First Call Community Systems Limited

First Call Community Systems Limited

Inspection report

2 Devonshire Court
Green Lane Trading Estate, Clifton
York
North Yorkshire
YO30 5PQ

Tel: 01904479144

Date of inspection visit:
19 July 2016

Date of publication:
22 September 2016

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 of First Call Community Systems Limited took place on 19 July 2016 and was announced. At the last inspection on 12 September 2014 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

First Call Community Systems Limited is a domiciliary care agency (DCA) providing care and support to adults and younger adults who may be living with dementia, a learning disability or autistic spectrum disorder, mental health issues, a physical disability or sensory impairment. At the time of our inspection there were 31 people using the service. The service provides personal care, for example, assistance with washing and dressing and also provides domestic help, including shopping and assisting with housework, to people living in their own homes in York.

This service applied to change the location address of its York office in autumn 2014, but has been in operation for several years. This is the first comprehensive rated inspection at the location.

The registered provider was required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post for the last four months. The registered manager was supported by an area manager during the inspection, because of this.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Workers were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were managed and reduced so that people avoided injury of harm.

The office premises were safely maintained and there was evidence to show that maintenance contracts were in place. Staffing numbers were sufficient to meet people's need and we saw that rosters reflected the times and frequency of calls that people required, as recorded in their support packages. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people. We found that the support provided to people that used the service with their medication was safely carried out.

We saw that people were supported by qualified and competent workers that were regularly supervised and who received appraisals regarding their personal performance. People's mental capacity was appropriately assessed and their rights were protected within the framework of appropriate legislation if necessary.

Employees of the service had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. When people were assessed as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interests. The registered manager made appropriate referrals to the Court of Protection in these cases. However, this had not been necessary for some time.

People received support with adequate nutrition and hydration to maintain their health and wellbeing, if this was a requirement of their support package. We found that people received compassionate care from kind workers, that knew about people's needs and preferences. We found that people were always asked for their consent before workers undertook care and support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and workers aimed to maintain these wherever possible. This ensured people were respected, that they felt satisfied and were encouraged to keep control over their lives.

We saw that people were supported according to their person-centred support plans, which reflected their needs well and which were regularly reviewed. People were encouraged to maintain good family connections and support networks. There was an effective complaint procedure in place and people were able to have complaints investigated without bias.

The service was well-led and people had the benefit of this because the culture and the management style of the service were positive and progressive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys and meetings.

People that used the service had opportunities to make their views known through direct discussion with the registered provider or workers and through more formal complaint and quality monitoring formats. They were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely in their homes or in the agency office.

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 were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were managed and reduced so that people avoided injury, wherever possible.

The agency premises were safely maintained. Worker numbers were sufficient to meet people's need and recruitment practices were carefully followed to ensure workers were suitable for the job. People's medication was safely managed, if this was required.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent workers that were regularly supervised and received appraisal of their performance. People's mental capacity was appropriately assessed and their rights were protected, if necessary, using the appropriate legislation and applications to the Court of Protection.

People received support with their nutrition and hydration to maintain their levels of health and wellbeing, if necessary. Their health care needs were monitored where this was required.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind and considerate workers.

People's wellbeing, privacy, dignity and independence were monitored and respected and workers aimed to maintain these wherever possible.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred support plans, which were regularly reviewed.

People had their complaints investigated without bias and they were encouraged to maintain healthy relationships with family and friends.

People were encouraged to remain in control of their lives.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service of care, where the culture and the management style of the service were positive and progressive. The registered provider checked the quality of the service effectively.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely in people's homes or the agency office.

First Call Community Systems 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.

The inspection of First Call Community Systems Limited took place on 19 July 2016 and was announced. We gave 24 hours' notice of the inspection because the location provided a domiciliary care service, was small and we needed to be sure that someone would be available to assist us with the inspection. One Adult Social Care inspector carried out the inspection.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with First Call Community Systems Limited and reviewed information from people who had contacted CQC to make their views known about the service. We did not receive a 'provider information return' (PIR) from the registered provider, but this had not been requested by the Commission. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people that used the service, one relative, the registered manager, area manager and three support workers that worked at First Call Community Systems Limited. We looked at care files for three people that used the service and at the recruitment files and training records for three support workers. Records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented, were also reviewed. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe receiving support from workers at First Call Community Systems Limited. They explained to us that they found workers to be "Reliable, honest and considerate." One person said, "I feel quite safe with the workers because they follow the protocols for my care that were set up by me. Staff know how to enter my home." Another said, "I am quite safe with the workers that show up and I have no concern for the security of my possessions."

