Ashcroft Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

We carried out an announced inspection of Ashcroft Homecare Limited on 26 and 27 September 2017. We gave the provider 48 hours' notice because the service is small and we needed to be sure that someone would be available at the office for the inspection. We also wanted the registered manager to be present at the service on the days of the inspection to provide us with the information that we needed.

Ashcroft Homecare Limited is a domiciliary care provider located in Clitheroe, Lancashire and at the time of the inspection provided care and support to 35 people.

At the previous inspection on 22 and 23 March 2016 we found the service was not meeting all the standards assessed. The service was in breach of the regulations relating to the requirement to operate effective systems to check and improve the service and recommendations were made around supporting people with their medicines and assessing people's care and support needs.

During this inspection we found that although there had been some improvements in the assessment of people's care and support needs, the service was still in breach of regulations around the need to check and improve the service. There were continuing issues around safely administering medicines and other issues were seen relating to staff recruitment and overall governance of the service. This has resulted in breaches of the regulations and you can see what action we told the provider to take at the back of the full version of the report.

There was a registered manager in place who had been registered since 1 October 2010. 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.

People told us they felt safe and were happy with the way they were treated by staff. They told us staff were caring and friendly. The registered manager and staff were observed to have positive relationships with people living in the homes we visited. During our visits we found staff were respectful to people and treated them with kindness. The atmosphere in each of the homes we visited was happy and relaxed.

There were sufficient staff deployed by the service to meet people's needs and staff received safeguarding adults training. Staff we spoke with demonstrated a good understanding of safeguarding practices and their immediate responsibilities with regards to safeguarding vulnerable adults. They were also aware of their responsibilities for reporting incidents and safeguarding concerns.

People were supported by staff who had the skills and training to effectively meet their needs. They also received support to maintain a balanced diet where this was part of their care plan and were supported by staff to access healthcare services where required.

People and relatives told us they had been consulted about their care needs and were involved in day-to-day decisions about their care and treatment. They told us staff treated them with kindness and compassion and respected their privacy. People had care plans in place which were reviewed periodically, in line with the provider's policy and improvements were noted in relation to the accuracy in the details of people's care planning.

Safe recruitment processes had not always been followed and had allowed a carer to be employed who may have been unsuitable to work with vulnerable adults. This was a significant issue which the registered manager was required to address.

Staff received regular supervision and an annual appraisal of their performance. They told us they felt well supported by the registered manager and worked well as a team. People and relatives spoke positively about the attitude and management of the service. The service sought the views of people through annual questionnaires and the registered manager visited people's homes.

People's capacity to make their own decisions had been assessed in line with the requirements of the Mental Capacity Act 2005. Staff had received training in this area. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Each person had a support plan and any risks to people's health and safety had been identified and assessed. People were involved in decisions about their care and supported to access health care.

People were aware of how to raise their concerns and complaints and were confident they would be listened to.

There had been limited oversight by the management of the service and this had created avoidable shortfalls in a number of areas as detailed in the main body of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not managed safely.

The service did not always follow safe recruitment procedures to assess the suitability of staff.

People who used the service and relatives told us people felt safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Peoples care files included assessments relating to their dietary needs and preferences.

Staff and the registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work.

Is the service caring?

Good

The service was caring.

People who used the service were positive about the staff who worked for the service.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes were recorded so staff could deliver personalised care.

People told us staff treated them with patience, warmth and compassion and respected their rights to privacy, dignity and independence.

Records were held securely and confidentially at the office.

Is the service responsive?

Good

The service was responsive.

Records showed people were involved in making decisions about what was important to them.

People's care needs were kept under review and staff responded quickly when people's needs changed.

The service had a complaint's system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Requires Improvement

The service was not well led.

The quality monitoring arrangements had not ensured the service was safe and had not identified issues with medicine's management and the safe recruitment of staff.

The registered manager had good working relationships with the staff.

The provider sought feedback from people to improve service delivery.

The registered manager and management team fostered an open and transparent way of working.

Ashcroft Homecare 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 26 and 27 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available.

The inspection team consisted of an inspector on the first and second days of the inspection. An expert by experience also conducted telephone calls to seek feedback from people using the service and their relatives on the first day of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this information together with other information we held about the home including notifications they had sent us. A notification is information about important events that the service is required to send us by law. We also received feedback from health care professionals that we used to help inform our inspection planning.

