

Westminster Homecare Limited

Westminster Homecare Limited (North London/Herts)

Inspection report

Symal House
423 Edgware Road
London
NW9 0HU

Tel: 02082002030
Website: www.whc.uk.com

Date of inspection visit:
07 August 2017

Date of publication:
08 September 2017

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

We carried out an announced inspection of Westminster Homecare Limited (North London/Herts) on 7 August 2017. Westminster Homecare Limited (North London/Herts) is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. The service provides a range of domiciliary care services which include personal care, domestic support, administration of medicines and food preparation. At the time of inspection the service provided care to approximately 287 people.

There was a registered manager in post. 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.

At the previous inspection of the service on 21 September 2015 the service was rated as Good with no breaches of Regulation. However, we did find that the service required improvement under "responsive" due to some feedback from people stating that care workers arrived later than their appointed time and this had a detrimental effect on their needs being met. We also found that some support plans were not well organised and lacked details. During this inspection on 7 August 2017, we found that the service had taken action in respect of this and made improvements in respect of these areas.

Feedback from people and relatives was positive in relation to care worker's punctuality and this is detailed under "Is the service safe?" section of this report. People and relatives told us that care workers were mostly on time and people did not raise concerns regarding this.

People who used the service and relatives informed us that they were satisfied with the care and services provided. People told us they were treated with respect and felt safe when cared for by the service. They spoke positively about care workers and management at the service.

There were safeguarding and whistleblowing policies in place and records showed staff had received training in how to safeguard adults. Care workers demonstrated an awareness of the actions to take in response to allegations of abuse.

Individual risk assessments were completed for each person. These included guidance for minimising potential risks and we saw evidence that risk assessments were reviewed and updated accordingly. However, we noted that some risk assessments we looked at were generic and not personalised and discussed this with the registered manager.

Appropriate arrangements were in place in respect of medicines management.

There were comprehensive and effective recruitment and selection procedures in place to ensure people

were safe and not at risk of being supported by staff who were unsuitable.

The service had an electronic system in place to monitor care worker's punctuality. People told us their care workers turned up on time and they received the same care worker on a regular basis and had consistency in the level of care they received. Management at the service explained that consistency of care was an important aspect of the care they provided.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff spoke positively about their experiences working for the service and said that they received support from the registered manager.

Staff had a good understanding and were aware of the importance of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. Feedback from people indicated that positive relationships had developed between people using the service and their care worker and people were treated with dignity and respect.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care support plans included information about people's preferences and life history.

The service had a complaints procedure and there was a record of complaints received. Complaints we examined had all been responded to appropriately.

People using the service spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care workers, office staff, field care supervisors, senior care workers, deputy manager, registered manager and operations manager.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through review meetings, telephone monitoring and home visits. Records showed positive feedback had been provided about the service. The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, staff files, medicines and training.

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 remains safe. People told us that they felt safe around care workers and raised no concerns. This was confirmed by relatives.

Processes were in place to help ensure people were protected from the risk of abuse.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate employment checks were carried out before staff started working at the service.

Is the service effective?

Good ●

The service remains effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt well supported by their peers and the registered manager.

People's healthcare needs and medical history were detailed in their care plans.

Arrangements were in place to monitor people's nutrition.

Is the service caring?

Good ●

This service remains caring. People told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Is the service responsive?

Good ●

The service is now responsive. Care plans included information about people's individual needs and choices.

The service carried out regular reviews of care to enable people to express their views and make suggestions.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints. We saw that the service had responded to complaints appropriately.

Is the service well-led?

Good ●

The service remains well led. People and relatives spoke positively about the management of the service.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements. □

Westminster Homecare Limited (North London/Herts)

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, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two inspectors and two pharmacist inspectors. After the inspection, one inspector and two experts by experience telephoned people and relatives to obtain feedback about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We carried out the announced inspection on 7 August 2017. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. At the time of the inspection, the registered manager confirmed that the service was providing care to 287 people.

Before the inspection we reviewed information we had about the service in our records. This included information about safeguarding alerts, notifications of important events at the service and information from members of the public. The provider also completed a Provider Information Return (PIR). The 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. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed 25 care records, 15 staff files, training records and records relating to the management of the service such as audits, policies and procedures. We

spoke with 13 people who used the service and 8 relatives of people who used the service. We also spoke with 16 members of staff including nine care workers, three care coordinators, one field care supervisor, the deputy manager, registered manager and operations manager. We spoke with three care professionals who had contact with the service.

