Accord Housing Association Limited

Direct Health (Preston)

Inspection report

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Date of inspection visit:
23 April 2018

Date of publication:
06 June 2018

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

This comprehensive inspection took place on 23 April 2018 and was announced. We gave the service short notice of the inspection so that the registered manager would be available to assist us.

The service was last inspected on 17, 18 and 19 January 2017, when we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. This was because the provider did not have adequate medicine management and administration systems in place. Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions of safe and well led to at least good. During this inspection, we found the service was meeting the requirements of the current legislation.

This service is a domiciliary care agency. It provides personal care to 79 people living in their own homes. It provides a service for people living with a dementia, learning disabilities or autistic spectrum disorder, mental health, older people, people who misuse drugs and alcohol, physical disability, sensory impairment, younger adults, older people and children.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been noted in the safe management of medicines. Medications administration records had been updated to ensure a clear record of medicines administration was kept.

Staff understood the procedure to take if they suspected abuse. Training records confirmed staff had undertaken safeguarding training. Individual and environmental risk assessments had been completed. These advised staff about people's risks and the measures to take to keep people safe.

Safe recruitment procedures were in place that ensured only staff who were suitable for their role were employed by the service. Training records confirmed staff had received the relevant training to support the effective delivery of care to people who used the service.

Information relating to mental capacity assessments and best interests decisions had been recorded in people's care files. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Records had information about people's health care needs and people told us that staff sought medical attention when it was required. People and relatives told us they were happy with the care they received and that they were treated with dignity and respect. Care files contained information about how to support

people to be independent as well as reflecting their likes, choices and needs.

Care files were detailed, comprehensive, and reflected people's individual care needs. Where people required support at the end of their life care files had been completed with information about how to support them responsively.

There was good use of technology to support and enable people's needs to be met.

An effective system to deal with, investigate and act on complaints was seen. We saw very positive feedback about the service.

We received very positive feedback about the registered manager and the changes they had made since commencing their role. It was clear that she was knowledgeable and had an understanding of the operation and oversight of the service.

Feedback and surveys were undertaken that demonstrated the views of people about the care they received. We saw regular team meetings were taking place. This ensured staff had access to information and updates about the service.

Regular audits and monitoring was taking place that enabled the registered manager to ensure people were receiving a good quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to ensure any allegations of abuse were acted upon appropriately.

Safe systems of recruitment were seen that demonstrated only suitable staff were employed by the service.

Improvements had been noted in the safe management of medicines. People told us they were happy with how their medicines were administrated.

Is the service effective?

Good

The service was effective.

People told us staff asked permission from them to undertake care or activity. Care files had information in them that confirmed consent had been sought.

Staff files and training records identified they had undertaken training relevant to their role.

People and relatives told us that staff made appropriate referrals to health professionals where it was required.

Is the service caring?

Good

The service was caring.

We received positive feedback about the care people received. It was clear from the feedback that staff were passionate about their role and the care they delivered. Staff supported people to be independent in their care.

Care files contained information in them about people's choices, likes and needs. Feedback we received demonstrated that people were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care files contained up to date, relevant care plans, and risk assessments that provided staff with guidance about people's individual needs. End of life care planning was in place where people were nearing the end of their life.

We saw technology had been implemented that supported improvements in the service provided.

There was positive feedback about the service provided to people. Any complaints received had been investigated and included information about the actions taken by the management.

Is the service well-led?

Good

The service was well led

We received very positive feedback about the registered manager and the changes they had made since commencing their role. It was clear there was an open and inclusive culture. Staff were seen visiting the office during our inspection, when they were observed interacting positively with the registered manager.

Feedback and surveys were undertaken that demonstrated the views of people about the care they received. We saw regular team meetings were taking place that ensure staff had access to information and updates about the service.

Regular audits and monitoring was completed. This demonstrated the quality of the service provided and enabled improvements to be made.

Direct Health (Preston)

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 checked 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 comprehensive inspection took place on 23 April 2018 and was announced. We gave the service short notice of the inspection so that the registered manager would be available to assist us. Two adult social care inspectors and one expert by experience completed 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. This expert by experience had experience of people living with a dementia, older people, people who have a learning disability, people who have a dual diagnosis of a learning disability and mental health, people with autism and children and young people who use health, mental health, or care services or are family carers.