During the inspection we visited two homes where people were receiving care and support, spoke with nine people who used the service, four relatives, five members of staff and the registered manager and their deputy. We looked at records, including three people's care records, the recruitment records of six staff, staff training and supervision records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection on 22 and 23 March 2016, we found that people's risk and support assessments were not sufficiently detailed and that some areas of concern, such as falls risks, were not being assessed in line with current guidance. This meant that processes were not always in place to monitor and respond to risks for the wellbeing of people.

At this inspection we found improvements in this area. Care files included a wide range of risk assessments in areas including falls, moving and handling, medicines, weight loss, nutritional needs and continence care. People also had individualised risk assessments for their particular medical conditions. These provided guidance to staff on how they should support people so that the risk to them could be minimised. The registered manager said, "Since the last inspection, we devised a new system for assessments that seems to be working well."

People who used the service and relatives were consulted to discuss potential risks prior to a service being offered. These assessments included checks on mobility and included information for staff about action to be taken to minimise risks. We also saw up to date risk assessments had been carried out in people's homes relating to health and safety and the environment. A person who used the service said, "They have assessed my condition and were on top of things when my health deteriorated." This meant that the service was supportive of people's current care and support needs.

At the inspection in March 2016, we found that some medicine management practices could be improved. This was especially around a lack of detail in care plans for medicines that were prescribed 'as and when required' (PRN) and a lack of instruction on containers containing medicines. Although we noted improvements in these areas, we found other concerns around medicines management as staff were routinely failing to sign records when they had administered medicines.

We considered three people's medicine's administration records (MARs) for August and September 2017 and noted that on 20% of the occasions where medicines should have been administered, carers had failed to complete the MAR to support that the medicine was given. This meant that there were significant gaps in the MARs for these three people and, furthermore, no evidence that carers or the service had taken steps to resolve these errors to ensure that people were receiving their medicines as prescribed.

We drew the missing records to the attention of the registered manager who immediately took steps to ensure that people had received their medicines by conducting individual audits on the people who were affected. She said, "I'm very sorry about the missing daily administration records. We are behind with auditing MARs because of leave and holiday commitments. We are due to start a new system for the recording of medicine's administration and hope this will improve the situation." And, "I will identify staff who are regularly making errors and put them on refresher courses and check their competency thereafter."

There was a lack of recording to demonstrate when medicines had been administered by staff. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following these concerns we confirmed that staff had received training on medicine's administration and spoke with people who told us they received their medicines on time and were happy with their support in this area. The registered manager said that they were not aware of the March 2017 National Institute for Health and Care Excellence (NICE) guidance, 'Managing medicines for adults receiving social care in the community'. The manager told us this would be considered and incorporated into the service's medicine's policy to ensure good practice.

Recruitment checks were carried out before staff started working at the home. We looked at the personnel files of seven members of staff that we were told had been recruited to the service since the last inspection in March 2016. Whilst all of these files contained completed application forms that included some reference to their previous health and social care experience, their qualifications and employment history, four of the seven files contained references that were of poor quality. These references were from friends, neighbours or close associates of the applicant and the service had not taken steps to ensure that references were obtained from former employers especially those employers involved in health and social care.

One of the personnel files we considered was of particular concern as a member of staff had disclosed on their application that they had been dismissed from their previous employment but the provider had failed to ensure that appropriate checks were completed to enable them to make a decision about the person's suitability to be employed at the service.

The suitability of the employment of this carer was questionable and the matter was immediately brought to the attention of the registered manager. The registered manager suspended the staff member until the appropriate checks could be completed and a decision made about the staff member's continued suitability to support vulnerable people.

There was a failure to recruit staff in a robust manner. This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said they felt safe when being supported by staff. One person said, "Oh yes, I am safe all the time." And, "I am absolutely safe at all times with my carers." One relative said, "Staff always wear their uniform and have their ID badge on display. My relative is always pleased to see them."

The service had safeguarding and whistle-blowing (reporting poor practice) policies in place and staff were required to complete safeguarding training as part of their induction. We saw records that supported that this training was updated and refreshed. Staff we spoke with demonstrated an understanding of the types of abuse that could occur in a community setting and explained what they would do if they suspected abuse. A member of staff said, "I know what to do and wouldn't hesitate at reporting concerns." The registered manager was the safeguarding lead for the service and demonstrated a clear understanding of the role and the support that should be given when allegations of abuse arose.

Staff and the registered manager said that there were always enough staff on duty to support people. We saw records that supported this and a member of staff at the office monitored times and duration of staff visits to people. We saw this member of staff made enquiries with care staff to ensure that people were kept informed if carers were running late. One person who uses the service said, "If they are going to be late they give me a call but it doesn't happen often."