Is the service safe?

Our findings

People who used the service told us that they felt comfortable and safe in the presence of care workers. When asked if they felt safe around care workers, one person said, "I feel safe with the service. You get to a situation of trust. I think it is wonderful." Another person told us, "I feel safe because I have a regular carer. If my carer happens to be off I have choice of two other carers, who I know. They wear ID (identification) all the time and if you ask they show you. They are totally trust worthy; they don't touch anything like your handbag." Relatives of people who used the service said they were confident that people were safe around care workers and raised no concerns about the safety of people. One relative said, "[My relative] feels very safe with them and I'm absolutely confident that he's safe with them." Another relative told us, "[My relative] is absolutely safe around the carer."

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with moving and handling, use of electrical equipment, the home environment and certain medical conditions. Risk assessments included details of the potential risk, the level of risk, the person responsible, and remedial actions that needed to be taken to minimise risk. We saw evidence that risk assessments were reviewed and updated when there was a change in a person's condition. However, we noted that some risk assessments we looked at were generic and not personalised. We discussed this with the registered manager and operations manager who confirmed that they were already aware of this and the service were currently looking to review these to ensure that they were consistently personalised for all people.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. The service had a safeguarding policy and the contact details of the local safeguarding team were available in the office. The service consistently reported safeguarding allegations to the CQC and the local authority safeguarding team. We noted that the service had co-operated fully with investigations and taken appropriate action to safeguard people.

The service had a whistleblowing policy and contact numbers to report issues were available. We saw that these were clearly displayed in the office. The registered manager explained that safeguarding and whistleblowing were discussed at staff meetings to ensure staff were aware of the procedures and relevant updates and this was confirmed by care workers we spoke with. Care workers were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

We discussed staffing levels with the registered manager. She confirmed that the service had enough care workers to manage the workload. Care workers we spoke with told us that they were able to manage their workload and there was sufficient travel time. People and relatives also told us that care workers mostly turned up on time and there were no issues with timekeeping. One person told us, "The carers reassure me of the times they are going to arrive. They are punctual and ring if they are going to be late. No missed calls, they have always been there for me." Another person said, "If they are not held up by traffic they are on time,

not very often late. Sometimes they will ring if they are running late. They always arrive." One relative told us, "The carers are very punctual. It is not a problem. One relative explained that care workers were on time but said that recently there had been an occasion where a care worker turned up at the incorrect time. We discussed this with the registered manager and she explained that she would investigate this further and take necessary action.

The registered manager explained that the service monitored care worker's timekeeping and whether they turned up in time or were late using an electronic homecare monitoring system. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, the registered manager told us office staff would ring the care worker to ascertain why a call had not been logged and take necessary action there and then if needed. Management reviewed call logs to help identify areas in which they can improve any timekeeping issues.

We examined a sample of fifteen records of care workers. We noted that care workers had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people.

Medicines were managed safely in the service. We looked at medicines risk assessments and medicines administration record (MAR) charts for ten people. These included medicines risk assessment forms which included client demographics, medical history, allergy status, location where medicines were stored and level of assistance required by the person.

Staff produced medicines risk assessments and MAR charts during the initial assessment visit. Field care supervisors conducted the initial assessment and gathered medicines information from hospital discharge summaries where available and medicines in the home. Where possible, senior staff spoke with people and their family to assist with information gathering. They made records of all medicines and ensured that there was an accurate record of the medicines each person was taking.

Care workers were responsible for administering medicines and this was documented on MAR charts. Care workers knew to contact a senior member of staff with any medicines questions or if a new medicine was prescribed.

Senior staff made necessary amendments to MAR charts once they had confirmed any changes were from a doctor and were intentional. Care workers knew that they were not allowed to administer any preparation (for example, vitamins) on the request of people and their relatives. They also knew not to give medicines from compliance aids, unless they were dispensed and labelled from a pharmacy.

If a person required a controlled drug, or an injectable medicine such as insulin, a referral was made to the local district nursing service.