As part of our inspection planning, we looked at all of the information we held about the service. This included feedback about the service, information about any investigations and any statutory notifications the provider is required to send to us by law. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used a planning tool to collate all this evidence and information prior to visiting the services office.

To understand people's experiences who used the service we spoke with people in receipt of care and seven family members. We also spoke with six staff members and the registered manager, who had overall responsibility for the service. We looked at a number of records in relation to the operation and management of the service. These included eight care files, five staff files, training records, audits, quality monitoring records and feedback about the service provided.

Good

Is the service safe?

Our findings

People and relatives we spoke with raised no concerns with the administration of their medicines. Comments included, "They [staff] put cream on my legs when they help me in the morning", "[Staff] give [my relative] medications, from blister packs in the safe. Always on time because they have to give [specified medication] 30 minutes before food, so timing is important", "I was told [my relative] needed [specific medicine] and I got some from the chemists but [the carers] said they couldn't give it because it wasn't in the care plan. I suppose that's a good thing really" and "[Staff] let me know that the medications were running out and offered to go and get them from the pharmacy for me." All of the staff we spoke with confirmed they had completed medicines training and training records confirmed this. The staff files we looked at confirmed staff had undertaken medicines observation checks that would confirm they were safe to administer medicines safely to people.

We looked at how medicines were managed by the service. The registered manager had taken appropriate actions on the concerns we identified at our last inspection. Detailed and regular medication audits had been undertaken that identified any gaps in the records. Topics covered included, controlled medicines, creams, medication guidance, and directions for medicines administration. Where any concerns or gaps were identified, investigations had been undertaken, which included the actions taken to ensure any lessons were learned and shared. This promoted positive health outcomes for people who used the service.

The service had developed a comprehensive logbook to record all medicines administered to people. Records seen included the type, dose, route of the medicine as well as relevant documentation, such as body maps to direct staff with creams administration. Care plans and risk assessments had been completed in relation to people's medications. This included what support people required that would ensure staff administered their medicines safely.

People and relatives we spoke with were happy with the service and told us they felt safe in the company of the staff that delivered their care. Comments included, "I feel very safe. [Staff member] is marvellous", "I have never had any qualms about any of the staff that come" and "The staff use the key safe to let themselves in and they shout to me as soon as they come in, so I know it's them." Relatives told us, "[My relative] is happy, not frightened of any of [the staff] and looks forward to them coming", "I feel confident [my relative] is in safe hands. It's been a blessing" and "If I wanted to go out and leave [my relative] with the carers, I feel confident with them, and so does [my relative]."

Staff we spoke with understood the procedure to take if they suspected abuse that would protect people from harm. They said, I would call [senior member of staff] straight away" and "I would report it to my line manager and social services [local authority]." Staff confirmed they were aware of the whistleblowing procedure (Reporting bad practice) and would be confident of raising any concerns with the management of the service.

Appropriate systems were in place to ensure allegations of abuse were investigated and acted upon. Safeguarding guidance was on display in the office as well as in the staff handbook about what to do if

abuse was suspected. This would ensure people were protected from unnecessary risks of abuse.

The staff files we looked at confirmed appropriate recruitment procedures were in place that ensured only people suitable for their role were recruited to the position. Record's seen included, completed application forms, interview records and copies of references from previous employers.

Relevant checks had been undertaken, which included proof of identity and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services. Where individual risks had been identified with staff, risk assessment had been completed.

Staff and the registered manager told us about the effective use of technology to ensure all staff had access to their duty rotas. They said their allocation of visits was sent to them via their electronic devises provided by the service. This provided them with guidance about who they were to visit and the time for the visit. The system supported monitoring of staff activity as visits were logged automatically into the computer system. Of the visits people told us, "Usually, yes [staff come on time] and there's always a good reason if they're a little bit late. I have sometimes been warned if they're running late, but it's normally only a few minutes", "The carers are never very late; only ten minutes at the most. They usually stay for the full half hour" and "The call is for 30 minutes but it usually lasts about 20, because they need time to get to the next patient."

