

Abel Care and Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 17 May 2018 and was announced. This was the service's first inspection.

Abel Care and Support Ltd is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older and younger adults, who may have learning disabilities, autistic spectrum disorder, dementia, mental health care needs, physical disabilities or sensory impairments. At the time of our inspection visit, 5 people were using the service.

Not everyone using Abel Care and Support Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service is required to have a registered manager and there was 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.

There was a strong person-centred culture within the service. Staff and management took a creative approach to ensuring people's comfort and wellbeing. They built open and trusting relationships with the people they supported and their families. People were listened to and received full support to express their views and opinions. People and their relatives were treated with dignity and respect at all times, and there was a strong emphasis upon maintaining and developing people's independence.

Staff had received training in, and understood, their role in protecting people from abuse and discrimination. The risks associated with people's individual care and support needs had been assessed, recorded and plans were in place to manage these. People received a consistent and reliable service from Abel Care and Support Ltd, provided by staff they knew well. The provider had taken steps to protect people, staff and others from the risk of infection.

Before people's care started, their individual care and support needs were assessed to enable the provider to develop effective care plans. Staff received training, supervision and ongoing support to help them fulfil their duties and responsibilities. Any specific needs or risks associated with people's meal preparation, eating or drinking had been assessed and managed. Management and staff sought to work in a collaborative manner with external organisations, teams and professionals to ensure people received joined-up care and support. If people were unwell, staff helped them to access prompt professional medical advice and treatment. Staff understood people's rights under the Mental Capacity Act 2005 and respected their decisions.

People received care and support shaped around their individual needs and what was most important to

them. People's care plans were individual to them, and were adhered to by staff. People and their relatives understood how to raise complaints or concerns with the provider, and felt comfortable and confident doing so.

People, their relatives, staff and community professionals had developed positive relationships with a caring and approachable management team. Staff felt valued and well-supported. The provider carried out effective quality assurance activities to assess, monitor and improve the quality of the care and support people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

People were protected from abuse and discrimination by staff who had received training in their associated responsibilities. The risks associated with people's care and support needs had been assessed, recorded and managed. People received a consistent and dependable service from the provider, including support to manage their medicines.

Is the service effective?

Good ●

The service was Effective.

People's individual care and support needs were assessed before their care started to enable the provider to develop effective care plans. Staff had the training and support needed to succeed in their roles. People had support to access a range of healthcare services.

Is the service caring?

Outstanding ☆

The service was very Caring.

The provider promoted a strong person-centred culture within the service. Staff and management adopted an exceptionally caring approach to their work, and made every effort to ensure people's individual needs and requirements were met. People were treated with dignity and respect at all times.

Is the service responsive?

Good ●

The service was Responsive.

People received care and support that reflected their individual needs and requirements. Care plans were accessible to and followed by staff. People and their relatives knew how to raise concerns and complaints about the service.

Is the service well-led?

Good ●

The service was Well-led.

The management team promoted open and honest communication with people, their relatives, community professionals and staff. Staff were clear what was expected of them and felt well-supported. The provider's quality assurance enabled them to assess and improve the quality of the care and support people received.

Abel Care and Support Ltd

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 inspection took place on 17 May 2018 and was carried out by one inspector.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Before the inspection visit, 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 used this information in the planning of our inspection.

Before the inspection visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and local Healthwatch for their views on the service.

During our inspection visit, we spoke with two people who used the service, two relatives, and four community health and social care professionals. We also spoke with the registered manager, deputy manager, the provider's support coordinator, one senior care staff member and one care staff member.

We looked at two people's care files, two staff recruitment records, safeguarding records, medication administration records, incident records, staff training records, and records associated with the provider's quality assurance.

Is the service safe?

Our findings

People told us they felt very safe receiving support in their own homes from staff employed by Abel Care and Support Ltd. One person explained, "It's because I trust them [staff] and they help me." People's relatives had confidence in staff's ability to protect the safety and wellbeing of their family members. One relative told us, "I never lose a moment's sleep worrying [relative] is not safe. [Relative] is never left alone and they [staff] have the right level of training and understanding of their needs. Being attentive to [relative] is paramount to them."