Care workers took unwanted medicines back to the local pharmacy in line with the provider's medicines policy.

Medicines taken as needed or as required are known as 'PRN' medicines. We saw that the service had a policy for dealing with PRN medicines and staff received training on how to deal with them.

We saw examples of missing signatures on the MAR charts, however in most cases the reason why the

signature was missing was clearly documented elsewhere on the medicines record. This provided assurance that the medicines were given as prescribed. In one example, medicines were not signed for on the same day each week. On discussion with the registered manager, we were told that the person had a private carer from a different agency administering the medicines on that day, and therefore they had their own paperwork. We discussed with the registered manager the importance of ensuring that medicines records make it clear when other agencies are involved in medicines administration and she confirmed that this would be done.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, alcohol hand gel, aprons other protective clothing. People who used the service told us that staff observed hygienic practices when providing care.

Is the service effective?

Our findings

People who used the service told us that they had confidence in care workers and the service. One person said, "I do feel well cared for." Another person told us, "I have one regular carer, I feel it is better to have regular carers because I get to know them. My carer does things the way I would do them. The other carer who comes when she is away, also fits in well." Another person said, "I am very pleased with the service I get, I am very lucky. My lady (carer) puts shoe shields on when she comes in. She changes the bed, hoovers up, washes the kitchen and bathroom floor. I am happy with this. She doesn't have to be told what needs doing."

Relatives of people who used the service told us they were satisfied with the care provided. One relative said, "The staff are doing things professionally. They know what they are doing. It's early days. We pretty much get the same ones each time." Another relative told us, "The care is really really good. [My relative] has a good relationship with the carer."

People's healthcare needs were monitored by care workers where this was part of their care agreement. We noted that the care records contained important information regarding people's medical conditions and healthcare needs. People were supported to maintain good health and have access to healthcare services and received on going healthcare support.

People spoke positively about food arrangements and said that they were given choices by care workers. One person said, "They make my breakfast, I have cereal. Every time they come they make me a cup a tea. I am happy with this." Another person told us, "I get a choice of breakfast every morning and they know exactly how I like my tea. They also make sandwiches and ask if I want something to eat and what I would like. They wash and sanitise all the time, it is done properly. They change their gloves before preparing my food everything is done professionally." The service respected people's cultural requirements and such information was clearly detailed in their care records. One person told us, "I get support with my meals three times a day. I am fussy eater. I am vegetarian. I don't like to use a microwave, I told them you are cooking by hand. They cook fresh vegetables, sometimes we do it together. The carers offer me choice. They are very good, I had a perfect poached egg on toast this morning. They make a main meal cooking from fresh. They make me tea, coffee and soft drinks."

There were arrangements to ensure that the nutritional needs of people were met. Where needed people's nutritional needs had been assessed and there was guidance for them and for care workers on meeting the dietary needs of people. Care workers were aware of the importance of encouraging people with healthy eating and ensuring that people had adequate nutrition. The registered manager explained that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. Care workers we spoke with confirmed this and gave us examples of when they had reported their concerns about people's weight to the office.

Care workers had been provided with appropriate training. We saw copies of their training certificates which

set out areas of training. Topics included equality and diversity, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role and spoke positively about the training they received. One member of staff told us, "The training is really good. We always have refreshers. I like to build on my knowledge. Management always listen to my training suggestions." Another member of staff said, "The training is excellent. Very informative. The trainer is brilliant." Another member of staff told us, "The training is very helpful. It covers important topics and deals with updates."

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered were similar to those of the Care Certificate and included information on health and safety, administration of medicines, communication and equality and diversity. New staff spent time shadowing more experienced staff and this was documented in staff files we examined.

Care workers said they worked well as a team and received the support they needed. Management carried out supervision and annual appraisals of care workers. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw evidence of this in the staff records.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. The service had a policy on the MCA and care workers had a basic understanding of the implications of the MCA. Care workers were aware of the importance of obtaining people's consent regarding their care, support and treatment. Care workers also stated that they explained what they were going to do prior to assisting people with personal care. People's capacity to make decisions was documented in their care records.

Is the service caring?