We found that the service had systems in place to manage safeguarding incidents and that workers were trained in safeguarding people from abuse. Workers demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. Workers said, "Safeguarding is about protecting folk from harm or injury and ensuring any suspected or actual safeguarding issue is reported to my manager" and "Abuse can be physical, sexual, financial, emotional or, I can't quite remember the others. People could show signs of withdrawal and distress, there could be bruises, people could have no money because it has been taken from them, there are lots of signs to look out for."

We saw evidence in workers' training records that they were trained in safeguarding adults from abuse. Records were held by the registered manager in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These corresponded with what we had been informed about by the service through formal notifications to us, which numbered four safeguarding referrals in the year. All of this ensured that people who used the service were protected from the risk of harm and abuse.

We found people were protected from the risks associated with their care because workers followed appropriate guidance and procedures. The support packages that we looked at contained risk assessments to reduce people's risk of harm from, for example, falls, poor positioning, moving around their environment, inadequate nutritional intake and the use of mobility equipment. Workers told us how they adhered to risk assessments if they supported people to manage, for example, their finances. They explained how they recorded any shopping they did for people as well as about keeping receipts and maintaining an accounting sheet each time they spent any money on behalf of people living with dementia or with a learning disability. One worker discussed the importance of liaising with family members when assisting people with finances and explained the arrangements they had with a relative.

The premises at the agency offices were well maintained and the registered provider ensured it met with other safety legislation, for example, with fire, security and use of equipment when providing training. We saw that fire extinguishers and the premises fire safety systems were annually serviced.

The registered provider had accident and incident policies and records in place should anyone receiving the service or working for the company have an accident or be involved in an incident. Records (and accident / incident logs) showed that these had been recorded thoroughly and action had been taken to treat injured persons and prevent accidents re-occurring. One worker related an incident to us that resulted in an extra worker being called to assist with the person's safety. Following this a reassessment of the person's

transferring needs was carried out by an occupational therapist and alternative equipment was acquired for them. There were recorded details of other accidents that had occurred and been managed safely. We assessed that accidents and incidents were appropriately managed and handled by the service workers and team leaders.

Staffing rosters showed that workers were matched with people according to their particular needs for one or two worker visits. People and their relatives told us they thought there were usually enough workers to support people with their needs. A minor issue people had with workers was that sometimes they were late for calls, if traffic problems were encountered or the previous call had gone on longer than expected, and that they did not always ring ahead to explain this. No one had any recollection of a situation where the worker/s had not turned up for their call. Another minor issue was that people did not always get to know that a new worker would be calling, although this did not worry anyone we spoke with. Workers told us they covered shifts when necessary and found they usually had sufficient time to carry out their responsibilities.

The registered manager told us they used thorough recruitment procedures to ensure workers were suitable for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw there was a DBS check in all three staff recruitment files we looked at.

The registered manager told us it had been difficult of late to recruit new workers even though the registered provider paid slightly above the 'living wage' set by the Government. Workers we spoke with told us how they had applied for their positions and confirmed the checks they had to undergo in order to satisfy the requirements of their employment.

Workers files contained evidence of their identities, interview records, health questionnaires and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from workers that were unsuitable.

We looked at how workers supported people with their medicines and how that support was managed. We checked a selection of archived medication administration record (MAR) charts. We saw that people were appropriately supported with medicines; that medicines were stored safely, administered on time, recorded correctly and disposed of appropriately. People were satisfied with the arrangements in place for providing them with medication administration support.

Good

Is the service effective?

Our findings

People we spoke with felt workers at First call Community Systems Limited understood their needs and had the knowledge to care for them. They said, "Most of the staff know how to look after me and those that don't are given instruction. They soon learn what I need doing" and "Workers are well trained and know what they are doing. One new worker was not very confident and took longer to get to grips with my care but extra shadowing of other staff was given to them and they are fine now. Another new worker who came to see me for the first time today clearly knew what my needs were before they arrived. They must have read my support plan."