The provider had taken steps to protect people from harm. From their induction onwards, staff received training to help them understand their individual responsibilities to remain alert to, and protect people from, abuse and discrimination. The staff we spoke with showed good insight into the different forms and potential signs of abuse, including unexplained bruising and marked changes in people's behaviour. They told us they would not hesitate in reporting any concerns of this nature to the management team, or externally if necessary. One staff member explained, "I'd speak to [registered manager] or [deputy manager]. We also have the number for the local safeguarding team on the back of our ID badges." The provider had safeguarding procedures in place to ensure any concerns about suspected or actual abuse were shared with the appropriate external agencies, such as the local authority and police. Our records showed they had previously notified CQC of safeguarding concerns, in line with their registration with us. The management team had conducted investigations into, and sought to learn from, any safeguarding issues involving people who used the service. In one instance, this had led to the provision of additional staff training designed to keep people and the staff supporting them safe.

From the outset of people's care, the risks associated with their care and support needs had been assessed, through discussion with them and their relatives. The risks to individuals were then kept under regular review by the management team. This process included consideration of any hazards or obstacles within people's home environment, their mobility needs and any risk of falls, their skin integrity and their pressure care. One healthcare professional praised the registered manager's hard work in ensuring staff fully understood the risks involved in safely supporting one person within their home.

Plans were recorded in people's care files to manage identified risks and keep people, staff and others as safe as possible. A social care professional praised the consistent and attentive manner in which staff carried out one person's transfers, which had prevented them from having any falls. Staff demonstrated a good understanding of the specific risks to the people they were supporting, and the importance of following the risk management plans in place. They told us communication within the service was good, ensuring they were kept up to date with any changes in the risks to people. They spoke about the particular benefits of the secure messaging group the provider had set up to provide them with important day-to-day updates via their mobile phones.

Staff confirmed they had access to the specialist care equipment needed to provide people with safe care and support in their homes. They explained that the registered manager was quick to organise any additional equipment required. Staff had received training in the safe use of this equipment, and on a range

of health and safety related topics, to enable them to work safely. In the event people were involved in an accident or incident, staff understood how to record these events, and bring them to the attention of the management team. We saw the management team monitored these reports on an ongoing basis, in order to identify any actions needed to minimise the risk of reoccurrence.

People and their relatives told us they received a consistent and reliable service from Abel Care and Support Ltd. One person explained, "They [staff] always arrive on time, which is another thing I am happy with." People were supported by one or two main carers, and were provided with a rota, upon request, setting out who was coming in to help them each day. A relative explained, "[Relative] is supported by a nice little team of local people who understand them and the local area." In the event of any planned or unplanned staff absences, the management team and senior staff stepped in to cover these. The provider undertook pre-employment checks to confirm prospective staff were suitable to care for people in their own homes. These included references and an Enhanced Disclosure and Barring Service (DBS) Check and employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

People and their relatives told us they were satisfied with the support staff gave people to help them manage their medicines. Staff received medication training, and underwent regular unannounced spot checks to monitor their competence in the handling and administration of people's medicines. The specific level of support people needed with their medicines was clearly set out in their care plans. We found staff maintained accurate and up-to-date medicine administration records (MARs), and had written guidance on the use of 'as required' and 'topical medicines'. Topical medicines refers to medicines applied externally onto the skin.

Staff received training in relation to infection control and food hygiene to help them understand their role in protecting people from the risk of infection. People's care plans included guidance on infection control practices, such as the expected use of personal protective equipment (PPE). Staff confirmed they had access to adequate PPE in people's homes, namely disposable aprons and gloves, and understood the importance of using this. A senior care staff explained it was their responsibility to check and replenished these supplies on a regular basis. Infection control practices were checked as part of the unannounced spot checks completed with staff, in order to ensure staff were protecting people from the risk of infection in line with the provider's procedures.

