

Concept Care Solutions Limited

Concept Care Solutions - 1st Floor Middlesex House

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Concept Care Solutions – 1st Floor Middlesex House on 7 December 2016. Concept Care Solutions – 1st Floor Middlesex House 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 domestic support, administration of medicines, personal care and live in care. At the time of inspection the service provided care to approximately 60 people.

At our last inspection on 14 December 2015 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to the service not having effective arrangements in place for the management of medicines and not maintaining accurate and complete records. During the inspection on 7 December 2016 we found the service had taken necessary action to address the breaches of regulations identified at the previous inspection.

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

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 support workers and management at the service.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and detailed potential risks to people and details of how to protect people from harm.

At the previous inspection in December 2015 we found a breach of regulation because the service did not have effective arrangements in place for the management of medicines at the time of the inspection. During the inspection in December 2016 we found that the service had taken appropriate action since the last inspection and there were suitable arrangements for the administration and recording of medicines. Where agreed, people told us that they had received their medicines from care support workers. Records indicated that staff had received training on the administration of medicines. We also found that the service had a comprehensive and effective medicines audit in place to monitor and identify any errors in respect of medicines administration and recording.

People and relatives told us their care support workers mostly 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.

People were cared for by care support workers that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff confirmed that they received regular supervision sessions and appraisals to discuss their individual progress and development. Staff spoke positively about the training they had received and we saw evidence that staff had completed training which included safeguarding, medicine administration, health and safety, first aid and moving and handling. Staff spoke positively about their experiences working for the service and said that they received support from management.

At the previous inspection in December 2015 we found a breach of regulation because care support plans were difficult to follow and information about people's support was not always clear and consistent. During the inspection in December 2016 we found that the service had made improvements to care support plans and had addressed this breach of regulation. Since the last inspection the service had reviewed care support plans and these were now clear and were in a new format. Care support plans included more detail about people and their care needs. They also included clear instructions for care support workers.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. The service had a Mental Capacity Act 2005 (MCA) policy in place. Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care.

Care support workers 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 support worker and people were treated with dignity and respect.

The service had a complaints procedure and there was a record of complaints received. Complaints we examined had all been responded to appropriately. People and relatives we spoke with during this inspection expressed that they had confidence in the service and were satisfied that if they needed to complain about something, their concerns would be taken seriously and dealt with accordingly. It was evident from the feedback received from people and relatives that the service listened to people's concerns and took the appropriate action.

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 support workers, field supervisors, office staff and management. 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 and satisfaction surveys. Records showed positive feedback had been provided about the service. The service also undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

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 who used the service and relatives told us they were confident that people were safe around care support workers and raised no concerns in respect of this.

Suitable arrangements were in place in relation to the recording and administration of medicines.

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

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

Is the service effective?

Good ●

This service was 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.

Staff were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

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

Is the service caring?

Good ●

This service was caring. People and relatives 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 ●

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.

Is the service well-led?

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

The service had a clear management structure in place with a team of care support workers, field care supervisors, office staff and management.

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.

Good ●

Concept Care Solutions - 1st Floor Middlesex House

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.

Two inspectors carried out the announced inspection on 7 December 2016. 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.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During the inspection we went to the provider's office. We reviewed eleven people's care support plans, seven staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with nine people who used the service and seven relatives of people who used the service. We also spoke with ten members of staff including care support workers, field care supervisors, office staff, the operations manager and the registered manager. We also obtained feedback from one care professional who had contact with the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe around care support workers. One person said, "I feel safe around my carer." Another person said, "Yes I feel absolutely safe." Relatives we spoke with told us they had no concerns about whether people were safe around care support workers. One relative said, "My [relative] is very safe." Another relative told us, "My [relative] is safe around care staff. She gets on well with the carer." Another relative said, "I am confident [my relative] is safe. Definitely safe. I have no concerns."

The inspection we carried out in December 2015 found a breach of regulation because the service did not have effective arrangements in place for the management of medicines at the time of the inspection. We found that there were some gaps in the MARs we viewed at the previous inspection. During the inspection in December 2016 we looked at a sample of MARs for eight people who used the service for various months in 2016 and found that there were no unexplained gaps. However, we found that on three occasions the symbols used to record administration of medicines were not consistent with the symbols on the MAR key of symbols. For example, one person's MAR had dash symbols on three days for a medicine that was "administered as required". We discussed this with a field care supervisor who acknowledged this and confirmed that this was an error by the care support worker. We also observed on two people's MAR that a single initial was recorded on the MAR to indicate that the medicine had been administered. We discussed this with a field care supervisor who confirmed that the care support worker had signed the MAR using one initial instead of two. The field care supervisor explained that these errors had been identified during a medicines audit and showed us documentation which confirmed this. We noted that there was a record of the errors and details of what action the service had taken once they had identified the errors.