We saw that the registered provider had systems in place to ensure workers received the training and experience they required to carry out their roles. An employee training record was used to review when training was required or needed to be updated and there were certificates held in workers files of the courses they had completed. Some workers completed training via the viewing of DVDs and completing workbooks. Other training was by attendance at, for example, York City Council or local colleges, depending on the course. Moving and handling training was provided by the service which had its own workers trained in moving and handling instruction.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. One worker said, "I've completed the Care Certificate. I completed moving and handling some time ago but all of my other training is up-to-date." Another worker said, "I have moving and handling, hoist use and safeguarding training all up-to-date, but I haven't completed medication administration yet. I won't be allowed to assist with medicines until I have done it. I shadowed other staff to learn about medicines and sharps for example and have had some competence checks carried out. We are all 'spot checked' from time-to-time as well, to make sure we are competent at our job."

The registered provider had an induction programme in place and reviewed staff performance via one-to-one supervision and an appraisal scheme, as well as 'spot checks' and competence checks. Workers told us their supervisions included looking at refresher training that might be needed, and at their performance and problems that may have arisen.

We saw three workers files that confirmed the training they had completed and the qualifications they had achieved. We saw that staff had received supervision regularly throughout the year and that appraisal scheme meetings with staff were recorded.

We saw that communication within the service was effective. The registered manager, workers, people that used the service and their relatives shared information appropriately, issued memos and texts and recorded important details for other workers to follow up when necessary. Methods used included daily diary notes, memos, telephone conversations, meetings, notices and face-to-face discussions. People that used the service and their relatives told us they were kept informed about issues, changes and late calls, as much as possible so that they knew when workers were expected (although not everyone we spoke with was

completely happy with this).

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 interest and as least restrictive as possible. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked with the registered manager and were told that there were no people with any authorisations to have specific important decisions made on their behalf, to whom the service was given.

We saw that people consented to care and support from workers by agreeing to support or conforming with workers when asked to accompany them and by accepting the support they offered. Daily notes recorded how consent was given. Records showed that people had signed the documents in their files to give permission, for example, for photographs to be taken, key safes to be in place and used, support plans to be implemented or medication to be handled on their behalf. People we spoke with said no workers ever carried out any tasks or support without obtaining their permission first.

People had their nutritional needs met when necessary by the service because people had been consulted about their likes and dislikes, allergies and medical diets. There were nutritional risk assessments in place where people had difficulty swallowing or where they needed support to eat and drink. Workers that assisted people with their nutrition were trained in food hygiene and followed good hygiene practices, to ensure people were safely supported and their nutritional needs were met.

People had their health care needs met by the service because people and their relatives had been consulted about medical conditions and information had been collated and reviewed with changes in their conditions. We were told by workers that people saw their GP at their request. Some people received the services of the District Nurse, chiropodist, dentist and optician as they required or wished.

Health care records held in people's support files recorded when they had seen a professional, if workers were aware of this, and the instructions given to workers by GPs to support people with health care. We saw that diary notes recorded where people had been assisted with the health care that had been suggested for them. The service had designed an NHS 999 care pathway approach for workers to follow in the event they became aware of a medical emergency for individuals.

The premises at First Call Community Services were on a business park in Clifton near York, which was appropriately maintained. The service had three floors in a shared complex, which consisted of main office, meeting room, toilet and two smaller offices on the ground floor, a large training room and toilet on the second floor and other meeting and archiving rooms on the top floor.

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other. They said, "The staff are easy to get on with. Staff are very good at listening and responding to worries and suggestions. They don't always act on them (suggestions) though" and "There are some fantastic carers who I am familiar with and know well." Other people said, "Carers are polite and helpful and support me in a way that I prefer", "Staff are polite and kind, in general" and "The workers are kind and caring."

We were told by people that used the service that workers had a pleasant manner when they supported them and that workers were kind, caring and empathetic. Some workers had been employed at First Call Community Systems since the location at York was registered in 2012. People told us the management team led by example and were polite, attentive and informative in their approach to them and their relatives.

Discussion with workers revealed there were no people using the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs but these were adequately provided for within people's own family and spiritual circles. One worker told us that one of the people they visited was a devout Catholic who received visits for Holy Communion from their local priest. The registered manager told us those people with disabilities due to illness or age, were assisted to access services in the community without bias. We saw no evidence to suggest that anyone that used the service was discriminated against.

People's wellbeing was monitored by workers who reported issues to the office and then office employees would contact the person, their family member or GP if appropriate to ensure that people received the support they needed. People's wellbeing was considered in respect of mental as well as physical wellbeing and so workers looked out for people with low mood or lack of motivation and passed this on to their seniors.

