

J.B. Skillcare Ltd

JB Skillcare Limited

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 

Overall summary

This was an unannounced inspection which we carried out on 15 & 29 July 2015 and 10 August 2015. We last inspected JB Skillcare in July 2014. At that inspection we found the service was not meeting legal requirements with regard to monitoring the quality of service and record keeping. At this inspection we found that action had been taken to meet the relevant requirements.

JB Skillcare is a domiciliary care agency providing care and support to people in their own home. The agency provides 24 hour personal care and support to some people with complex support needs. It is registered to deliver personal care.

People told us they felt safe when receiving care. They told us that they trusted the care workers who supported them. Staff told us they had received training in relation

Summary of findings

to safeguarding adults and would report any concerns. Improvements had been made to the recruitment process for staff to check they were appropriate to support people with their personal care needs.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were sufficient staff employed in small teams to provide consistent and safe care to people.

There were systems in place to manage risks and they were assessed and managed to promote people's safety and well-being.

People received their medicines in a safe way.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions for themselves. They also received other training to meet people's care needs.

Staff helped ensure people who used the service had food and drink to meet their needs.

Staff knew people's care and support needs. Detailed care plans were in place that documented how people wished to be supported. People were involved in making decisions about their care.

People told us staff were very kind, caring, efficient and went the "extra mile."

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

A complaints procedure was available and people we spoke with said they knew how to complain. Where complaints had been received they had been satisfactorily resolved.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service.

Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

Staff said the management team were approachable and communication was effective to ensure staff were kept up to date about any changes in people's care and support needs and the running of the organisation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were appropriate arrangements to protect people from avoidable harm and abuse.

People were supported to take their medicines in a safe way.

Risks were assessed and managed to promote people's safety and well-being.

Staff were suitably recruited and there were enough staff to ensure people's needs were safely met.

Good



Is the service effective?

The service was effective.

Staff were supported to carry out their role and they received the training they needed.

Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

People were supported to have their nutritional needs met.

Good



Is the service caring?

The service was caring.

People and family members we spoke with said staff were very caring and respectful.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

We found people were helped to make choices and to be involved in daily decision making.

There was a system for people to use if they wanted the support of an advocate.

Good



Is the service responsive?

The service was responsive.

Staff were knowledgeable about people's needs and wishes. People received support in the way they wanted and needed because staff had detailed guidance about how to deliver their care.

People had information to help them complain. Complaints and any action taken were recorded.

Good



Is the service well-led?

The service was well-led.

Staff and people who used the service told us the registered manager and management team were supportive and could be approached at any time for advice.

There was structured management of the service to provide leadership and ensure standards were maintained.

Good



Summary of findings

Staff said they were aware of their rights and their responsibility to share any concerns about the care provided by the service.

The registered manager monitored the quality of the service provided and had introduced improvements to ensure that people received safe care that met their needs.

JB Skillcare Limited

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 July, 29 July and 10 August 2015 and was unannounced.

The inspection team consisted of an adult social care 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 service. During the inspection the inspector visited the provider's head office to look at records and speak with staff. After the inspection the inspector carried out some telephone interviews with staff and visited some people in their own

homes to obtain their views on the care and support they received. An expert by experience carried out telephone interviews with some people who used the service and some relatives.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority and health commissioning teams and the local authority safeguarding adults' teams. Comments we received were used to support our planning of the inspection.

We spoke on the telephone with six people who used the service and eight relatives. We also visited two people in their own homes to obtain their views on the care and support they received. We interviewed seven staff members and the registered manager for the service.

We reviewed a range of documents and records including seven care records for people who used the service, seven records of staff employed by the agency, complaints records, accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Is the service safe?