The inspection in December 2015 found that medicines that formed part of a blister pack were not clearly documented on MARs. It was therefore not evident what medicines formed part of the blister pack and therefore we were unable to clearly see what medicines had been administered. During the inspection in December 2016 a field care supervisor explained that following the previous inspection, they had taken steps to improve this area. She explained that the service now obtained a print out from the pharmacist detailing what medicines formed part of a blister pack and this was attached to people's care plan and the blister pack. This ensured that care support workers were aware of what medicines formed part of the blister pack. She showed us an example of one person's blister pack and the print out which detailed what medicines formed part of this so that there was a clear audit trail. The field care supervisor also explained that they kept a record of the medicines that formed part of the blister pack on their electronic records for each person so that this information was easily accessible.

We noted that since the inspection in December 2015 the service had changed the format of their medicines audit so that they were now more comprehensive. A field care supervisor explained that the service had carried out weekly medicines audits after the inspection in December 2015 to ensure that they were identifying potential errors and closely monitoring the completion of MARs. She explained that medication administration recording had improved significantly and since October 2016 these were being carried out monthly instead of weekly. We looked at a sample of medicine audits and found that where there were errors, the service had identified these and taken the appropriate action and this was documented clearly.

We noted that some people who used the service were able to self-administer their own medicines, some people's family assisted with their medicines and some people were given their medicines by care support worker. Where people required support by care support worker, the appropriate support for that person was outlined in their care support plans.

People who were assisted with their medicines told us that they received their medicines on time and raised no concerns in relation to this. One person said, "They help me with my medicines. I get them on time. There are no problems with this." Another person told us, "I get my medicines on time."

There was a policy and procedure for the management of medicines to provide guidance for all staff. We saw evidence that the policy was reviewed to ensure that it provided up to date information on safe handling of medicines.

We saw evidence that staff had completed training in relation to medicines administration as part of their induction and received refresher training annually. When staff completed the medicines administration training they were required to complete an assessment to ensure that they fully understood the content covered as part of the training. Only once staff had achieved the pass mark were they then able to administer medicines.

The inspection in December 2015 found that some potential risks to people had not been identified. However, the inspection in December 2016 found that since the previous inspection the service had reviewed people's risk assessments and had implemented new format risk assessments. We saw evidence that the service had identified potential risks to people and had provided guidance to staff in order to manage these risks so that people were safe and their freedom supported and protected. Risk assessments were in place for areas such as health and safety, the environment, medicines and moving and handling. The field care supervisor we spoke with told us that the service was continuously reviewing these and updating these so that they included the necessary information.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. The inspection in December 2015 found that the policy did not include the correct contact details for the CQC. During the inspection in December 2016 we saw the policy had been updated accordingly and included the correct contact details for the CQC.

Staff had received training in safeguarding people as part of their induction and training records confirmed this. Staff we spoke with were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to management. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were aware that they could report concerns about any poor practices within the service. All staff told us they felt able to raise any concerns they had with the management and had no hesitation in respect of this. The service confirmed that since the previous inspection all staff had completed a refresher in whistleblowing.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at the service. There were recruitment and selection procedures in place to help ensure people were safe. We looked at the recruitment records for seven members of staff and found that these were well

organised. Background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff to ensure they were suitable to care for people.

Through our discussions with staff and management, we found there were enough staff to meet the needs of people who used the service. The registered manager explained that the service was always recruiting care support workers to ensure that they had sufficient numbers of staff.

Is the service effective?

Our findings

People who used the service told us that they had confidence in care support staff and the service. One person said, "The care is absolutely fantastic. I have nothing bad to say." Another person told us, "I am very happy with the care. I have no complaints. Wonderful care." One relative told us, "The care is brilliant. They know how to look after [my relative]." Another relative said, "Carers go over and above. They make sure [my relative] is comfortable and happy. The carers are competent. They know exactly what to do. They quality of care is very good." Another relative told us, "I am very satisfied. 12 out of 10. [My relative] looks forward to care staff coming around."

Records showed that all staff had undertaken an internal induction when they started work and completed training in areas that helped them to provide the support people needed. The induction programme was extensive and covered policies and procedures, aims and objectives, staff conduct, information on health and safety. Staff had signed to indicate that they had completed their induction. Newly recruited staff spent time shadowing more experienced staff and this was noted in the staff files we examined. We asked staff if they thought the induction they received was adequate and prepared them to do their job effectively and they confirmed this. All care support workers spoke positively of the induction. One care support worker told us, "The induction was good. It was intensive and it helped me to do my role and helped me feel prepared."