When we asked about arrangements for directing people to advocacy services we were told that at the time of the inspection there were no people receiving the service that required the use of an advocate. However, the service had a policy on advocacy and workers were aware that the City of York Council had were very good at providing advice about and links to advocacy services in the area.

People we spoke with told us their privacy, dignity and independence were always respected by workers. People said, "My privacy is well respected and I feel comfortable with the carers that visit me". Workers told us they only provided care that was personal in people's bedrooms or bathrooms, ensured curtains were closed and bathroom doors were closed when assisting with personal care and knocked on front doors before entering people's homes, so that people's privacy and dignity were upheld. Workers said, "It is important to help people feel relaxed and that their dignity is being preserved" and "I always make sure care is discreetly provided".

Workers also spoke about maintaining confidentiality and explained why this was important and what their responsibilities were to ensure people's information was kept confidential. One worker said, "I would not discuss a person's private or even non-private affairs anywhere, other than within the organisation."

Good

Is the service responsive?

Our findings

People we spoke with said they felt their needs were being appropriately met. They talked about 'coaching workers' to ensure their needs were met how they preferred them to be met. People also talked about having changes made to their support package when they requested it, when their needs changed or a review of their care and support identified a need for change.

We looked at three care files for people that used the service and found that they were ordered, kept up-to-date and contained detailed information about people's care and support needs, based on their assessment of needs that had been completed. Support plans were person-centred and contained relevant information pertinent to individuals and instruction to workers on how best to meet people's individual needs. For example, one support plan contained details about the person's need for support with washing, dressing, fitting walking aids, household tasks, activities and contact with the local community. It stated they managed their own medication and received four and a half hours support from another service.

Support plans contained personal risk assessment forms to show how risk to people would be reduced, for example, with pressure relief, falls, moving and handling, nutrition and bathing. We saw that support plans and risk assessments were reviewed monthly or as people's needs changed.

Workers told us that it was important to provide people with choice, so that people continued to make decisions for themselves and stay in control of their lives. People chose their meals each day and so where necessary workers respected their choices. People chose activities, chores and whether or not they went out on a daily basis and were very much in control of their own lives. Workers attended people at set times and for planned periods of time to support difficult tasks people needed to perform with regard to personal care, nutrition and mobility. One worker said, "I make sure people are given choices, for example, one person really likes a full English breakfast, but I always ask what they would like first before starting to prepare it for them." Workers listened and supported people how they were instructed to. People's needs and choices were therefore respected.

We saw that the service had a complaint policy and procedure in place for people and workers to use and there was a file titled 'Positives/Negatives', which recorded when compliments and complaints had been made. This record showed that compliments were available for workers to view and that complaints and concerns were handled within timescales. There was evidence that workers were spoken with and action taken when complaints were raised about them. We found there were 13 negative comments from people that used the service and workers recorded in the file since August 2015, but none of these were complaints. However, they had been looked at and responses given. Action taken included making three monthly telephone monitoring calls to people that used the service to check there were no issues and to ensure people were satisfied with the workers that supported them and with the package of support that was in place.

People we spoke with told us they knew how to complain. They said, "I've no cause to complain but I would ring the office if I did", "I would get straight on to the office staff or ask to speak directly with [Name]" and "I

suppose I would speak to one of the seniors or the manager, but I've not needed to complain." One person said they had some issues over a year ago but these had been satisfactorily resolved. Workers we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time.

People that used the service and relatives often made comments to the service about workers' approach or something they had done that was appreciated and these were recorded on 'compliment cards' and filed in workers' files. They were shown to workers on receipt, which helped to motivate workers into carrying out their roles effectively and conscientiously and they were also used as part of the supervision system for workers.

Good

Is the service well-led?

Our findings

People we spoke with felt the service was appropriately managed and there was a satisfactory atmosphere when they spoke to employees at the office. Workers we spoke with said the culture of the service was, "Friendly, supportive, happy and progressive."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for four months. They were therefore still receiving support from the Operations Director on a regular basis. Some changes in job roles and responsibilities had taken place recently and office employees were clear about their duties and responsibilities.

The management style of the registered manager and senior management members was open and approachable. Workers told us they could express concerns or ideas any time and that they felt these were listened to and considered. They had a clear understanding of who their line-manager was that they should approach with any concerns or suggestions.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

The service was registered at a location in York in 2012 and apart from a change in the location address to the current office site in 2014, there have been no changes to the registration since.

