how staff provided this support and consulted people on their requirements. Staff shopped for food if people needed this support. Financial management of this service was good. 'Food hygiene' was part of the service's training programme, which helped to ensure staff had the knowledge and skills to prepare food safely. We saw evidence of these certificates in care staff files.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We found the service had systems in place to protect people's rights under the Mental Capacity Act 2005. The registered manager and staff demonstrated good understanding of the Mental Capacity Act and arrangements required to deprive people of their liberty when this was in a person's best interests. At the time of our inspection there were no concerns about the capacity of any person who used the service to consent to their care. The service manager was able to describe action she would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

## Is the service caring?

### Our findings

The people we spoke with made positive comments about the care and support they received. One person said, "Staff are absolutely brilliant. They always give me choice. They always say to me it's your care so tell us how you want us to do it. This makes me feel in control". Another service user said, "The carers are always punctual and very caring. I have no serious issues". One relative told us they were more than happy with the care their [relative] received. They stated, "The staff are always very caring. They carry out their roles exactly as they should. They always make sure my [relative] is settled and have everything they need before they leave".

All the people we spoke with told us the staff respected their rights to privacy and dignity. People told us staff entered their home as had been agreed and that staff were respectful of their personal property. We noted the service had a 'code of conduct' of practice that staff were expected to follow. The service manager told us it was her responsibility to ensure 'spot checks' were done on all care staff. This would ensure staff were adhering to best practice guidance. Records of these checks were kept in the staff member's personal file. We saw evidence of these checks and noted comments on how well staff conducted themselves and effectively interacted with people using the service and their relatives.

All people we spoke with including relatives, felt that care staff listened to them and explained things in a way which they could understand. We noted through looking at staff rotas and speaking to people that care staff teams were consistent. This helped provide continuity of care to people. However, people understood that when regular carers were absent such as when on holiday this meant a different member of care staff would visit. The service manager told us that when new care staff joined the service they would be introduced to the person using the service. People we spoke to confirmed that this happened.

Relatives we spoke with expressed very positive comments about the standard of care and support that was provided. Comments included, "The service is perfect as far as I am concerned" and, "The staff are very helpful and my [relatives] care file is always kept up to date".

The service had a 'key worker system' in place. This gave every person who used the service a named member of staff who had responsibility for overseeing aspects of their care and support. The service manager told us the key worker system provided a point of contact for the person and their family. Staff spoken with gave positive examples about how they ensured they treated people with dignity and as an individual. Staff also told us they had received training in 'equality and diversity'. This ensured staff had the knowledge and skills to value individual difference and recognise people have different needs that need to be met in different ways.

We noted that senior members of staff had registered as 'dignity champions'. A dignity champion is a person who strives to make a difference by improving standards of dignity in care. Their aim is to ensure that all people who receive health and social care services are treated with dignity and respect and ensure people have a good experience of care when they need it. We noted this good practice was escalated down to care staff. This ensured people using the service received a respectful and dignified care approach.

We looked at comments people had made in a recent survey. People had been asked if they were treated with respect. One person commented, "The care workers always put my dignity first and are always very respectful".

Care staff we spoke with talked respectfully about the people they supported. They demonstrated a good understanding of their role and how to support people with a person centred approach. They gave examples of how they provided support and promoted people's independence and choice.

## Is the service responsive?

### Our findings

The people we spoke with told us their needs were being met by care staff who visited them. People told us they received care which was based on their individual needs and wishes. People indicated that staff knew their care needs and the staff team was always consistent. One person told us, "I am very very satisfied. Care staff know my preferences and they do everything I need". Another person said, "I have no worries as my carers are always very polite and cheerful". A family member told us, "The care staff are always very organised and follow the care plans to make sure my [relative] gets the right level of care".

We noted the service had processes in place to ensure a thorough assessment of the person's need was carried out before they began supporting them. We saw that assessment documentation was detailed and individual to the person. This included information about mobility, medical conditions, personal care needs, communication and what was important to the person in their personal and social life. We noted the assessment included detailed personal history and interests.

'Service user agreement contracts' were completed in full and signed by the person. These contracts detailed information around agreed visits and the person's cancellation rights.

We found specific care plans and risk assessments had been created based on people's needs and requirements. We looked at four of these care plans and found adequate documentation to support the development of the care planning process and support the delivery of care. We noted care plans in response to identified needs and preferences. These covered subjects such as mobility, medication, dietary requirements, health issues and personal care requirements. The purpose of the care plan was to provide detailed directions for staff to follow on meeting the needs of the person. We noted the care files also included a 'quick look care plan'. This was a condensed document containing essential information about the person that care staff could make quick reference to.

