

Sevacare (UK) Limited

Sevacare - Birmingham Central

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 21 and 22 February 2017 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service [care at home]; we needed to make sure that there would be someone in the office at the time of our visit. The service was last inspected in March 2016 and was meeting all the regulations.

Sevacare-Birmingham Central are registered to provide personal care. They provide care to people who live in their own homes within the community. There were 253 people using this service at the time of our inspection.

There was a registered manager in post at the service but they were unavailable on the day of the inspection. 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. The registered provider advised us that they were in the process of applying to change the registered manager. The care manager (who was present during our inspection and who demonstrated a good understanding of the day to day management of the service) had been identified to take on this role.

People told us that they felt safe with the staff who supported them. Staff understood the different types of abuse people could experience and how to safeguard people. Staff knew how to support people with risks associated with their health. However this knowledge had been obtained over time, and not through the provision of risk assessments and risk management records produced by the registered provider. People told us that they received support from consistent staff. People told us they received their prescribed medicines. The management of medicines was safe.

People were supported by staff who were confident and equipped in their roles. People told us that staff only assisted them with their consent. People told us they enjoyed the food prepared for them and they chose what they preferred. People were supported to meet their health care needs when necessary.

People received support from staff who were respectful and caring. People told us they made decisions about how they wanted their care provided. Staff described people's likes and dislikes. Staff maintained people's privacy and dignity whilst supporting them to remain as independent as possible.

People told us that staff were aware of their needs and wishes. Most people received care and support that was flexible and that they felt met their needs in the way they preferred. The service had developed a complaints procedure. People could be confident their feedback would contribute to the improvement of the service.

People and staff expressed confidence in how the service was run. The care manager had systems in place

which ensured they captured the views and experiences of people who used the service. Staff told us that the manager was approachable, understanding and had implemented changes to improve the service. There were some systems in place to help the care manager to monitor and review the quality of the care provided but improvement was needed. The care manager advised us that they had further plans in place to support them to have a clear oversight of the 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 told us that they received safe care and trusted the staff providing support to them.

Staff knew how to support people with risks associated with their health. However risk management records did not consistently provide staff with clear guidance.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their preferred needs.

People's consent to care and support was obtained by staff.

People were supported with eating and drinking and to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring in their interactions with them.

People were involved in decisions about their care and how they wanted to be cared for.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were developed with people who used the service.

However some plans did not provide sufficient detail to enable staff to deliver person centred care.

People and their relatives were involved and contributed to the reviewing of the care and support provided.

People and their relatives told us they knew who to complain to and felt confident they would be resolved appropriately.

Is the service well-led?

The service was not consistently well-led.

Improvements were needed to ensure that the quality monitoring systems were robust.

Systems were in place to listen to the views of people and act upon them.

People, relatives and staff told us that the management team were approachable, supportive and listened to them.

Requires Improvement 

Sevacare - Birmingham Central

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 21 and 22 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. The visits were undertaken by one inspector and two experts 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.

As part of the inspection we looked at the information we had about this provider. The provider was asked to complete 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. This information was received when we requested it. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people who use this agency to obtain their views. All this information was used to plan what areas we were going to focus on during the inspection.

During our inspection we held telephone interviews with 23 people who used the service and 17 relatives. In addition we spoke at length with the Care Services Manager, the Care Manager, three care co-ordinators and 18 members of the care team.

We sampled some records including 10 people's care plans and medication administration records to see if people were receiving their care as planned. We reviewed five staff files including the provider's recruitment process. We sampled records maintained by the service about training and quality assurance.

Is the service safe?

Our findings

People we spoke with told us that they had no concerns about their safety regarding the service they received in their own home. People told us that they felt safe with the staff that provided their support and personal care. One person told us, "When the carer leaves she always checks that the door is closed and locked which makes me feel safe. They always knock and call my name when they come in. I have a key safe." Another person said, "They [the staff] are very clean and tidy and bring their own gloves and we use a clinical waste bag for disposal of gloves and pads." A relative said, "I feel very safe having them [the staff] in my home. I feel very confident with [name of staff] going into our cupboards when he needs bags and other things like that and that shows how much I trust him."