Is the service effective?

Our findings

Before people started to use the service, the management team met with them, their relatives and the community professionals involved in their care to assess their individual care and support needs and confirm the service was able to effectively meet these. The management team then directly provided people's care over the initial two weeks, to further establish the support they wanted and needed and develop effective care plans for staff to follow. A social care professional explained, "[Registered manager] supported [person] first, then they got the staff in to show them how they wanted it done."

The registered manager had a clear understanding of the need to prevent any form of discrimination in the planning or delivery of people's care, and supported staff's understanding of equality and diversity through training. Staff made appropriate use of technology and a range of specialist care equipment to provide effective care and promote people's independence. This included mobility aids and equipment, and tablet computers to help people maintain valued relationships.

People, their relatives and community professionals had confidence in the competence and training of the staff employed by Abel Care and Support Ltd. One relative explained, "[Registered manager] has been key in ensuring they [staff] have all learned to use [relative's] equipment ... they ensure staff know what they are doing." A community professional told us, "All of the staff have good training and a good, practical understanding of people's needs."

Upon starting work for the provider, all new staff completed the provider's induction training to help them understand and settle into their new roles. This induction programme took into consideration the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. During the induction period, staff were introduced to people and were given time to read their care plans. They also worked alongside more experienced colleagues ('shadowing'), and participated in initial training and competency checks. Staff spoke very positively their induction experience. One staff member told us, "They [management team] went through everything and I found the shadowing very thorough. They made sure I felt comfortable supporting the clients and they felt comfortable with me."

Having completed their induction, staff participated in a rolling programme of training, developed around their core duties and responsibilities and the specific needs of the people they were supporting. This included training on learning disabilities, mental health conditions, diabetes, anaphylaxis, and dementia. Staff confirmed they had the training needed to work safely and effectively. One staff member told us, "I think it [training] is really good. If there is any subject we need training on, [registered manager] is really quick to arrange it." Another staff member spoke about the benefits of their epilepsy training, which had helped them understand the treatment of the condition and the nature of seizures. Staff also attended regular one-to-one meetings with a member of the management team, to identify any additional support they may need and receive constructive feedback on their work. One member of staff explained, "They [registered manager] ask me how I'm getting on, whether anything about the agency needs improvement, and if I am having any issues with the clients, staff or equipment."

People and their relatives spoke positively about the support staff gave people to prepare and consume their food and drinks. One person told us, "They [staff] help me to prepare certain types of meals, as I struggle with eating." The registered manager explained staff supported this person to cook their meals in batches to encourage them to eat. The specific support people needed with meal preparation, eating and drinking, and any associated risks, were clearly set out in their care plans. For example, staff encouraged one person to choose soft foods, and helped them cut up tougher foods, in view of their current chewing difficulties. Staff also encouraged this person to make healthier food choices through, for example, slowly introducing vegetables into their meals, based upon their known preferences. Where people were at risk of malnutrition, staff maintained consistent food intake and body weight records to assist healthcare professionals in monitoring these issues.

The health and social care professionals we spoke with talked positively about their experiences of working with Abel Care and Support Ltd. They used words like "competent", "professional", and "proactive" to describe the service. They told us they had an open, ongoing dialogue with the management team who sought their advice at appropriate intervals and promoted a collaborative approach towards people's care and support. One professional told us, "I have found the agency are always prepared to listen and to take on any advice." Another professional praised the manner in which the registered manager had worked with the external health and social care professionals to adapt the bungalow one person was due to move into to suit their needs and equipment. They told us, "[Registered manager] has come up with new ideas around the use of [person's] equipment. They are really on the ball." In the event people were admitted into hospital, the provider had produced 'hospital admission sheets' to provide hospital staff with key information about their needs and current medicines.