Our findings

People who used the service said they felt safe. Relative's also confirmed people were safe. People's comments included, "They (staff) know what to do to help me safely, but there is no personal care needed. They help us as a family to be better able to keep an eye on each other," "I feel safe with the staff who care for me," and, "I'm safe with the staff, but only because I stick to the same staff. I've had no accidents with them." Relatives commented, "Yes I feel safe, (Name)'s safe, they treat them right and there's no mishandling," "They've had no accidents. (Name) is very safe with staff and I wouldn't have them if it was at all otherwise," "(Name)'s care is done with safety and dignity. They (staff) keep an eye out for any sores or signs of pressure and they lift (Name) every two hours at weekends," "I've had no worries this last year with (Name)'s care," and, "It's all done safely now."

Staff had a good understanding of safeguarding and knew how to report any concerns. A staff member told us, "I'd get straight in touch with the office if I had any concerns." Other staff told us they would report any concerns to the registered manager. They were aware of the provider's whistleblowing procedure. A staff member told us, "I'd tell my supervisor and see what happened. If nothing happened I'd get in touch with the Care Quality Commission (CQC)." Staff were able to tell us about different types of abuse. They were aware of potential warning signs and could describe when a safeguarding incident would need to be reported. A staff member said, "If I saw or suspected something was happening that shouldn't be I'd report it straight away." Staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed they had completed safeguarding training. Staff members told us, "I've done the day's training for safeguarding," "I've had safeguarding training," and "I did e learning, on-line training on the computer."

Since the last inspection the service had notified CQC of four safeguarding allegations and had taken appropriate action to keep people safe from harm. A safeguarding log was kept and all allegations had been reported to the local safeguarding authority.

Procedures were followed to safeguard people against financial abuse. Some people had appointed representatives or relatives who supported them in

managing or having oversight of their finances. Risk assessments were completed around finances and where people required support to manage their finances, care plans detailed the support required from staff. This was agreed with the person or their relative.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and most risks associated with the health and support needs of the person. For example, for falls and nutrition to keep people safe. On one home visit we saw the person's care records did not have an up to date risk assessment in place with regard to pressure care. This was necessary as the person was at risk of pressure damage to their skin. We told the registered manager and they said it would be addressed. Individual risk assessments were in place where people were at risk of choking because of swallowing difficulties. People we spoke with did not recall falls or injuries caused by staff. Risk assessments were reviewed to ensure they reflected current risks to the person. They formed part of the person's care plan and showed the clear link between care plans and risk assessments. The risk assessment and care plan both included instructions for staff to follow to reduce the chance of harm occurring.

We spent time during the inspection observing staff care practice. We saw staff had time to chat with and build positive relationships with people, in addition to carrying out care tasks and duties. People told us staff took the time to carry out their care properly, safely and with dignity. People using the service made positive comments about the staff and staff we spoke with told us they thought there were enough staff employed by the service. Their comments included, "Staffing levels are good," and "I think there are enough staff." The registered manager told us staffing levels were based on the individual needs of people who used the service. They gave examples of when they had been able to respond flexibly and provide extra hours and staff cover when emergencies had occurred in the lives of people they supported.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at head office. We were told all incidents were audited by the responsible person at head office and action was

Is the service safe?

taken by the registered manager as required to help protect people. For example, with regard to falls. We were told a referral would be made to a specialist clinic for an assessment of the person's mobility.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. Comments from staff members included, "All the numbers for the office are in (Name)'s house, there's an email address for JB Skillcare and the rest of (Name)'s family have my mobile number," "Someone is always available when the office is closed if I need advice," and, "I've never had a problem but I know I can ring an on-call manager."

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines. Staff told us they were provided with the necessary training and they were sufficiently skilled to help people safely with their medicines. However, we did not see an up to date check in place to make sure each worker's medicine competency was assessed regularly. The registered manager told us this was due to be addressed. Suitable checks and support were in place to ensure the safety of people who managed their own medicines. People who told us that their care included providing medicine confirmed it was done properly and without mistakes. They said it was recorded on notes and charts. A person who used the service commented, "They help me

with my medicine including providing me with morphine, they keep that checked so I can be sure it's right. I have charts and they note it down every time and they (medicines) are counted up regularly for checking."