Relatives told us, "As a rule, the carers [staff] are only held up now and again. It is down in the care plan to come at 10am or 11am, so that is fine. They do stay for the full length of time", "[The staff] have only ever missed one call, due to a miscommunication, and the company did investigate. They stay as long as they're supposed to and do tasks until they're told to go" and "They stay until everything's done. They're allocated an hour but it doesn't take that long because they work so hard." However one relative said, "[The staff] don't hang about; they're usually here for 40 minutes plus [of an hour visit], depending on how much there is to do."

Care files demonstrated individual risk assessments had been completed that guided staff on the measures taken to protect and keep people safe from harm. Records included the level of risk as well as the control measures in place to reduce the risks. Topics covered included chronic and long-term conditions, catheter management, falls, infection control and seeking help if needed. Environmental risk assessments were seen such as security, fire alarms and the control of hazardous substance. This would protect people and reduce any potential risks. We saw these had been reviewed regularly, ensuring they reflected people's current needs.

Systems were in place to record, monitor and investigate incidents and accidents. Records seen included details of the incident, along with actions taken as a result of the risk to ensure lessons were learned and any future risks were reduced.

There was an emergency panning and business continuity record. Which provided information and guidance for staff to use in the event of an emergency. We saw a copy of an up to date business continuity plan in the office, which had information about who to contact in the event of an emergency. Identified risks in the plan had been noted according to the highest risk. This would ensure staff responded in the most appropriate way to an emergency. We saw the office had information available to staff on how to respond in the event of a fire in the building.

People who used the service and relatives told us staff helped to protect them from the risks of infection. They said, "[The staff] wear plastic gloves, especially when they do my legs [cream] and empty the

commode" and "They [staff] wear aprons and disposable gloves; they put them in a waste bag." Staff told us they had undertaken relevant training, policies, and procedures were in place to guide staff about infection control measures. This would help to ensure staff had the required knowledge and skills to ensure people were protected from the risks of infection.

Good

Is the service effective?

Our findings

People and relatives told us they were confident with the knowledge and skills of the staff team. They said, "Yes, definitely; [staff] know what they're doing", "Generally [staff have the skills and experience needed] but sometimes they're a bit new and I give them a bit of guidance; I tell them what I like and the next time they do it like that", "[Staff] know what to do; they're trained up properly and know how to write up the notes." Relatives told us, "The staff are not nurses but I think they do a good job", "[Staff] seem to know what they're about. I have never found any of them anything other than good" and "Some [staff] are better at persuasion and cajoling than others, but they all know what to do; they will back off. I trust them 100%."

Staff said they had undertaken the relevant training to support their role. They said, "I am up to date with my training. I have done health and safety, tissue viability, moving and handling, stroke, Parkinson's, food hygiene and lifesaving medicines" and "My training is good we had shadowing shifts. The training is every six months."

Staff records we looked at confirmed staff had undertaken a wide variety of training that supported them to deliver effective care to people who used the service. Topics covered included; infection control, moving and handling, health and safety, food hygiene, dementia, the role of the health and social care worker, equality and inclusion, communication and records. Specific training was provided for staff to guide them about particular needs for people who used the service. These included tissue viability, diabetes, Huntington's and Parkinson's disease. There was a training room at the office that enabled the service to deliver face to face training such as moving and handling.

Records we looked at demonstrated that staff undertook an induction on commencement of their role. Staff we spoke with confirmed this information to be accurate. Staff told us, "I had shadowing shifts after my induction training. There was a good shadowing period" and "I did my induction over five days. It was really helpful. I had a 12 week probationary period and four unannounced spot checks." The registered manager told us, "All new staff have a 48 week probation. As part of this they do four sections of the care certificate." The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff told us and records confirmed regular supervisions were undertaken. These provided staff with the opportunity to discuss any concerns, areas for development and any support required. There was evidence that preplanning had taken place for undertaking observed spot checks of staff practice, as well as annual reviews with the management team.