The provider said that the level and qualification of staff appointed to support people was arranged according to the needs of people using the service. If extra support was needed to support people whose condition changed or because of staff sickness, additional staff cover was arranged. A person said, "I always

see two carers and usually it's the same couple." Another said, "There are always enough carers. They always see me in pairs."

Staff told us that communication between staff at the service and with the registered manager and the office was good. They told us they documented the support they provided at each visit as well as any concerns identified. Staff told us that they always contacted the office staff if they had any concerns about a person's health or wellbeing and discussed any concerns with family members. We considered daily notes of the support and care that had been provided and noted that these were detailed and described actions completed by staff including moving and handling and cooking tasks.

People who use the service could access support in an emergency. People had access to a carer who could escalate a concern to a senior member if needs be and a contact for out of hours concerns. We saw records that supported that the registered manager and senior staff visited people out of office hours in situations where people were concerned such as when they had fallen. One person said, "The carers always come even after office hours."

Good

Is the service effective?

Our findings

People and relatives told us they were supported by staff who had the right skills and knowledge to effectively carry out their roles. One person told us, "They are fully trained and it's good to know that they are on top of the job." One relative said, "They're brilliant. They are trained to deal with the complex care that my relative needs." People also commented positively about staff competence when using equipment. For example, one person told us, "I have to be hoisted and when the hoist was put in place I was scared. The staff reassured me. I'm glad they know what they're doing."

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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. At the time of the inspection, the service had not made any applications.

We were told by the provider and staff that if the service had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests'. On person's relative said, "My relative is up and down with their mental health. I'm confident that the carers do what they think is best but regularly contact me to discuss. They are very understanding."

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider mental capacity and seek consent when they performed tasks such as providing personal care. At one of the homes we visited during the inspection, two members of staff were assisting a person and from another room, we could hear staff seeking consent whilst they were providing support. This was also confirmed by a person who told us, "They always ask for permission in whatever they are doing. They do encourage and motivate me but always do it with kindness." This meant that the service acted in line with the MCA and the associated Code of Practice.

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. We saw completed induction records in all of the staff personnel files we looked at. The registered manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We noted that after induction staff had to complete nationally recognised qualifications in health and social care and that the service funded these additional courses. A member of staff said, "The registered manager supports me to obtain qualifications and we are given time off to study."

We spoke with another member of staff who had been recently employed to work within the service. They

told us they undertook an induction period at the commencement of their employment. They said that this involved time in the office, completing training that the service classed as mandatory and learning about the organisation and its procedures. They said they had been shadowed before working on their own and had been provided with supervision sessions since they started work.

In total we spoke with five members of staff and four of them raised a concern about the lack of practical face-to-face training in areas such as first aid and moving and handling. They said that all of their training at the service was done either on-line or by working through booklets. We did note that this training had been provided by approved suppliers but raised this concern with the registered manager. She provided documentation that supported that this issue had been noted and courses had been booked for all staff to participate in classroom practical training once every two weeks starting November 2017 to February 2018. We saw that this training was to cover areas such as first aid, safeguarding, mental health and moving and handling skills. This showed us the service was proactive at ensuring staff were fully trained within their role.

We asked the registered manager how they supported workers. They told us staff received supervision both formally and through competency checks. Staff were observed in practice by the registered manager to ensure their competency to provide safe care. Following observations taking place, there was a discussion about their practice and any areas of improvement. The staff we spoke with confirmed this but the registered manager could not provide evidence of the recordings of these checks. We noted that improvements were required in recording these important supervision sessions but did observe that more formal supervisions also took place by face-to-face meetings at the office and records of these were seen on staff files.

People who used the service and their relatives were happy with the way in which people's health needs were addressed and monitored. One person's relative said staff were supporting their relative to rehabilitate following an incident and said, "Staff provide care and support to get my relative back to normal. We can't thank them enough."

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety and mental and physical health. Any changes in assessed needs were recorded within a person's care plan. There was evidence of partnership working with other health professionals when people had additional health needs. For example, we were shown evidence of multi-disciplinary working with an occupational therapist and district nurses for one person whose needs had changed following a deterioration in their health. We noted that the service had made representations on behalf of the person for additional equipment and that this had assisted in increasing the person's mobility.

We asked staff how they supported people to maintain good health. Staff said they monitored the health of people and would seek advice and guidance from other professionals if they were concerned. Staff said they had enough time on their visits to get to know the people they were visiting. This allowed them to assess each person and identify any concerns in a timely manner. One staff member said they had noted one person's health deteriorating so they reported the concerns to the registered manager. The registered manager sought advice from healthcare professionals and this resulted in an additional assessment by a doctor specialist and a review of medication.