We saw improvements had been made to ensure staff were recruited correctly. The necessary checks had been carried out before people began work in the service. We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. One relative commented, "I even join the interviews for new staff members." We saw relevant references and a result from the Disclosure and Barring Service (DBS) had been obtained before people were offered their job. This checks if people have any criminal convictions. Application forms included full employment histories. Checks were also carried out for workers from overseas to ensure they had a valid visa to work. Two application forms for people, who were in the process of being recruited, showed they had not completed their application fully. The section had been left blank where they had to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. The end of the application form had been signed however. The registered manager told us that this would be addressed at the time of their interview, and the applicant would be asked to confirm and put an entry and sign to show that part of the application had been read and completed.

Is the service effective?

Our findings

People told us that staff knew the support they needed and provided this when they needed it. We asked people if they thought that the staff had the skills and knowledge to provide the care they required. They told us that they thought the staff did. Staff were positive about the opportunities for training. Comments from staff included, “There are opportunities for training,” “I’m doing a National Vocational Qualification (NVQ) level three, (now known as Diploma in health and social care),” “There’s training all the time,” “You come in for training on your days off and you’ll get paid for it,” “They (the management) are open to suggestions about training courses. I identified stroke training to help with a care package and I’ve been doing that training,” “We do on-line, watch training DVDs and do some face to face training,” and, “There’s training all the time.”

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. A relative told us, “New staff are introduced slowly to (Name) and they shadow existing staff until I’m happy with them.”

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff told us they completed further training while working in the service to understand people’s needs. This included a range of courses such as dementia care, nutrition, palliative care, stroke care, communication, care planning, catheter care, Percutaneous Endoscopic Jejunostomy (PEJ) training. (PEJ is a tube which is placed directly into the intestine and by which people receive nutrition, fluids and medicines.)

Staff said they received supervision from the management team, to discuss their work performance and training needs. Individual staff told us, “I have supervision usually every two months,” “The team leader does supervisions with us, I just had one two weeks ago,” “We talk about training and how the job’s going,” and, “We always book the next date for my supervision during the session.” Staff told us they could also approach the registered provider,

registered manager and team leaders in the service at any time to discuss any issues. A staff member commented, “You can call in the office any time, grab a coffee and speak to someone.”

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA. The registered manager was aware of where relatives were lawfully acting on behalf of people using the service. For example, where people had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances when they no longer had mental capacity.

People who used the service were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their ‘best interests’. People told us care workers always asked their permission before acting and checked they were happy with the care they were providing. At one visit we observed the support workers checked the person was happy for them to proceed and if they were content with the care.

Staff helped people to ensure they had enough to eat and drink. They said they prepared or heated meals for people. They also supported people to make their own meals. We saw people had individualised support plans which described their dietary requirements and the support they needed. Some plans also included advice from speech and language therapists and dieticians on safe positions for eating, nutritional supplements and specialist equipment for eating. Staff recorded meals and drinks taken each day. Some people had their food intake monitored because of risk of weight loss. The charts that were used for one person who lived with dementia did not reflect the amount of food eaten but rather described it and only recorded main mealtimes and did not record the snacks, which were recorded in the daily record. This made it difficult for the

Is the service effective?

person's nutritional intake to be monitored so an accurate account was available for the family and staff. The registered manager told us this would be addressed with staff to ensure an accurate account was maintained.

People who used the service were supported by staff to have their healthcare needs met. Staff told us they would contact the person's General Practitioner (GP) if they were worried about them. People told us staff would get them a doctor if needed and in some cases staff regularly spotted early signs of problems and this helped avoid complications with their health. People told us they had access to other professionals and staff worked closely with

them to ensure they received the required care and support. For example, a nurse had been involved to provide training about the use of a PEJ tube to show staff how to feed a person. Regular contact was maintained between the service and health care services and we saw evidence of letters, referrals and other correspondence within the files. We saw that people were accompanied to health appointments when required and specialist services, such as Speech and Language Therapy (SALT), palliative care nurses and occupational therapists were accessed as needed.

Is the service caring?