People and relatives we spoke with told us staff responded appropriately to any changes in their conditions and made referrals to health professionals where it was required. They said, "Staff told me [an observation about the person's health] and said I should see the doctor. I went to the doctor and then ended up in the hospital because it was [serious condition]", "[Staff] have pointed out skin integrity problems once or twice; anything at all and they'll suggest the district nurse or a doctor comes to take a look" and "Staff last week probably saved [my relative's] life by ringing for an ambulance after they found [my relative] feeling ill. That

was about the third or fourth time they have advised or got a doctor. They always stay until a family member gets there."

Information relating to people's individual health conditions were recorded. This provided staff with guidance about people's specific needs and helped to identify and act on any changes or deterioration in their condition.

Care files we looked at demonstrated where staff had effectively supported people with their food and nutrition, meal preparation and shopping. Where support was required, for example due to choking risks staff ensured meals were prepared and served in line with their individual needs to keep them safe. People who used the service told us, The staff always offer to make me a drink of tea when they come" and "The dinnertime staff member was fine; they would use either the cooker or microwave to warm up ready meals that I buy in. I chose what I wanted and they did it."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Training records we looked at confirmed staff had undertaken the relevant MCA training. This would ensure they had the knowledge and skills to protect people from unlawful restrictions. Care records contained details about mental capacity assessments and best interests decisions where it was appropriate. There were no DoLS applications at the time of our inspection.

We asked people who used the service and relatives about whether they were asked permission from staff before they undertook any care or activity. They told us, "'They say, 'can I do anything else for you?' They never push you or make you do anything you don't want", "[My relative] can't give consent now, but I hear [staff] talking to them when they're giving personal care, and they speak to them all right" and "[Staff] say good morning and talk to [my relative]. They ask 'can we do this, can we do that?' and [my relative] feels comfortable with them."

Care files we looked at had information in them that confirmed consent had been sought from people for the care they received. This would ensure staff had access to information about people's care, which had been discussed and agreed by them. Policies and procedures were available to guide staff on how to ensure consent was obtained from people before undertaking any care or activity.

Good

Is the service caring?

Our findings

We received consistent positive feedback about the care people received. Comments included, "[The staff] have all been great", "As far as I know, they do meet [my relative's] needs. They are very compliant and do as I ask", "[My relative] is very pleased, very happy with the staff" and "Everything's brilliant and there's nothing to complain about." Staff we spoke with clearly understood people's needs well and were passionate about their job and the support they provided. They told us, "We won't take on new people if we can't meet their needs", "I go in and read the care plan. I talk to people ask them how they are. Care plans are accessible to service users [people who used the service]" and "The care plans are in people's homes. We are not to do anything that is not in the care plan."

The service told us about how they ensured people received good care. They said this was achieved, 'By putting the service user (People who used the service) at the heart of the service and ensuring they are dealt with dignity and respect throughout their care needs.' It was clear from people's feedback and care files that they had been involved in decisions about their care and that the care they received reflected their needs, likes, and choices. An, 'All about me profile' had been completed that had information about people's life history, relationships, hobbies, what makes a good day and how do I prefer to communicate.

The services aim was to, 'Enable our customers (People who used the service) to live independently at home by delivering personalised care and support tailored specifically to their individual needs.' People and relatives confirmed the service promoted and supported their independence. Comments included, "I try to be as independent as I can. If [staff] forget and try to do too much, I just remind them and that's fine", "What I want most is to get back my independence, and [staff] is keeping an eye on me and helping me with that", "[My relative] needs encouraging to do anything. [The staff] have been trying to encourage them to be more mobile, talks to them about it and tells them what they need to do to help themselves."

All of the people and relatives told us staff consistently treated them with dignity and respect. They said, "Oh yes, I do like the staff, every one of them", "Yes, oh yes, definitely [staff are kind]" and "[My relative] was very apprehensive about personal care but has never mentioned feeling awkward or embarrassed and I am sure they would tell me. When I hear the staff talking, it is all done in a way that is not to embarrass 'let's do this, I'll just do that'. Very matter of fact but kindly done." Policies and guidance were available for staff to access on promoting people's independence with dignity and respect.