People were protected from avoidable harm and abuse from staff who had the knowledge of how to safeguard people. Staff we spoke with told us that they had received safeguarding training and described what actions they would take should they suspect someone was being abused. There were whistle-blowing guidelines for staff to follow in case they witnessed or suspected that people were at risk. One staff member told us, "If we hear or see something bad we have to report it."

People told us that staff used specialist equipment safely. One relative said, "I can't fault the carers. They all know how to use the hoist. There has never been a problem and anybody new is always sent with an experienced carer but they all seem confident with the hoist." Staff we spoke with were aware of the risks presented by people's specific health conditions and were confident in explaining what they did to keep people safe. One member of staff said, "Before using the hoist I check the surrounding areas, check the hoist is charged and check the sling for wear and tear." A number of people who used the service had received various assessments in relation to their specific health conditions. Whilst all of the staff we spoke with had a good knowledge of individual people's health needs these were not consistently underpinned by a risk assessment, management plan and specific guidance for staff about how to support the person effectively to minimise the risk. For example, some moving and handling risk assessments did not refer to any risks associated with using the hoist and did not specify how to safely move the person. Although this needed to be addressed within people's care records, the staff knowledge and skills meant the outcome for people was still good and they were protected from moving and handling risks.

Staff and people told us that staff wore gloves and aprons at the appropriate times when providing care. There were supplies of personal protective equipment to ensure infection control risks were minimised.

We received mixed comments about the reliability of staff. Some people told us that the care staff mostly arrived at the expected time. A relative we spoke with said, "They [the staff] are normally on time. If running late we get a call from the office and they always stay for the time they are supposed to. They have never missed a call." Another relative said, "I think they [the service] have enough carers... they were able to get somebody out to us last minute when somebody was off sick." Other people were not so positive and told us that they experienced late calls. One person said, "They [the staff] can be late. For example, this morning they should have come at 10.30am and it was 11.30am. They are often at least 30 minutes late." Although the service had not met some people's expectations no one shared with us experiences of poor care. We shared these concerns with the care manager who advised us that a new electronic system was being

implemented which would enable more effective monitoring to maintain oversight as to whether people received their care calls as planned.

Most people told us that they received support from a consistent team of staff. One person told us, "I have regular carers which is good for me." Most relatives we spoke with told us they were happy that their loved ones received the same staff providing them with care and support. One relative said, "The carer who comes now is regular and this is very important as my [relative] is sometimes confused and he needs a familiar face. I feel that he is safe with her as she knows him and knows how to speak to him." Another relative said, "Continuity is very important as [name of relative] gets uptight when strangers come in and we do have regular carers who are excellent." Staff we spoke with were happy with the staffing arrangements. The care manager told us that agency staff were not used and in the event of any staff absences, staff worked together to ensure there was sufficient cover. The care manager explained that staffing levels were based on the number of people using the service and their dependency needs.

People told us that they were kept safe in emergencies. All staff we spoke with described what actions they would take in the event of a variety of emergencies. Staff described that they knew how to report accidents and incidents in a timely manner so these could be managed effectively. The service had emergency contingency plans in place should an emergency arise, for example bad weather. This was in place so they could still provide essential care and support in extreme conditions. One relative told us, "We live high up and when it snows it can be hard to get here and I say don't come when the roads are bad but they have always managed to get here."

All the staff we spoke with confirmed that the required employment checks had been undertaken before they started working. One member of staff we spoke with told us, "I completed all my police checks and ID checks before I started work." We looked at the processes in place for safe staff recruitment. We found that these included obtaining Disclosure and Barring Service (DBS) checks and references to ensure new staff were safe to be working with people. We looked at five staff recruitment files and the necessary employment checks had been made. This meant the recruitment practice protected people and ensured they were supported by staff who were suitable for supporting people with personal care in their own home.