Our findings

People we spoke with were very appreciative and complimentary of the care provided by staff. They told us staff were kind, polite, respectful and caring and went the “extra mile for them.” People’s comments included, “I really wish I had them for all my care at present,” “They (staff) look after me. They are what I want I’d choose and what I like, they are very pleasant,” “The support staff are lovely.” Relatives comments included, “They are a team and they are all friendly with (Name) and me,” “The two carers are superb with (Name),” “They (staff) are considerate in the house, they are really nice that way and make me feel relaxed as well,” “The worker is very good,” “The carers are all absolutely brilliant, one carer has been helping (Name) for four years and another has been with (Name) for two years,” and “I think they’re great ...because the carers are great with (Name).”

All the people we spoke with told us they had received information about the care they were to receive and how the service operated.

The registered manager said they created a staff team to work with each person to help ensure consistency of care for the person. The registered manager told us team leaders had been appointed to be responsible for co-ordinating the staff assigned to work with each person who required intensive care support. A relative commented, “They now have a team leader and work as a team sorting things out, they are now much more pro-active to check for or spot problems at an early stage.” The staff team work was appreciated by people and relatives. Other relative’s comments included, “It’s a palliative care package. The staff are very sensitive with (Name) and let them be themselvesThey are a team and they are all friendly. (Name) is not well but I feel this is the best care (Name) could get. The arrangement really helps me to look after (Name.) They have already lived much longer than anyone thought,” “They are a team and are now much better with a new manager.”

People who used the service were very pleased with the care they received. They told us staff were introduced to people before they started to work with them. A person commented, “They introduce me to new staff.” Relatives thought staff seemed knowledgeable about their care needs and family circumstances and knew how to look after them. Relative’s commented, “(Name) has a severe

form of a de-generative condition and needs a lot of personal care. It is provided with dignity and care and this has really improved,” “(Name) has got to know them,” and, “They’re a brilliant team of staff for (Name), because of their care (Name) is much less likely to need hospital.”

During the home visits we saw care delivered matched the care highlighted in people’s care records. We saw staff were patient in their interactions with people and took time to listen and observe people’s verbal and non-verbal communication. We observed one carer interacting with a person whose communication we did not comprehend, because we did not know the person. We saw the worker watch and interpret the person’s mouth movements as they silently sounded out individual letters of the alphabet which were then used to form the words the person wanted to communicate. For someone else, a relative commented, “It’s difficult for (Name) to get properly involved in the care being provided, but they’re able to show by their demeanour if they’re more relaxed and they have done so. Much more relaxed now,” and, “New staff learn (Name)’s facial expressions because you need to know what (Name) is trying to say.imagine if in pain and unable to say.” People were encouraged to make choices about their day to day lives. Another relative commented, “(Name) has got to know them (staff). They make (Name) more independent and help (Name) to say things. (Name) really needs this continuity.”

People’s privacy and dignity was respected. Staff asked people’s permission before carrying out any tasks and consulted them with regard to their support requirements. Relative’s comments included, “They always respect my privacy as well when they (staff) are staying in the house,” “The staff wash (Name) in the morning and at night and are very sensitive with (Name),” “My (Name)’s care is provided with dignity and respect. Staff will shut the blinds and put a rug over (Name) when they need to use the commode,” and, “Staff mostly just need to be on hand and (Name) can manage with their help to get in and out of the shower. Sometimes if staff need to do more it’s done safely and with dignity.”

Many people told us staff were helpful and did little extras and described them as being thoughtful about things that made a big difference to the quality of the service they received. Examples included, looking after a person’s dog whilst they were in hospital, calling in to see someone as they lived locally when not on duty as they knew the

Is the service caring?

person's main carer was away. Other people gave examples of staff helping out and providing meals, when needed, although they did not normally need this help and "popping" to the shops if any extras were needed. One relative was overwhelmingly appreciative of the support two staff members gave to a person when they accompanied a person on a cruise overseas. They told us, "The staff were brilliant, I never expected (Name) to be able to travel, but (Name) really benefited from it and can still remember it and talk about it. To keep the momentum going we've booked (Name) another cruise for next year."