Staff monitored people's general health and wellbeing and helped them to access professional medical advice and treatment if they became unwell. One relative praised the proactive approach staff took in this regard. They told us, "They [staff] have normally already taken steps to contact the ambulance, before they call us. They see to [relative] first, and then advise us as soon as possible. They can read the signs as they know [relative] well." We saw staff and management liaised with and, where necessary, supported people to attend appointments with, a range of community healthcare professionals to ensure their overall health needs were monitored and met. This included people's GPs, specialist nurses, occupational therapists and physiotherapists. One relative praised the persistence staff and management had shown in liaising with their GP to obtain the correct medicine to treat their family member's acid reflux. People's care plans included key information about their medical history and the management of any long-term medical conditions, including epilepsy.

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.

We checked whether the service was working within the principles of the MCA. We found the provider and staff had good insight into people's rights under the MCA. Staff recognised the need to respect and actively promote people's right to make their own decisions, and to seek their consent before carrying out their care and support. One staff member told us, "You don't just assume you've got their [people's] consent; you've got to ask." The provider explained that all the people who were currently using the service were able to make their own decisions. They had sought people's consent to the care provided and their care plans emphasised staff's role in promoting people's choices on a day-to-day basis.

Is the service caring?

Our findings

People, their relatives, staff and community professionals described the strong person-centred culture promoted within the service, and the willingness of both staff and management to 'go the extra mile' for the people who used the service. For example, one relative praised the provider's thoughtfulness in organising a Royal Wedding themed afternoon tea to enhance their family member's enjoyment of the upcoming event. This person had a keen interest in the Royal Family. They told us, "They [staff] anticipate [relative's] needs and they put their needs first." They went on to say, "We couldn't have chosen a better agency for [relative]. They go above and beyond; they care." We found staff were supporting another person to keep a video diary to document the lead-up to their much-anticipated wedding. Their relative described the service as "absolutely brilliant", adding, "I feel so much better about everything with them on board."

Staff and management demonstrated sensitivity to those times where people may be struggling and required additional support. A community professional described how the provider had gone beyond what was expected of them to investigate and resolve one person's sleeping difficulties. This had involved them meet with the person's relative to better understand their night-time routine at home, and then mirroring this in the person's own home. This had led to a significant improvement in the individual's quality of sleep. The community professional explained, "They are a 'can do' service and will find a way ... They are constantly thinking outside of the box about how to help people."

People, their relatives and community professionals described the open and trusting relationships they had built up with a caring and empathetic staff team who had taken the time to get to know people well. One person told us, "They [staff] are the best I've ever had. I find them friendly, caring and I class them as my friends." A relative explained, "They [staff] are almost part of our extended family; that's how close we are." Another relative said, "[Relative] knows them [staff] all really well and gets on with them like a house on fire ... They have a good lot of banter going on together." The management team worked with people and their relatives to match people with staff members who were best suited to supporting them. This included consideration of people's needs, interests and personalities, in order to promote positive, caring relationships. They then organised quarterly 'quality review meetings' with people to ensure they were still satisfied with the staff supporting them.

Staff spoke about their work with clear pride and enthusiasm. One staff member explained, "[Registered manager] is very encouraging. They are so enthusiastic that it radiates and make you feel like that." Another staff member told us, "Everyone [staff] is here to do their best job they can for the clients, and we all work together." Staff and management talked about the people they supported with respect, affection and an understanding of their individual needs, requirements and circumstances. This included people's hobbies and interests, their anxieties and their need for emotional support.

The provider was committed to helping people to fully express their views, wishes and choices. They achieved this by ensuring staff understood people's individual communication needs, and people had the information they needed in accessible formats. For example, one person with a visual impairment required written information to be produced in a large-print on yellow paper. The management team had ensured

they were given any requested information, including the service users' guide and complaints procedure, in the appropriate format. On the subject of this person's care, a community professional told us, "They [staff and management] have made a massive difference in [person's] communication. Before their involvement, [person] had shut down a bit but they are now communicating and chatting non-stop. They really listen to what [person] is saying and wanting." Another person had difficulty in following the cooking directions on food packaging. Staff and management had produced simplified cooking directions for this person, to enable them to cook their own meals. People were provided with information about, and given assistance to access, local independent advocacy services. One person using the service was currently receiving support from an advocate to ensure their voice was heard on an important matter.