The vision of the service recognised that, 'Diversity enriches all aspects of the company.' Records we looked at described that the service aimed to, 'Champion dignity, diversity and equal opportunities.' It was clear the service was committed to ensuring people's equality, diversity and human rights were respected by staff. Care records contained good information about how to support people. This included the gender preference of staff members and specific meal choices. This ensured staff had information available to them to ensure people's individual communication needs were met.

Information and guidance was available about how people could access advocacy services in the community. Advocacy services ensure people who are unable to make decisions and have no relatives,

receive external support to make these decisions.

Good

Is the service responsive?

Our findings

All of the people and relatives we spoke with told us they had been involved in the development and decisions recorded in their care files. They told us, "We discuss my care plan about once a year; yes [I feel listened to]", "[Staff] came down last week and wrote a lot of things down, talked to be about them; I was listened to, yes" and "I have a care plan and it was increased to respond to my increased needs." Relatives said, "Usually one of the senior staff comes down once a year and we go through everything", "We have just had a review. We have them every so often. Everything is discussed with [my relative] present; we don't do anything behind their back" and "We do [the care plan reviews] together, with social services. It's important that [my relative] is involved."

The care files we looked at contained relevant personal information such as people's, date of birth, religion, family contacts, GP, pharmacy and access to the property. Daily records had been completed which included arrival and departure time, tasks undertaken at each visit, personal care, food and fluids, night routines and communication.

All of the care files we looked at contained detailed information about how to support the delivery of care to people. Completed assessments were seen that detailed how to meet people's needs. Care plans were in place and we saw these had been reviewed regularly. Topics covered included, continence care, food and nutrition, skin integrity and mobility. Relevant risk assessments reflected people's current needs; these would ensure people were protected from unnecessary risks. We saw staff supported people with daily activities, such as shopping tasks when part of their care package. People's interests, hobbies, likes and choices were recorded as part of their care files. This would ensure staff had access to information about what was important to people and enable them to fulfil activities of their choice.

Where people required support as they neared the end of their life we saw the service worked alongside relevant professional's, such as their GP to ensure they were supported appropriately. Staff told us they understood all people's needs were different with regard to their end of life support.
Policies and guidance was available to ensure staff had the knowledge to provide good end of life care to people. Do not attempt resuscitation forms had been completed, signed and agreed by relevant family members and professionals.

All of the care files we looked had detailed information about how to support people's individual communication needs. These included specific information about people's sight and whether they required glasses or hearing aids. This would ensure staff were able to communicate effectively with people according to their individual needs.

The service had embraced the use of technology to good effect in the service. All staff were provided with electronic devises that enabled them to access what visits were planned for them and included any relevant information in relation to the visit. Examples of information available included; how many staff were required for each visit, any relevant information for example if the person has sight or communication concerns and any relevant medical history. Staff told us the electronic system was used to scan a bar code

label in people's homes that confirmed the visit had taken place. The registered manager told us all of the staff had access to the online systems via either their own laptop or via the office computer systems.

Effective systems were in place to deal with complaints and concerns. Details of any complaints had been recorded along with dates for responding to these and the outcomes following any investigations. We saw that lessons learned had been recorded, which helped to promote improvements the service delivered to people.

People who used the service and relatives told us they knew how to raise a concern or complaint. They said, "You just phone the office and speak to [the manager] or one of the coordinators", "I have never had to [make a complaint]; not yet. I'd phone them up if I did" and "I have no complaints. If there was a serious issue, we'd deal with it but there never has been." Where concerns had been raised people told us, "Yes [my complaint] was dealt with quickly." However once person said. "I did once ask about a change of staff because [my relative] had taken a dislike to them. It was reduced, although they're still on the rota."

We saw positive feedback had been received and this had been shared with the staff team. Comments included, "Just wanted to say a big thank you all for everything you have done for my [relative] and the enormous efforts you have made to keep him safe", "We find your care excellent and adequate for his present needs" and "Without your wonderful carers [staff] I doubt we would cope. It has made a huge difference to our lives meaning we can get up and start our day unrushed." Individual letters to the staff were noted from the management praising the positive feedback received and recognising their hard work.