All people said staff made time to sit and talk to the person, either before or at the end of their visit and not only when they were providing support. People and relatives commented all staff helped to ensure the voice of some very dependent people was heard by listening to them and communicating with them in ways they understood.

The staff handbook given to staff when they started to work for the service contained information to remind staff of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.

Important information about people's future care was stored prominently within their care records, for instance where people had made Advance Decisions about their future care. Staff told us relevant people were involved in decisions about a person's end of life care choices. For example, when a person had an end of life care plan in place. Records showed this had been discussed with the person, their family and the GP.

We observed staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the agency any issues or concerns. The registered manager told us this sometimes led to a more formal advocacy arrangement being put in place with external advocacy services. Advocates can present the views for people who are not able to express their wishes.

Is the service responsive?

Our findings

People we spoke with said they were involved in discussions about their care and support needs. A person commented, “I know about my care plan” and “Someone from the agency came to visit me to tell me about the service before I started to use it.” Relative’s comments included, “We have been well involved in the care plan and the manager will meet up regularly and does formal or informal reviews,” and, “I don’t remember a review but the manager did come out to talk to us about (Name)’s care.”

Records confirmed that assessments were carried out before people used the service to ensure that staff could meet their needs. Assessments were carried out to identify people’s support needs and they included information about people’s medical conditions and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, pressure area care, mobility and communication.

People’s care records were up to date and personal to the individual. They contained information about people’s likes, dislikes and preferred routines. For example, “I use Vosene shampoo and I prefer to be shaved with an electric razor,” “When I’m tired it affects my communication and I can get frustrated by this,” and, “I have a pillow to support my right arm when I’m in bed.” Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. All people we spoke with told us the service was relevant to people’s needs. People commented, “Staff help to let me do things on my own without relying on others. It’s often shopping or going out if I feel like it or doing an errand. It works for me because I can do what I want,” and “They (staff) stay with me. At meal times they peg feed me and make meals first.” (Percutaneous Endoscopic Gastroscopy is assisted eating whereby a PEG tube is placed directly into the stomach for people to receive nutrition, fluids and medicines.) Relative’s comments included, “Care is now very much more tailored to (Name). . . .and that’s what helps me. The service is much more responsive now and we have better communications with them. They are easy to get in touch with,” and, “It’s very individual care for (Name)’s needs and they (staff) really know what to do for (Name).”

Records we looked at showed care plans were in place that reflected the current care and support needs of people. Care plans provided very good detail for staff to give care and support to people in the way they preferred. For example, a care plan for communication stated, “I am able to lead my own life and express my own preferences. A pen and paper can be useful for staff to write down the letters of the alphabet until they understand what I am trying to say.” Another person’s personal care plan detailed, “I wear jewellery and lipstick every day even when I’m not getting up, this is important to me,” and “If you give me a selection of clothes to choose from I can tell you what I would like to wear.”

People told us their care was reviewed on a regular basis and could be changed if they needed it to be. They told us they were involved in meetings about their care and support packages. Relatives we spoke with said they were involved in review meetings to discuss their relative’s care needs, and their relative’s care was discussed on an ongoing basis. Records showed that regular reviews or meetings took place for people to discuss their care and to ensure their care and support needs were still being met.

Staff told us they kept up to date with people’s care needs by reading through care records. They also told us changes in people’s care were passed on to them through the agency’s office. The registered manager said if urgent communication was required with staff the office would use email or telephone to contact the staff member. Several staff members comments included, “Communication is very good,” “The office lets us know if someone has gone into hospital or if they’re not going to be in for their visit,” and, “We’re kept up to date with any changes before we visit and we also let the office know if there is any change in anyone’s condition.” Staff kept daily progress notes to monitor people’s needs, and evidence what support was provided. These gave a detailed record of people’s wellbeing and outlined what care was provided. Staff also completed a daily handover record, so oncoming staff were aware of people’s immediate needs and forthcoming appointments. People told us detailed recordings and handover notes were very helpful to avoid mistakes. A relative commented, “They have a handover sheet as well as the care log book and care plan to hand.”