The systems in place for the management and administration of medicines ensured people received their medicines safely. People we spoke with told us that staff administered or prompted them with their medicines. People and their relatives we spoke with told us that they were happy with the support that they received in respect of their medicines. One person who used the service said, "[name of staff] helps me with my tablets and eye drops and does it all very efficiently." One relative told us, ""They [the staff] give her medication from the blister pack. They sign the MAR sheet and it's always been fine." Staff were knowledgeable about how to support people to take their medicines safely. They confirmed that they had received medicines training and observations of their practice by senior staff." The service had appointed a medicines champion to undertake the medicines audit and this had proved to be effective in recognising and addressing any shortfalls.

Is the service effective?

Our findings

People told us they were happy with the staff that regularly supported them. One person told us, "I think my regular carers understand about how my blindness affects daily life and it's small things that make a difference such as noting how many days I've got left on my inhalers...they will just prompt me saying 'I think you might need to renew this'."

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People expressed their confidence that the staff had the abilities to meet their needs appropriately. One person said, "As far as I'm concerned they [the staff] seem well trained." A relative said, "They [the staff] seem to understand about how the stroke has affected my [relative] and have learnt how to communicate with her and what her gestures mean." Staff we spoke with told us that they received the training they required for their roles and felt knowledgeable and confident to meet the specific needs of the people they supported. The service ensured that staff received training at regular intervals to enhance and support care skills. One member of staff told us, "We have good training and there is always a written test following courses. We are supported to do NVQ's [National Vocational Qualifications]."

Staff told us that they felt supported by the management team and that senior staff were always available for advice and guidance. Staff informed us that they attended one to one meetings with their manager to discuss work related matters and had the opportunity to reflect on their work performance. Feedback from care staff and the care manager confirmed there were systems in place to ensure staff knowledge and learning was monitored through unannounced 'observation and competency checks' on their practice. We saw that staff had received specialist training with the use of Percutaneous endoscopic gastronomy (PEG). One relative we spoke with said, "[name of relative] is PEG fed and it can be daunting but because [name of staff member] is so experienced he could reassure both me and my [relative]."

People were supported by staff who had completed an induction programme. This included the completion of training in a variety of core areas in respect of their individual roles. Staff told us they worked alongside more experienced members of staff before supporting people on their own. One person told us, "We tend to get the experienced carers but if there is ever a new carer they send them with one of the experienced carers." A member of staff we spoke with told us, "I shadowed staff before I went out on my own." We saw and staff confirmed that the registered provider had introduced the Care Certificate [a nationally recognised set of standards used for induction training of new staff] that should be completed for staff who are new to the care sector. This meant people would receive care and support by staff who had the right skills and confidence to meet their individual needs.

Staff told us that they completed daily records to ensure communication was effective between the staff team. A member of staff told us, "We have to complete daily communication logs after each visit. This makes sure everyone knows what has gone on."

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. People we spoke with confirmed that staff obtained their consent before assisting them. One person said, "The carer will always check how I am before washing me. She asks 'Are you alright today [name] and will check I am ready to have a wash or go to bed in the evening.'" Relatives also confirmed that staff checked with their relatives to get their consent before providing them with care and support. One relative said, "They [the staff] always tell [name of relative] what they are going to do before they do it and check that she is happy with that."

The care manager and staff we spoke with demonstrated a clear understanding of the MCA and how this applied to practice. Staff were able to explain when a best interest decision meeting should be considered and the purpose of these. One member of staff said, "The MCA supports individuals who find it hard to make a decision. We have to assume people have capacity and respect people's decisions even if they are wrong decisions. Sometimes decisions have to be made in people's best interests."

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within principles of the MCA. We found that one person's care plan identified that they were under constant supervision and there had been no discussion with the supervisory body to ensure the person's rights were protected. The care manager advised us of their intentions to liaise with the Deprivation of Liberty Safeguard professionals to explore and take any necessary action to ensure they were protecting people's human rights and working within the requirements of the act.