The registered provider had an arrangement with City of York Council to provide identified individuals with a service of care under contract, but there were no arrangements in place for 'block contracts'. Some people were provided a service through Continuing Health Care on a 'fast track' basis.

The service had written visions and values, a 'statement of purpose' and a 'service user guide' that it kept up-to-date (documents explaining what the service offered). These also contained aims and objectives of the service. Workers were not fully aware of the visions and values when asked about them, but they explained they had a detailed staff 'handbook' in which all of the information they required to do the job, the main policies of the organisation and how they were expected to behave, were listed. One senior worker said, "There are visions and values, but I am not sure all staff could tell you what they are. We try to instil our visions and values into staff practice by incorporating them into the training that staff receive."

The registered manager told us they kept up to date with best practice and legislation via updates from other professional bodies, Healthwatch publications, regular training through Skills for Care and health and safety updates from the organisation. (Skills for Care is a national skills academy for social care and it provides practical tools and support to help adult social care organisations in England recruit, develop and

lead their workforce.) The registered manager told us they disseminated key information about best practice and any legislative changes to workers in team meetings, memos and texts. Workers told us the service was affiliated to the UKHCA (United Kingdom Home Care Association) and the ICG (Independent Care Group) and that they gathered information about the trends in homecare from these groups.

We were told by the Operations Director that they carried out monthly visits to the service to support the registered manager and to discuss service delivery. The registered manager was also supported by a Business Development Manager who was available on-call and contactable according to a roster.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals, so that stakeholders could make their views known about the service delivery.

Audits were carried out on medication management systems and practices, records maintained, support plans, infection control practices and moving and handling procedures and practice. Any areas of concern identified by the audits were addressed within an action plan. Work was completed to remedy issues, details were recorded and the action plans were signed off.

For example, audit records were completed to show where workers had failed to complete the communication or monitoring charts and these were then used in supervisions to address omissions with the workers. Workers also received texts from the team leaders to prompt them with any omissions in recording. One audit sheet showed a worker had not recorded that the person had been seen at a lunch time call and that they had received support. Another record showed one worker had not signed the time their call to a person ended, while a third record stated the person's name had not been entered on all communication sheets. We saw how these were identified, action taken to remedy the problems and the records maintained once issues had been resolved.

The registered manager told us that the service had been assessed in May 2016 by the City of York Council monitoring department and that it had improved since its inspection four months earlier. The City of York Council usually carried out quarterly assessments which consisted of three business meetings with the service each year and then a physical inspection once a year. The last inspection was in January 2016. Business meetings were also held between the organisation and City of York Council. Responses had been positive from people that used the service who were questioned by the Council about service delivery.

Satisfaction surveys were issued to people that used the service every six months, the last time being in February 2016. Comments made on 16 of these that were completed and submitted to the service were mixed: negative and positive, but not seriously concerning. Examples of the comments included, "I find every carer different, never-the-less I am grateful for their support", "Care must be taken to make the rosters workable regarding arrival times", The carers are fantastic in the main, but office efficiency is not and procedures are not fit for purpose", "I am very pleased with the service so far", "Excellent service" and "Quality of care varies from carer to carer, but staff very good at listening and responsive to my worries and suggestions, even though they don't always act on them. Quality of care can be excellent but spoiled by staff with lack of social skills, though this sometimes improves with time." One person we spoke with said, "I have been given a satisfaction survey, but it was some time ago now."

Workers surveys returned also contained mixed comments. Workers comments covered the total hours work they are allocated each week (sometimes insufficient), sometimes not given information about service users going into hospital, requests for specific training, good communication experienced and requests for

uniform. While action plans were put in place to deal with service user and worker issues and there was evidence of how improvements were made, the service had not embarked yet on any formal means of giving feedback to people, which would have enhanced the quality assurance and monitoring systems.

We saw that the service expected workers to complete communication sheets after they had provided people with support. These were collected regularly and checked in batches by the team leaders, every two months, as part of the auditing system. Team leaders also checked the monitoring charts that were used for people who needed support with eating and drinking, in the same way.

We saw evidence of worker and team leader meetings being held every month for each area the service operated in. These meetings addressed issues that affected worker performance, looked at workers challenging each other's practice and provided workers with information to carry out their roles effectively and safely. This ensured people they supported were consistently cared for and had their needs met according to policy, procedure and safe practice.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.