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included moving and handling, safeguarding adults, food hygiene, infection control, first aid and health and safety. All staff spoke positively about the training they received and said that they had received the training they needed to complete their role effectively. The service confirmed that they had started the Care Certificate training for all newly appointed staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. All staff spoke positively about the training they received and said that the service focused on ensuring staff received continuous training. One care support worker said, "The training is fantastic." Another member of staff told us, "The training is helpful."

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled them to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress. Staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service and told us that the service supported them in respect of their personal development. One member of staff told us, "They have really helped me progress here."

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.

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.

Staff had knowledge of the MCA and training records confirmed that they had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

The service had a Mental Capacity Act 2005 (MCA) policy in place. Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. During the inspection in December 2016 we found that care plans included details about people's capacity to make decisions under the "my cognition" and "my communication" needs section of the care plan. We found that care plans were signed by people or their representative to indicate that they had consent to the care provided.

Care plans contained information about people's health and medical conditions. Care records indicated that the service was aware of the need to ensure that staff encouraged people in healthy eating where they had responsibility for assisting people with their meals. We saw in two people's care record that staff were asked to encourage a "healthy diet".

We spoke with the registered manager about how the service monitored people's health and nutrition. The registered manager explained that people's family prepared their food in the majority of cases and that care support worker were responsible for heating the food and assisting people where necessary. This was confirmed by people and relatives we spoke with. One person who used the service told us, "They help me with my meals. They help feed me and are respectful when they do this. They listen to me."

The registered manager and one field care supervisor we spoke with explained that if care support 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. The registered manager also explained that field care supervisors reviewed people's care on a regular basis so they were able to monitor people's health and nutrition.

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 support workers. One person said, "The care is wonderful. My carer is absolutely marvellous. I can't praise them enough. They are fantastic." Another person told us, "The carers are lovely, respectful and they listen. They always treat me with respect and dignity. Absolutely." Another person said, "Carers are polite and helpful." Another person told us, "One relative told us, "The carer is kind and helpful. I couldn't ask for better care." Another relative said, "I am 100% satisfied with the care. The carers are absolutely brilliant. I couldn't be luckier."

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 objectives of the service which was to help people live life to the full, to promote and maintain the dignity of people and to empower people to make choices. This ethos was echoed by care support worker and field care supervisors. The registered manager explained that the service focused on providing personalised care which works to deliver care around a person's own strengths, preferences and aspirations ensuring that the person is at the centre of the process. The registered manager also explained that service encouraged and supported people to make choices for themselves.

There was documented evidence that people's care was reviewed regularly with the involvement of people and their relatives and this was confirmed by people and relatives we spoke with. These meetings enabled people and their relative's discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

Care support workers were aware of the importance of ensuring people were given a choice and promoting their independence. All staff we spoke with were also aware of the importance of respecting people's privacy and maintaining their dignity. Care support workers told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One care support worker told us, "I always greet people and say hello. I make sure I have my identity badge so they know who I am and address them as they would like to be addressed, I ask people what they would like and let them make decisions. Communication is key and making sure I have people's consent." Another care support worker said, "I always tell people what I am about to do and ask them if this is ok. I talk to them and listen to what they want."

We saw some information in people's care plans about their life history and their interests. Care plans included information about people's interests and their background and the provider used this information to ensure that equality and diversity was promoted and people's individual needs met. The registered manager explained that they focused on obtaining information regarding people's background, interests and needs as this ensured care support worker were able to understand and interact with people.

Care plans included information that showed people had been consulted about their individual needs

including their spiritual and cultural needs. The registered manager explained that they supported people with their spiritual needs and said that all people were treated with respect and dignity regardless of their background and personal circumstances.

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. One person said, "They listen. They are responsive. I have reviews regularly and can give my feedback at any time." Another person told us, "I honestly have no complaints. If I did, I can speak with them. They are so friendly and I can talk to them. They are brilliant." One relative said, "The office staff and management do listen and respond especially recently. I feel able to contact them." Another relative told us, "Management do listen and are helpful. They come back to me quickly."

We received feedback from one healthcare professional about the service. They told us the service had made improvements and they were keen to engage and resolve issues.

The inspection in December 2015 found a breach of regulation because care support plans were difficult to follow and information about people's support was not always clear and consistent. We also found that information in support plans were inconsistent as some contained more detail than others. During the inspection in December 2016 we found that the service had made improvements to care support plans and had addressed this breach of regulation. Since the last inspection the service had reviewed care support plans and these were now clear and were in a new format. Care support plans included more detail about people and their care needs. They also included clear instructions for care support workers. For example, one person's support plan detailed that they were epileptic. We found that there were clear instructions about what care support workers should do in case of a seizure. There was sufficient guidance and detail to enable care support workers to respond effectively in the event of a seizure. In another person's care plan we noted that they required a PEG feed. Their care support plan clearly detailed what care support workers should do when providing care to this person.