People were supported by staff to eat and drink enough to maintain a balanced diet. People told us that they were happy with the assistance they received from staff. One person told us, "I tell them [the staff] what I want for my meals and they prepare it for me and a hot drink. They always leave me with a drink. They leave me to eat and then they come back to wash up when I have finished. I'm very pleased." Relatives confirmed they were happy with staff supporting their loved ones to eat and drink. One relative told us that staff had to support their loved one to eat a meal and said, "We order in pureed meals and they all [support] her with care and sensitivity. [Name of staff member] is particularly good and will ask her... 'do you want this or that.... giving her choices but not overwhelming her with choice.'"

People told us that the staff knew and understood their health conditions and the impact this could have to their care and support. People told us that where necessary staff had supported them to access a Doctor or a nurse. One person told us, "I've got Tinnitus and two weeks ago my ears popped, the room was spinning and I felt very sick and poorly. The carer phoned the Doctor for me and phoned me later to see how I was." A relative told us that staff had identified a potential health concern and had informed them immediately and said, "It could have been more serious and I'm glad they [the staff] notice these things."

Is the service caring?

Our findings

People told us that most staff were kind and understanding in the way in which support was provided to them. One person told us, "My carer is a really nice person, she is friendly and we have a chat. She always makes me a cup of tea before she goes." Relatives were complimentary about the positive relationships that had developed between their loved one and the staff. One relative said, "They [the staff] are excellent, fantastic, the best. They always tidy up after they have finished. They have personal chats with Mum about how she feels, her family and what she's been doing." We did receive some less positive comments from people about their experience with some staff in the past. Some people told us that some staff had been rude and disrespectful but they had contacted the service and these staff were removed. All the people we spoke with said they were mainly happy with the staff who were currently supporting them.

People we spoke with told us that they were actively involved in making decisions about their care and support. One person told us, "My carer is fantastic and polite and does what I want and need." Staff we spoke with had a good understanding of people's needs and preferences and showed concern for people's well-being. Staff described things of importance in people's life, their previous occupation and life history. One member of staff told us, "It's important to know people's routines and their interests." This showed that staff respected people's decisions about how they wanted their care and support provided.

People told us that staff were considerate, showed respect and protected their dignity. One person told us, "As soon as they [the staff] come in we get water in the basin. They dress me in the bathroom and they make sure that I am kept warm and covered." One relative said, "The carers always use towels to cover [name of relative] as they wash her and really look after her. They always close the curtains." Another relative said, "They [the staff] are very careful to make sure [name of relative] is covered and his dignity respected and close doors and curtains." Staff were able to describe a range of actions they undertook each day that promoted and protected people's dignity.

People told us that they were supported to maintain their independence. One person told us, "I am blind and [name of staff] is great and will make cautionary noises or words as needed whilst encouraging me to be as independent as possible. He gives me all the right advice. He has very quickly put into place a routine so I know what he is doing and where he is and it's the same each time." Staff were able to describe how they encouraged people to be as independent as possible and do as much for themselves as they felt able or wished.

Staff we spoke with demonstrated a respectful approach towards the people they cared for. Staff were aware that they were entering people's own homes and had to be respectful of people's rights and of their property. One person told us, "They [the staff] respect our home and will only go into rooms they have to and always clear up after themselves." One member of staff told us, "People have the rights to make their own food and refuse us entry." People could be assured that their personal information would be kept confidential. One person who used the service told us, "They [the staff] never mention other people's names or addresses."

Is the service responsive?

Our findings

Most people and relatives we spoke with told us that they were happy with the quality of the care and support provided. One person who used the service told us, "They [the staff] don't do it as if it's their job and I don't feel like they are strangers. We have got to know each other which makes me feel less of a burden." Assessments of people's needs were completed when people first started to use the service. The care manager told us that prior to any person accessing the service, a full assessment of their needs was undertaken by them to ensure the service could meet their individual needs.