People and their relatives told us they were treated with dignity and respect, and listened to, by staff and management. Recognition of people's rights to privacy and dignity was central to the service, and was reflected in people's care plans and staff training provision. Staff spoke to us about the importance of protecting people's modesty during their intimate care, understanding when they needed private time and respecting their choices. A community professional praised the efforts staff had made to include one person's fiancé in activities, in order that they were able to spend time together as a couple. They explained staff were also very respectful of the couple's need for privacy. The provider took their responsibilities to protect people's confidential information seriously, and had systems and procedures in place to ensure it was only accessible to authorised persons.

People's relatives and community professionals highlighted the provider's commitment to actively developing people's independent living skills. One community professional told us, "They [provider] are very professional and striving for people to be as independent as possible." We saw people's care plans reflected this commitment, setting out, for example, how people were able to assist with mobility tasks and transfers. One relative praised the support staff had given their family member to take greater control over preparing and cooking their meals. They told us, "They [staff] plan menus together with [relative] and go shopping for ingredients with them. They also get [relative] involved in cooking so they have more responsibility for things." On the subject of another person's care, a community professional explained, "When they [provider] first became involved [person] was not eating. Staff now do shopping with them, and help them to batch cook their food. [Person] is very pleased with themselves." The management team were also supporting one person to identify a bank that offered debit cards which enabled transactions to be authorised by thumbprint rather than PIN number. The aims of this was to give this person greater control over their personal finances.

Is the service responsive?

Our findings

People, their relatives and community professionals spoke positively about the manner in which Abel Care and Support Ltd took into consideration, and met, people's individual needs and requirements. One person described how staff gave them the help they wanted and needed to read personal correspondence, pay their bills and attend meetings that affected them. The provider had sourced training for staff from a local hairdressing apprentice to enable them to style another person's hair in their preferred style.

People's care plans were individual to them, and covered a range of needs, including their individual nutritional, mobility and communication needs. Consideration had been given to people's protected characteristics under the Equality Act 2010, including their religious beliefs. For example, the management team liaised with one person's preferred vicar from a local church to arrange visits at their home.

The provider sought to actively involve people and their relatives in assessment, care planning and care reviews. People and their relatives felt involved in decision-making that affected them. One relative explained, "If there was anything significant changing, they [staff and management] would always ring us ahead of time to ask how we feel and what we think." In addition to clear guidance on people's individual care and support needs, people's care plans included information about who and what was important to them, their known likes and dislikes and their preferred daily routines. Staff told us people's care plans were easily accessible to them, and they understood the importance of following these to provide consistent care and support. One staff member explained, "It [the information staff need] is all in people's care plans. If we identify something new, we bring up with [registered manager] that it needs to be assessed and they will alter the care plan as needs be." People's care plans were kept under regular review by the management team to ensure the information they contained remained accurate and up-to-date. A staff member told us, "They [care plans] are always being updated and we [staff] are asked to re-read them if they have been changed."

Where it was an agreed part of their care package, staff supported people to pursue their interests and hobbies, to participate in recreational activities and access their local community. The management team organised some activities, such as arts and crafts sessions, at their office. One person described how they enjoyed staff taking them out for a walk down to the local pub. Their relative told us, "They [staff] take [relative] out for fresh air, to the pub, the shop or to see the lambs. They are very, very ambitious for [relative]." Another person's relative told us, "They [staff] enjoy taking [relative] out and about and have and been taking them regularly to the Snoezelen [multi-sensory environment]. Nothing seems to be a problem for them. They are so busy as staff are taking them off here, there and everywhere."

People and their relatives were clear about how to raise any concerns or complaints with the provider, and had confidence these would be taken seriously and addressed. One relative described the prompt manner in which the registered manager had responded to their concerns about changes in their family member's daily routine. They were satisfied with the explanation given, and felt staff and management had acted upon their advice. At the time of our inspection visit, the provider had not received any formal complaints about the service. They had a complaints procedure in place to ensure any complaints received were handled in a

consistent and fair manner, a copy of which was supplied to the people who used the service.