Our findings

People and relatives we spoke with told us that they felt the service was caring and spoke positively about care workers. We received positive feedback from people and their relatives. When asked whether care workers were kind, one person said, "Kind definitely, they are kind all the time. They help me and respect my dignity." Another person said, "They respect me and when I have a bath we chat and they make me feel comfortable. If I am having a bath, they notice if I have a bruise. They check everything is alright." Another person told us, "They are patient. [My carer] lets me say when I want to do something for myself. I am treated as an individual and they cater to my individual needs. I couldn't find two nicer ladies [carers]. The carers introduced into my life, a little a bit of fun, it keeps me going." One relative said, "They are all kind and caring. Our regular carer is helpful. Giving advice and encouraging her [my relative]."

Care workers were aware of the importance of treating all people with respect and dignity regardless of the background or personal circumstances. They were aware of how to protect people's privacy and could describe to us how they did this. When providing personal care, they said they ensured that where necessary doors were closed and curtains were drawn. They said they would also first explain to people what needed to be done and gain their agreement. People confirmed that they had been treated with respect and dignity and care workers protected their dignity. One care worker told us, "I always treat people as individuals and respect their privacy. I explain what I am doing and always talk to people. We are in their homes and need to respect that. I am not here to take away their independence. I am here to help them with things they need help with. I reassure people and make sure they are comfortable." Another care worker told us, "Listening to people is important. We are there to help them with their everyday life. I talk to people."

The registered manager explained to us that she previously worked for the service as a care worker and therefore she knew people that the service provided care to and understood their needs. People we spoke with were all familiar with the registered manager and said that they felt able to openly talk to her. The registered manager explained that she always ensured that staff discussed people's care with them and tailored their care according to what their individual needs were.

We saw information in people's care plans about their background, life history, language spoken and their interests. This information was useful in enabling the service to understand people and provide suitable care workers who had similar interest. The registered manager stated that where possible, care workers would be matched to people with the same type of interest and background so that they can get on well. People and care workers were also matched with care workers who could speak their own language.

There were arrangements for involving people in their own care. Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care workers had received training on equality and diversity and they were aware of the importance of respecting people's culture and religion. The service had a policy on promoting equality and valuing diversity.

The care records of people contained information for care workers on their communication needs and any

difficulties which may be experienced. The registered manager stated that where possible, the service provided the same carers for people and this enabled and carer workers and people to get to know each other.

We saw documented evidence that people's care was reviewed regularly with senior staff of the service. The views of and feedback of people were reported. People and their relatives who spoke with us confirmed this happened.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the philosophy of care which includes, "The individual uniqueness of service users, staff and visitors will be recognised and these people will be treated with dignity and respect at all times."

Is the service responsive?

Our findings

People and relatives told us that they were satisfied with the care provided by the service and said that the service listened to them if they had any concerns. People we spoke with told us that they did not have any concerns. One person said, "I am very happy with what they do." One relative told us, "We don't have any complaints." People also told us that they felt able and comfortable to raise a complaint or any issues. One person told us, "I would be quite happy to do it (raise a complaint). They are very nice people." Another person said, "I would ring the office if I had any problem. I would feel comfortable to ring as I know a couple of people in the office."

Our previous inspection in September 2015 found the service required improvement under "responsive" due to some feedback from people stating that carers arrived later than their appointed time and this had a detrimental effect on their needs being met. We also found that some support plans were not well organised and lacked details. During this inspection on 7 August 2017, we found that the service had made improvements in respect of these areas.

Feedback from people and relatives was positive in relation to care worker's punctuality and this is detailed under "Is the service safe?" earlier in this report. People and relatives told us that care workers were mostly on time and people did not raise concerns regarding this.

During this inspection we found care plans were well organised and consistent. Care records consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments provided information about people's medical background, details of medical diagnoses and social history. The care needs assessment also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. Individual care plans were then prepared and they addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. We found that these were individualised and specific to each person and their needs. Care support plans included information about people's preferences, their likes and dislikes. People and their representatives told us they were involved in planning care and support provided. Care plans and agreements were signed by people or their representatives to evidence that they had been consulted and agreed to the plans. This ensured that people received care that was personalised and appropriate.

Care workers we spoke with demonstrated a good understanding of the needs of people, their choices and preferences and any disability or medical conditions people had. People and relatives we spoke with were satisfied because people usually had the same care workers they had known for several years. This meant that they received a consistent service from someone familiar to them.