People told us that their care plans were drawn up after discussion with them and taking into account their views and opinions. One person told us, "I wrote my own care plan as directed by the social worker and I feel very involved in any reviews." Some plans were personalised and contained people's preferred routines. However, some plans were not always person centred and detailed the 'tasks' that staff needed to carry out during the visit. Most people's preferences for care was respected by the service. The service had discussed preferences for male and female carers and had accommodated this request. One person told us, "I was given the choice of gender of the carer and I said I would prefer a male. He is friendly and respectful. We have a chat about football as he knows I like it." Although we saw that records held in the office for one person contained information and recommendations from other professionals about the person's care and support needs, this had not consistently been used to inform their current care plan. People and their relatives told us that their care plans were regularly reviewed. One person told us, "A new care plan and review was done when we transferred over from the other agency and was done well and fully." One relative we spoke with said, "[Name of relative] has regular, about yearly, reviews of her care plan. We are all included in this."

Most people told us that the service responded promptly to their concerns and requests for additional support. One person told us, "They [office staff] are very good if I have to change an appointment such as if I've got a birthday event to go to. I just phone the office; they always answer and then will say, 'Have a nice time.'" One relative told us, "Every time I've requested something they [the office staff] have always done it. They are very flexible, for example we like to take [name of relative] to the theatre and [if] I need to cancel or change the carer times they are always fine about it." Three people told us that the service did not consistently respond to their requests for different times for their care calls. One person told us that their time allocated did not suit their needs and said, "I am not happy with the timings and going to bed at 8pm is too early for me." We shared these concerns with the care manager who advised us that they were not aware of the feedback and would contact people to address the issues raised. We received confirmation that this had been done following this inspection.

The staff employed by the service reflected the diversity and culture of the people they supported. The care manager told us that they matched people where possible, with staff who understood their faith and were able to communicate in the person's preferred language. One member of staff said, "We respect people's cultures and religions."

People and their relatives told us that staff knew them well. One person told us, "I would really recommend them as an agency. They help me to stay feeling in control which is important to me. They know my little

idiosyncrasies such as my interest in talking about politics." Relatives were complimentary about how staff supported their loved ones. One relative said, "They [the staff] will do extra little things like wash and style [name of relative] hair if she asks them. They know she likes the soaps on the television and [are] always chatting with her about them. Today they watched a bit of 'This Morning' with her and they were all chatting about the clothes. I would definitely recommend them; they are a God send to me." Another relative told us, "They [the staff] ask how I am as well as Mum and they really care if you know what I mean. Its genuine they are like friends and they are a lifeline to me. Mum loves them. They talk to her about her grandchildren and they put the television programme on she likes in her bedroom as they put her to bed in the evening. It's those little things that are so important."

People told us and records showed that where people needed support they were assisted by staff to attend places of interest and recreation. One person told us, "They [the staff] will also do little things like reminding me of things such as, 'Don't forget the library in the morning'. They support me to do things for myself and to keep interested in life." A relative said, "When they [the staff] come in the evening they do some exercise with [name of relative]. Either on his exercise bike or some walking. He won't listen to me but he will do some exercise for them."

People we spoke with told us that maintaining relationships with their families was important. A relative we spoke with said, "They [the staff] chat with [service user] and they chat with me too which is lovely." A relative told us, "We have used this service a long time and staff know all the extended family."

There was a complaints procedure in place and this was included as part of the service users guide. People knew how to complain about the service if they were dissatisfied. One person told us, "I know there is a complaints leaflet in the folder." All the relatives we spoke with told us they were able to raise any complaints or concerns and that they were responded to in a timely manner. One relative told us, "I would be very happy to complain if I needed to and think they would take any complaint seriously." Records sampled showed that concerns had been investigated and responded to in line with good practice. One person told us about an incident that occurred which resulted in them having to contact the office and said, "I felt that it was handled properly." We tracked the action taken by the care manager in response to a common issue raised by a number of people. They had taken action to remind all staff that they were required to conduct themselves in line with the organisations code of conduct and we saw that people had been contacted to see if improvements had been made. Staff we spoke with demonstrated an interest in empowering and supporting people to make a complaint or share a concern.

Is the service well-led?