We found care plans had been signed and agreed with people or their relatives. People's capacity to make decisions for themselves had been assessed. Essential contact details were recorded as routine such as GP and next of kin.

We noted procedures in place for the monitoring and review of care plans. The service manager told us it was her responsibility and the responsibility of senior care staff to review care plans. The service manager told us that a less detailed review of care files was done on a monthly basis but ensured either herself or a senior member of staff would visit the person's home address on a three monthly basis. This was to ensure a full review is done with the person using the service and their family member if appropriate. People we spoke with confirmed this happened.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. The people we spoke with confirmed the care staff completed a detailed log after every visit. One person said, "My paperwork is always up to date. The staff are very good at sharing information with the office".

We looked at how people's complaints and compliments were managed. We noted the service had a complaints procedure in place. We noted the complaints procedure was included in the service user guide. The complaints procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We noted the policy included contact numbers for the management team, the Commission and the local Ombudsman. People we spoke with confirmed they had received a copy of the policy and demonstrated a good understanding on how to raise a complaint.

We found the service had systems in place for the recording, investigating and taking action in response to complaints. We noted any complaints had been dealt with appropriately and within the time scales of the policy. The service manager gave us a large selection of compliment cards and letters. Comment included, "Please accept our sincere thanks for the exceptional care you gave to out [relative]. Words cannot say how much we appreciate the professional work and caring way in which you looked after them". Another card said, "Thank you for the wonderful care which you gave our [relative]. They were cared for by you all with dignity, respect, consideration and love. This enabled them to stay in their own home which is what they always wanted".

We look at the most recent client survey for 2015. The service manager told us this survey was sent out annually. We noted the survey covered areas such as 'quality of service, how helpful the staff were, speed of response and value for money. We noted all the areas covered had an average score of 98%.

We noted the service manager and the registered manager worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. We saw there were good links with local GP's and health care services. In the event of a medical emergency whilst providing care, the service manager told us staff would stay and support people until they were confident the person was safe under the care of relevant professionals such as a GP or hospital admission.

## Is the service well-led?

### Our findings

People we spoke with indicated they were happy with how the service was managed. Staff we spoke with told us they were happy in their roles as carers. One staff member said, "I love my job. I never feel rushed. I am well supported in my role". Another carer said, "The service is great to work for, they will help with career progression".

We asked people if they felt able to contact the registered manager or service manager with any concerns they may have and if they felt confident that they would be addressed. People spoke positively about the management team. They told us that the service manager played an active part in the service and would visit them often. They told us how they felt able to approach management with any issues and that they would be dealt with appropriately. One person said, "They are very nice and approachable. I can ring the managers anytime; they always have time to speak with me". We spoke with staff who told us they felt supported by the service manager and the registered manager. They told us how the management team were "Very approachable" and 'put them at ease'. One staff member told us, "If there is ever an issue someone is always at the end of the phone for advice". Staff told us how the management structure operated an 'open door' policy and that they could approach them at any time.

There was a registered manager in post at the time of the inspection. The registered manager had overall responsibility for the service. She was supported in her role by the service manager. It was the service manager's role to manage the day to day operation of the service. This included line managing the care staff. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care.

People we spoke with knew the name of the service manager and the registered manager. They told us the service manager would periodically contact them via the telephone or visit their home address to ensure they were happy with the service.

We saw a wide range of policies and procedures were in place at the service. These provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the service had a whistleblowing (reporting poor practice) policy in place and staff felt confident they would be protected if they informed management of any concerns or actions of another member of staff.

We noted the service had effective audit systems in place and these were kept up to date. The service manager told us the service used a range of systems to monitor the effectiveness and quality of the service provided to people. Spot checks on staff conduct were carried out every two to three months. This was done by observing staff carrying out their duties and providing detailed feedback afterwards. The service manager

told us this was a good way to identify any training needs. Medication audits were also completed.

We noted client surveys were sent out on an annual basis. At the time of inspection we looked at eight surveys out of twelve which had been completed. All eight indicated people using the service felt safe. They also stated staff were well trained, arrived on time, worked effectively and they had not had any allocated visits missed.

We saw evidence that staff meetings were held every four months. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate.

We noted the service had a 'statement of purpose'. This clearly outlined the underpinning principles of the service and the services commitment to ensuring people were provided with care and support in their own homes which was convenient to them and in way which they found most agreeable. It clearly stated that the service 'promotes the rights of privacy, dignity, independence, civil rights, choice, fulfilment and diversity to those that use the service'. We found by reviewing relevant documentation, talking to people who used the service, their relatives and also care staff that these principles were adhered to on a daily basis.