We discussed the care of people who had special needs such as those with diabetes with care workers. They were able to tell us what the particular care needs and potential risks people may be exposed to. They also informed us of what they would do if people experienced difficulties or deteriorated. Care workers were aware of the care needs of people such as receiving calls on time and ensuring people avoid sugar in their

diet. Care workers said they had been provided with training on the care of people with dementia. They were aware of the need to be patient with people and if there were problems and people did not co-operate, they would give them time and also informed the office if people refuse to accept care. This care worker stated that on the whole people were familiar with them and they were able to get their co-operation.

The service had a complaints procedure and this was included in the service user guide. The service had clear procedures for receiving, handling and responding to comments and complaints. People and relatives told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. We observed that the service had received 43 complaints since August 2016. Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily. People and relatives we spoke with told us that if they had raised any concerns or issues, the service responded to them appropriately.

The service carried out a satisfaction survey in January 2016. The questionnaires included questions relating to how people were being treated by the care workers, if their care needs were being met and if the care workers were reliable and punctual. The analysis of the results seen by us indicated that people had been well cared for and treated with respect and dignity. No concerns regarding punctuality were noted in the analysis of the results of the survey. An action plan had been prepared following the survey. The registered manager explained that the service had carried out a survey recently and were currently collating the results of the survey. We noted that a local authority had carried out a monitoring visit in June 2017. The report indicated that the service was well managed and no concerns were noted.

Is the service well-led?

Our findings

People using the service spoke positively about the service and told us they thought it was well managed. People had confidence in the management of the service and all with the exception of one person said that they could reach the office easily. One person said, "I have confidence in the service. I have no problems contacting the office, I get through to them, sometimes I leave a message on the machine and they ring me back." Another person said, "It seems to work [the service]. I ring the office and they are polite and pleasant. I feel they are excellent." Another person said, "When I ring the office they always answer the telephone and I always get someone to talk to and they're always very helpful". However, one person told us, "Getting through to the office is a nightmare, nine out of ten you get an answerphone. I don't like leaving a message as I don't always get a response. I keep ringing until I get through. The out of hours is very good, it goes through to a mobile phone and they answer." We raised this with the registered manager and she confirmed that she would investigate this and respond appropriately.

Relatives we spoke with told us that management worked well at the service. One relative said, "I feel comfortable to raise concerns, I have confidence in them, it seems to be working well. I feel comfortable about ringing them regarding the roster." Another relative said, "They give you a care coordinator to talk to. I am happy with them the [service] arranged to put a key safe and notified carers of the number."

Care professionals we spoke with told us that the service was organised and raised no concerns in respect of the care provided by the service.

Care workers and office staff spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. They told us that they felt supported by their colleagues and management. They were positive about working at the service. One member of staff told us, "[The manager] is fantastic. She is very supportive and is always there if you need her. The service is well organised. Morale is good. We get on well. Good teamwork. I feel lucky working here." Another member of staff said, "It is great working here. They are very supportive. Communication is good. They keep me informed." Another member of staff said, "The company is supportive as a whole. Management are very supportive and helpful. I can talk to them openly. They are respectful and they really do listen." Staff told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

Records showed staff meetings were held regularly and staff had the opportunity to share good practice and any concerns they had. Minutes of these meetings showed areas such as logging calls, safeguarding procedures and communication with the office had been discussed. The service issued a quarterly newsletter to inform people, relatives and staff about important information and changes to the service.

Systems were in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback from people about the quality of the service they received through review meetings, telephone monitoring and home visits. We reviewed some of the feedback and noted that it was

positive.

Records showed that spot checks were carried out to assess care worker's performance when assisting people with personal care in the person's home. The checks were comprehensive and staff were assessed in areas such as timekeeping, how they communicated with people, proficiency of tasks undertaken and feedback was also obtained from the person using the service. Records showed that the feedback from people was positive about the care and support they received.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, safeguarding, medicines, complaints/compliments, staff punctuality, staff files and training.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The service had a system for recording accidents and incidents and then analysing them to prevent them reoccurring and to encourage staff and management to learn from these.

People's care records and staff personal records were stored securely in the provider's office which meant people could be assured that their personal information remained confidential.