Our findings

The care manager monitored the quality and safety of the care provided by completing regular audits. However, we found some of the audits had failed to identify and address the shortfalls we had identified. People's risks were not consistently well-managed. Whilst all of the staff we spoke with had a good knowledge of individual people's health needs these were not consistently underpinned by a risk assessment, or a management plan or specific guidance for staff about how to support the person effectively to minimise the risk. Audits had not always been effective for identifying and addressing record keeping issues. The audits in place to check people's daily communication notes had not identified that on occasions words were used to describe specific tasks which were not dignified. The care manager did not fully understand the requirements of the MCA guidelines. Some care documents we viewed had 'consent forms' to agree to care and treatment that had been signed for by a relative of the person receiving the service. There was no evidence to support that the relative had the appropriate authority to sign for the person. The care manager informed us of future plans to ensure they had systems in place to demonstrate an oversight of incidents, late calls and missed calls to identify and analyse trends from these issues which could prevent the likelihood of negative experiences for people recurring.

People told us that they were happy with their care and in their opinion felt the service was well-led. One person told us, "The manager came out about two months ago. I can't remember her name but she seemed very efficient and checked whether we were happy... which we are." One relative told us, "I think [name of staff] is the manager. She is very approachable and happy to help us. They are definitely hands on and get things actioned." Another relative told us, "They [the office staff] were very responsive when [name of relative] was in hospital last year and the care package needed increasing when he came out and they were able to do this. We didn't want the enablement team when he came out but wanted to go straight back to Sevacare and they were able to do this for us."

The provider stated in the provider information return (PIR) "We ensure that service users are listened to and responded to in a way that recognises and respects them by way of review, complaints and the annual survey." People told us that they were asked about their opinions and experiences of using the service. We saw the service used surveys to find out people's views. One person said, "I have received the odd survey and I get someone to help me fill it in every 12 months." People told us and records confirmed that people were regularly visited or contacted by telephone to talk to them about the quality of the service. One relative said, "About every six months they [senior staff] come out from the office to check on what's happening and they are always helpful on the phone." Another relative told us, "I get regular calls every so often to see how things are going." Feedback from people who used the service was positive. The care manager advised us that they were in the process of also developing questionnaires for relatives. We noted that feedback had been analysed and an action plan had been devised in response to the feedback. This demonstrated that the information had been used to drive improvement within the service.

People who used the service told us that the service listened to any concerns raised. One person told us, "I can get through to [name of manager] at any time. I have her mobile number. She always says to me if there is any problem you ring me. If even the slightest problems I'd ring [name of manager] so there should not

really be a need to make any formal complaints." The care manager described the culture of the service as one which valued all staff and people who used the service and embraced diversity. One member of staff said, "[name of manager] is understanding and listens. She has supported our careers." The care manager told us that they 'have an open-door policy'. This was confirmed by the staff we spoke with. One staff member told us, "[name of manager] is not a bully. We can talk to her and she takes time to listen." Staff we spoke with gave a good account of what they would do if they witnessed bad practice. The service had a whistle blowing policy, which staff were aware of and a copy was available in the office.

The registered provider had a care manager in post who was in the process of registering with The Care Quality Commission. The care manager was aware of their responsibilities in raising concerns about suspected abuse. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The care manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our discussions with the care manager during our inspection demonstrated that they had kept up to date with new developments, requirements and regulations in the care sector. The Care Services Manager assisted in the overseeing of the service and attended the office on a regular basis to support staff, monitor the improvement plan and to ensure the care manager was meeting their key performance indicators.

There was a clear leadership structure within the service. Staff we spoke with told us that they were happy in their jobs and felt supported by the management team. A member of staff told us, "[name of manager] knows her staff. There have been lots of improvements and things are more structured." Staff confirmed that they received supervision and guidance from the manager on a regular basis. Staff told us and we saw that staff meetings were conducted on a regular basis. Whilst the care manager had a system in place to monitor the competencies of staff in their workplace we found that competency checks had not been undertaken to ensure staff undertook complex medical procedures safely. Undertaking these checks would be a further way of protecting people from unsafe harm, and demonstrating the agencies commitment to provide care in line with best practice guidelines. Staff we spoke with described how they felt confident to raise issues or offer suggestions about how the service was provided.