People's nutritional needs were met. It was noted that people's care plans included details of their food preferences and any concerns about amounts of food and fluids that were consumed. People who required special diets had this detailed within the care plan and records clearly documented people's likes and dislikes and preferred foods.

Good

Is the service caring?

Our findings

People and their relatives praised the care provided by staff and the positive relationships between staff, the registered manager and people using the service. One person said, "My carers are certainly caring. They are really good." Another person told us, "I am extremely happy with my care workers. I am like Mother Hen to them. We have an excellent relationship." One relative said, "My relative is really happy. She looks forward to seeing them and has a good relationship with them."

People were treated with dignity and respect. One person said, "The staff are friendly and respectful. No problems at all." A person's relative said, "The carers respect my relative's privacy, they always help her and she is never rushed." Whilst we were at two of the homes we visited, we saw that staff had positive relationships with the people who were receiving support and there was mutual respect between the people and staff. We noted that staff and the registered manager knew people well and understood their needs.

Staff said they knew people's preferences and routines. One member of staff told us that they listened to people and gave them choices. They said, "I think we are all calm and understanding and take time to consider people's likes and dislikes." The registered manager told us that everyone at the service listened to people and gave them choices and were flexible in providing support at the times people required it. For example, whilst we were in the office we saw that the deputy manager spoke with a person and rearranged a visit to fit in with the person's plans to attend an event with family.

Staff said that they read care plans and worked with people including health care professionals to deliver good care. All staff told us they recorded the care delivered in the daily log and we saw good examples of the recording of daily care in the records that we saw in the two homes we visited.

People said they had been consulted about their care and support needs. One person said, "We were all involved in setting up what I needed and the registered manager reviews things as and when." A relative said, "My relative has mental capacity issues and I am involved with their care. We are all happy with the service."

Staff told us they tried to maintain people's right to privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care they could. When we visited people's homes we saw that they addressed people by their preferred names, explained what they were doing and sought permission to carry out care tasks. In addition, staff said that they were encouraged not to discriminate because of race, gender, disability or other characteristics.

Before the service was delivered to people, we saw that written information was provided in the form of an information pack. This contained important contact numbers including an emergency contact and descriptions of the range of services that were provided. After the service started we saw that people's personal documentation including medicine's records were locked away in the office. This meant that only authorised staff accessed people's records.

Good

Is the service responsive?

Our findings

At the last inspection on 22 March 2016 we recommended that the service improve the way it dealt with minor concerns raised by people and their relatives and improve information contained in care plans to better reflect people's needs.

At this inspection we found improvements in these areas. Each person had been involved in an assessment of their individual needs and had a care plan in place. If the person wished, these assessments were made in conjunction with relatives and covered, for example, moving and handling, mobility, nutrition, medicines support, communication and continence requirements. We looked at the care records of three people using the service. They were accessible for staff to reference and were well organised and easy to follow. The working copy of the care records were held at the person's home with a digital copy at the service's office.

Care plans were developed outlining how people's needs were to be met and included information and guidance for staff about how each person should be supported. Further and more comprehensive information, such as historic medical records, were held at the office and these were accessible to staff if required. The records showed that people using the service had been fully consulted about their needs. A person said, "I was consulted fully by the registered manager about my position and condition before I took up the service. It was really comprehensive." The registered manager said, "Following the last inspection we have implemented a new assessment system that is more comprehensive than the last one."

The care plans were reviewed and kept up to date. We also saw daily notes that recorded the care and support delivered to people and that these were reviewed on a monthly basis. Any changes or trends were noted and adjustments made to the person's care plan and risk assessment to make sure they met people's changing needs. This review also enabled the registered manager to pick up on minor concerns and raise this with the person or staff member involved as appropriate. For example, we noted that following a review, staff at the office had spoken with a member of staff about the way a person preferred to be supported because of their deteriorating health.

We saw that copies of the service's complaint's procedure were sent out to people when people started using the service. People we spoke with said they had no complaints about the way the service provided care and support. They said they would tell staff or the provider if they were not happy or if they needed to make a complaint. One person said, "I got something in a pack when I started. I haven't had to use it but know who to speak to if I need to make a complaint." A person's relative said, "Generally things are sorted out as you go along at this service. The registered manager is quick to act." People said they were confident they would be listened to and their complaints would be investigated and action taken if necessary.

The registered manager told us that the service had not received any complaints since the last inspection in March 2016. The complaint's file included a copy of the procedure and forms for recording and responding to complaints. A relative said, "The complaint process looks straightforward but we haven't had to use it."