At the time of our inspection visit, the provider was not supporting anyone on palliative or end-of-life care. We saw they had procedures in place to identify people's wishes in relation to the care and support provided at the end of their lives.

Is the service well-led?

Our findings

During our inspection visit, we met with the registered manager who was responsible for the day-to-day management of the service. We found they had a good understanding of the duties and responsibilities associated with their post. This included the need to notify us about certain changes, events and incidents that affect the service or the people who use it. Our records showed they had submitted 'statutory notifications' of this nature as required. The registered manager explained that they kept them up to date with legislative changes and best practice guidelines through, for example, participating in further training and attending events run by the local authority.

People, their relatives and community professionals spoke positively about the overall management of the service and their relationship with the management team. One community professional told us, "[Registered manager] is very down to earth and able to communicate with staff and service users. They run the service very professionally; it's how every care service should be." They described a positive and inclusive culture within the service, promoted by an approachable and caring management team. One person told us, "[Registered manager] is very friendly and funny. They crack me up sometimes when I'm feeling low." A relative explained, "[Registered manager] has been brilliant. If I call to ask them something, they always answer the phone, no matter the time of day." People's relatives and community professionals commented on the open and honest dialogue they had with the management team. One relative explained, "[Registered manager] always gives me an update every week and fills me in on anything that has happened; the communication is brilliant."

Staff were clear what was expected of them at work and felt well supported by the management team. One staff member explained, "The management team are fun, very approachable and very responsive. You could ring [registered manager] about anything and they would be there for you. They are awesome." Staff had confidence in the management team's willingness to act on any issues or concerns brought to their attention. One staff member told us, "They [management team] are fantastic. They listen to us and come out with us supporting people. It's a pleasure to work with them, and all of the staff to be honest. If there is something that needs dealing with, they [management] are so quick on to it. You don't have to ask more than once." They described how, once informed of staff's concerns regarding one person's mobility needs, the registered manager had arranged for an assessment by the occupational therapist the very next day.

Staff referred to the strong sense of teamwork within the service, and the steps the management team took to ensure they felt valued in their work. One staff member said, "We get really good feedback on how we are working. If they [management team] get an email from someone complimenting us, they will pass it on. It's a really good boost to see everyone is happy with our work." On the subject of ensuring staff felt valued, the registered manager told us, "I appreciate them [staff] and I make it known." The provider had a whistleblowing policy in place, which staff confirmed they would follow if needed. Whistleblowing refers to when an employee tells the authorities or the public that the organisation they are working for is doing something immoral or illegal.

The provider took steps to involve people, their relatives and staff in the service, and welcomed their views

on how the care and support provided could be improved. They organised regular staff meetings to consult with staff on proposed changes, and to enable them to have their say as a group. One staff member explained, "When we have a staff meeting, we'll have coffee and cake to make it more enjoyable." As a result of feedback from staff, the management team now issued staff with two-weekly, as opposed to weekly, rotas, to enable them to plan further ahead. The management team obtain feedback from people and their relatives on the service through, amongst other things, holding quarterly 'quality review meetings' with them. They also distributed annual feedback surveys to both staff and the people who used the service. We looked at the results of the feedback survey completed in March 2018, and saw people had provided very positive feedback on the care and support they received. Based upon feedback from people during this survey, the management team had issued forms enabling people to state their preference as to whether staff wore ID badges when attending their homes.

The provider had established a programme of audits and checks to monitor the quality and safety of the service people received in their homes. This included a quarterly 'service audit' focused on key aspects of the service, monthly care planning and personnel audits, medicines audits and the ongoing monitoring of any accidents, incidents or complaints. Staff also underwent regular unannounced spot checks to confirm they were working as expected. The provider's quality assurance had resulted in improvements in the service, including improvements to the overall standard of care planning, the introduction of 'quality review meetings' with people, and developments in staff training.