Good

Is the service well-led?

Our findings

All of the people who used the service and relatives were complimentary about the leadership, and management of the service. They said, "I talk to [name], who I think is the manager. They are efficient and friendly. I trust them and the [staff] they employ are very nice", "I know that [name] is one [manager]. We had a letter telling us about the new manager [named]" and "The company are very nice. I phoned about a problem with finances and there were no issues at all. They're very flexible and very accommodating." One person said, "I don't know the manager's name and we don't have much communication from the company. I don't think I've met anyone from the management but I'm sure they're there on the end of the phone."

All of the people and relatives told us they were happy with the way the service was managed. Comments included, "I'm very, very satisfied and I know if something bothered me I could ring up and they'd sort it out", "Up to now it's worked very well and I hope it continues", "I would have no problems recommending them to anyone, based on my experience" and "I would give the company ten out of ten."

We received very positive feedback about the registered manager and the changes they had made since commencing their role. It was clear there was an open and inclusive culture. Staff were seen visiting the office during our inspection and interacting positively with the registered manager. Comments received included, "[Registered manager] is great; it has improved since she came. She is the best one we have had in all honesty; she has an open door policy. It is a really good team. Things are so much better now than they used to be. I want to get up and come to work", "I get on really well with the managers, I feel well supported" and "It is running much better now since [registered manager] came. She is approachable; she is always there for us. She has been a positive influence on the service."

A manager who was registered with the Care Quality Commission led the service. The registered manager had responsibility for the day-to-day operation and took overall responsibility for the service. It was clear she was knowledgeable and had an in depth understanding of her role and the steps to take to ensure a programme of continuous improvement was in place. We saw action plans had been developed that identified areas for improvements. Feedback from these action plans had been recorded that supported improvements.

Certificates confirming the service was registered with the Care Quality Commission along with the ratings from the last inspection were displayed in the entrance to the office. Along with these was a variety of certificates such as employer's liability, the companies' code of practice and the companies' quality statement. The services statement of purpose and service user guide was available for staff to read that identified what the service offered to people. The service had been awarded a bronze certificate for Investors In People. Investors in People is the mark of high performance in business and people management.

The registered manager ensured notifications about any allegations or incidents were submitted to the Care Quality Commission without delay as required by law. Where any queries as to what information was required to be submitted the registered manager sought advice from the Care Quality Commission. This

demonstrated an open and transparent culture in their approach to reporting.

Regular audits and monitoring had been completed that demonstrated the quality of the care delivered to people. Areas covered included medication administration records, log errors and financial logs. The results from these audits were collated into a pie chart that enabled monitoring and reviews of the findings and supported improvements in the delivery of care.

We saw staff had access to relevant policies and procedures to guide them about their role and the delivery of care to people. We were told all staff had access to the policies online. The registered manager said that polices were also discussed and copies were handed out to staff during training sessions. This would ensure all staff had access to up to date guidance to support good quality care delivery.

We saw evidence of regular team meetings taking place that demonstrated staff were kept up to date with the operation and running of the service. Minutes included the names of the attendees along with the dates completed. Topics covered at the meetings included; medicines, late/early calls, paperwork, holiday entitlement, distance learning, sickness and policy updates. We saw that the registered manager attended a national management conference where an overview of the company was discussed. Attendees were noted along with the topics discussed. Topics covered included hours, growth incentives, staffing, training, retention of staff and improving processes. Regular newsletters had been developed that provided people and staff with information about the service and what they do well, areas for improvement and plans for customer (People who used the service) surgeries to discuss any issues, feedback or suggestions they had.

The service regularly obtained feedback and varying topics for the staff team. Positive feedback had been received about training and supervision provided with all comments stated they felt, 'Supported and valued' by the company. People who used the service had been asked for their views. A variety of topics were covered. These included, involvement in their reviews, treated with dignity and respect and what more can we do to brighten your day. We saw evidence of positive feedback received following these surveys. Comments included, 'The standard of care is exceptional. Without the carers [staff] I would be unable to live at home', 'I feel safe when I'm with [staff name] and I can trust her' and 'I'm very satisfied with my regular carer.'