The registered manager told us that staff were allocated to support people with the experience, skills and

training to meet the needs of people. She said that some people had their favourite member of staff and the service would always try to accommodate any preferences. She said that as the service was relatively small with a high number of long term and experienced staff, most of the care staff were familiar and well-liked by the people they were supporting. This was reflected in the comments we received when we spoke with people. The staff we spoke with said they knew people well and were able to describe how they met people's individual needs. A member of staff said, "It's a small 'family type' service and I think that because of this we get to know our clients well." A person's relative said, "My relative always looks forward to her carer coming. They care for her just in the way she likes."

Staff told us they would not be expected to support people with specific medical conditions unless they had received the appropriate training. One member of staff said, "We get paired with other staff if there is a requirement for two carers or if there is something that could be difficult." This meant that the service was responsive to people's needs and had a person centred approach to support.

People had access to health care professionals when they needed them and in considering the three care files, we saw examples of staff supporting people to access doctors, dentists and specialists. One person told us, "The staff are really good and approachable and regularly take me to doctor's appointments when my family are unavailable. Nothing is too much trouble."

We saw that on occasions the service supported people to access the community and assisted people to attend health professional appointments. A person we visited at their home said, "They even ask if I'd like to go out to see a show but I don't feel up to it. It's like they are part of the family." A relative said, "They are really good and take my relative to social events."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 22 March 2016 we found that the service was not completing effective audits that picked up on the issues that were found during the inspection.

This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we did not find improvements in this area. Although some audits were being completed, some were not being completed at all and those that were being made were often not recorded and were ineffective at picking up issues. For example, the registered manager told us that medicine's audits were not being completed at the time of the inspection and, in any event, the scheduled monthly audits that the registered manager said were usually in place would not have been effective at spotting the issue we found that is covered in the 'safe' section of this report. To be effective, the audits would have had to be substantially more frequent to ensure staff were properly completing records and people were receiving their medicines as prescribed by health care professionals.

After the last inspection in March 2016, the registered manager was aware of the need to improve the service's medicine's management practices and at this inspection in September 2017 we noted that there had been a failure to improve the service as far as that issue was concerned and this had led to further issues of concern.

We had concerns about how the service had employed a potentially unsuitable care giving member of staff without appropriate checks. This issue is covered in the 'safe' section of the report. The registered manager said they had given responsibility to employ this member of staff to someone else and accepted that the employment process had not been reviewed to ensure that the member of staff was safe and suitable to work with vulnerable adults.

These issues were a continuing breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and relatives spoke highly of the registered manager. They told us that they thought the service was well-led. One person said, "[Name of registered manager] is brilliant she is a credit to the company." And, "It is well run and there is a person centred approach by management."

Staff told us they liked working at the service and praised the support they received from the registered manager. We saw minutes from a staff meeting in February 2016 and queried the absence of minutes from more recent meetings. The registered manager said that they had not held any staff meetings for 18 months because of the pressure of work and unavailability of staff. She said that recently the service had started issuing monthly newsletters to staff. We saw the newsletter from June 2017 and noted that management raised concerns and issues and staff received praise for excellent care they had provided. However, there was no formal way for staff to provide feedback or views on the issues that were raised.

At the inspection we mentioned to staff the absence of formal staff meetings. They said that any issues were dealt with as they developed and that the registered manager was approachable and they could raise any concern they wanted at any time. However, some did say that they would welcome an opportunity to collectively discuss problems and issues and that formal meetings were an occasion where health issues with people receiving care could be discussed with input from staff who had been involved.

We recommend that the service instigate a system where staff can provide their input on issues that are raised by management as and when they are raised and that this input is shared between affected staff.

There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. One staff member told us, "I am happy with the support we receive. The manager is very 'hands-on' and I am happy raising any issue with her."

The service used a monitoring system to make sure that staff attended call outs at the correct time and stayed for the agreed period. The system relied on staff calling the office at the start and end of their visits with people and we saw that the deputy manager monitored the system during the course of our inspection. They said this was to make sure people received care when they were supposed to and for the correct amount of time. The deputy manager was also observed contacting people to advise of when their carer would be visiting and dealt with any calls that were running late.

The provider took into account the views of people using the service and their relatives about the quality of care provided at the service through annual surveys. We saw the results of a survey of people who used the service from May 2017 where some people raised concerns about their cooking preferences and communication issues. One person said, "No complaints at all. Very happy. The carers are marvellous." The registered manager said, "We get feedback from clients on a daily basis and deal with issues at the time they develop but the newly appointed deputy is starting to analyse the formal feedback to spot trends so that we can take steps to improve the service."