People we spoke with told us they knew how to complain. Relatives’ comments included, “I had to complain a lot at the start, but now they have new managers it’s a lot better,”

Is the service responsive?

"Things have been going fine for the last year," and, "I've no complaints, if I needed to complain I know how to." The agency's complaints policy provided guidance for staff about how to deal with complaints. People also had a copy of the complaints procedure that was available in the

information guide they received when they started to use the service. A record of complaints was maintained. We saw the complaints received had been investigated and the necessary action taken.

Is the service well-led?

Our findings

A registered manager was in post who had become registered with The Care Quality Commission (CQC) in 2014.

We saw during the inspection and heard from people who used the service and staff the improvements that had been made since the registered manager had started work with the service. We saw improvements had been made since our last inspection with regard to the running of the service to benefit people who used the service and staff. This included record keeping, auditing and ensuring people received individual care in the way they wanted. The registered manager told us of other plans to make sure the service continued to provide individual and better quality care to people. People's comments included, "(Name), the manager is really good," "It wasn't very good but it has been improving in the last six months," "Everything's fine. The carers are good and (Name) gets on well now after some early problems," "

Staff said they felt well supported. Comments from staff included, "I love working here, I've left twice to work nearer to home but keep coming back," "The management are always available, if there's something I need to know I can just ask anytime," "The manager is very good and very approachable," and, "We've had lots of changes but things have improved."

Staff received a company handbook when they started to work at the service to make them aware of conditions of service.

Staff commented they thought communication was good and they were kept informed. Staff who provided 24 hour support to people told us they received a handover from the staff member at the change of duty. This was to make them aware of any changes and urgent matters for attention with regard to the person's care and support needs. A communication sheet was also used to pass on information and record any actions that needed to be taken by staff in order to ensure the person's well-being. Staff said they would get a phone call from office staff notifying them of any urgent changes with regard to people's rosters.

Overall we found feedback with regard to the effectiveness of communication between office staff and people who used the service and/or their relatives was positive. However, where 24 hour care was not provided comments

were not always as positive. These comments included, "My worker will usually tell them if I have a problem, but they don't always get back to me," "Sometimes they don't let me know if my worker is going to be late," and, "If my worker can't come to help me go shopping they sometimes don't let me know in time. I can sometimes change but not always or they don't get the messages sorted out in the office." We fed these comments back to the registered manager who told us a more structured communication process would be introduced for people who did not receive 24 hour support. Other comments included, "The office communications have improved and the general way they do things," and "I think the service is generally very high quality and I don't have any issues with the care staff, but I do have some with the office staff."

The registered manager told us monthly management meetings were held to ensure the smooth running of the service. Records of meetings showed areas of discussion included, staff performance, health and safety, safeguarding, care workers responsibilities, care planning and risk assessments. Staff told us care team meetings were held, led by team leaders to co-ordinate effective care delivery to people. They discussed communication and training requirements in any areas of care specific to individual people. This showed staff were responsive to people's changing needs, for example, as their dependency increased or decreased.

People told us senior staff members called at their homes to check on the work carried out by the care workers. Staff confirmed there were regular spot checks carried out including checks on general care, care observation and care records. People also told us they were asked at reviews and at these spot checks from senior staff, if they were happy with the service provided and whether they had any issues or concerns they wished to raise.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included health and safety, training, care provision, environmental, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken. The annual audit was carried out to monitor the safety and quality of the service provided.

The registered provider monitored the quality of service provision through information collected from comments,

Is the service well-led?

compliments/complaints and survey questionnaires that were completed annually by staff and people who used the service. We saw some surveys had been completed by people who used the service for May 2015. We were told by the registered provider people also sent in compliments which contributed to the quality assurance processes of

the agency. The results were analysed and action taken if improvements were required to service provision. Compliment cards from people included, "I want to thank you for all the wonderful care you gave to (Name), the care your staff team gave was 100 percent," and, "Thank the staff for the excellent help given to (Name), I will never forget it."