We found that people's support plans were person centred and included information about their life history, their interests and preferences. The registered manager explained that they were continuously reviewing this to ensure that there is sufficient information in people's care support plans about the individual person.

Care support plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments were detailed and provided information about people's life history, 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, eating and drinking, communication, mobility and medicines.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

During the inspection in December 2015 the registered manager explained that the service was in the process of implementing an electronic system where people's care plans were stored electronically. The inspection in December 2016 found that this system had been implemented and that people's care support plans were stored electronically and in hardcopy.

We spoke with people who used the service and relatives about the punctuality of care support workers and the consistency and continuity of care. People told us that care support workers arrived for visits mostly on time and said that most of the time they had the same care support worker provide their care. One person said, "My carer is always on time. Never late." Another person told us, "My carer is mostly on time and I have the same carer most of the time."

People who used the service and relatives did not complain about having different care staff support staff or them being late on a regular basis or missing visits. We spoke with the registered manager about how the service monitored care support worker's timekeeping and whether they turned up in time or were late. The registered manager told us the service used an electronic homecare monitoring system which would flag up if staff 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 they would ring the care support worker to ascertain why a call had not been logged and take necessary action there and then if needed. The registered manager explained that the compliance team reviewed the call logs to help identify areas in which they can improve any timekeeping issues. The registered manager also explained that when they arranged the staff rota, she ensured that care workers worked within certain postcodes to limit the amount of travel they had to carry out which minimised the chances of delays.

People we spoke with told us that they were confident that their concerns would be listened to and acted on. During the inspection we found that the service had a comprehensive procedure for receiving, handling and responding to comments and complaints. All people and relatives we spoke with during this inspection expressed that they had confidence in the service and were satisfied that if they needed to complain about something, their concerns would be taken seriously and dealt with accordingly. It was evident from the feedback received from people and relatives that the service listened to people's concerns and took the appropriate action. The service had a system for recording complaints and we saw evidence that complaints had been dealt with appropriately in accordance with their policy. This was also confirmed by the registered manager who explained that the service took every complaint seriously, investigated them thoroughly and fairly and worked hard to ensure that people were satisfied with the outcome.

Is the service well-led?

Our findings

People who used the service and relatives spoke positively about management at the service. They told us they had confidence in the management of the service and there was a consistent and effective management team. One person told us, "Management are good. They know what they are doing." Another person said, "The office is fine. Management are helpful. They listen." One relative told us, "Communication is good. They do listen."

There was a clear management structure in place with a team of care support workers, field supervisors, office staff and management. All staff we spoke with told us the morale within the service was good and spoke positively about working at the service. They told us that the management was supportive and approachable and listened to them. They also told us there was an open and transparent culture within the service. One member of staff told us, "Management are really helpful." Another member of staff said, "Staff in the office and management are supportive. The morale is good. Management really do listen." All staff we spoke with told us they did not hesitate to bring queries and concerns to management.

Staff were informed of changes occurring within the service through staff meetings and we saw evidence that these meetings occurred quarterly and were documented. The service also ensured that staff received continuous updates electronically so that they received up to date information.

The service had a "compliance" team that was responsible for monitoring and checking the quality of service provided. There was evidence that the service undertook a range of checks and audits of the quality of the service and took necessary action to improve the service as a result. The service carried out monthly audits looking at care support plans, complaints received, staff training, supervision sessions, care support worker spot checks, punctuality and completion of satisfaction surveys. They also analysed the information obtained as part of their audits so that they monitored their monthly progress but also to look at ways of improving the service and taking necessary action.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the service. The service was eager to listen to the views of people who used the service and their relatives and find ways to improve the service. The service had a number of ways they did this in addition to audits. The service carried out monthly monitoring visits where the field care supervisors arranged to meet people in their homes and talk about their care and any areas for improvement. People who used the service told us that these occurred regularly and they had an opportunity to share their views on the care they received.

The service also carried out unannounced staff spot checks to ensure staff were providing the appropriate level of care. These spot 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.

The service carried out satisfaction surveys every six months which focused on listening to people's

feedback and taking necessary action. We saw evidence that the feedback received from these surveys were analysed by the service and acted upon where necessary. We reviewed the feedback received from people who used the service. Some of the comments were: "Excellent and outstanding care", "Staff are really friendly, personable with very happy dispositions, positive attitude and a great sense of humour", and "Carers were all lovely people, who however busy or tired they were, always treated [service user] with patience, respect and made him feel things were worthwhile".

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people who used the service. These addressed topics such as safeguarding, infection control, recruitment and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely at the office which meant people could be assured that their personal information remained confidential.

Accidents and incidents were recorded on the service's electronic system and analysed to prevent them reoccurring and to encourage staff and management to learn from these.