

ANA Homecare Limited

ANA Nursing

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection on 7 December 2016 of ANA Nursing. ANA Nursing is registered to provide the regulated activity personal care and provides personal care, housework and assistance with medicines in people's homes.

At the time of the inspection, the service was providing care and supporting 22 people. There were 15 care workers. .

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

At our last inspection on 10 September 2015, the service did not meet Regulations 9, 10, 14, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there were issues with care workers punctuality, there were instances in which people were not being treated with dignity and respect, care records were not person centred and auditing processes were not robust enough to monitor and improve the quality of the service. This meant the quality rating we awarded was requires improvement.

Following our September 2015 inspection we received an action plan from the service telling us what action they would take. At this inspection the registered manager was able to demonstrate that measures had been put in place since the last inspection to respond to the issues identified and meet regulations. People using the service and relatives also told us that they had found improvements had been made to the service they received since the last inspection.

Although there were some instances of lateness, overall, people using the service and relatives told us their care workers turned up on time and they received the same care worker on a regular basis. There was consistency in the level of care they received. The service had a system in place to monitor care workers punctuality. However, people were not being informed promptly about changes with their care workers. The registered manager told us they would review this and ensure people were communicated with more effectively.

People and relatives told us that they were confident that most care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service.

Care workers had a good understanding of the importance of treating people with respect and dignity. Feedback from relatives indicated that positive relationships had developed between people using the service and their care worker and people were treated with dignity and respect.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Care workers 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 care workers were aware of potential risks to people and how to protect people from harm.

Arrangements were in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that all these were completed fully which indicated that people had received the medicines they were prescribed.

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

The service had a complaints procedure and there was a record of complaints received. There was a clear management structure in place with a team of care workers, office staff, care coordinator, internal trainer, care manager, the branch manager, the registered manager and the provider.

Staff were informed of changes occurring within the service through regular staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through review meetings, telephone monitoring and 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?

Requires Improvement ●

There were aspects of the service which were not safe. Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs. However people were not promptly informed of changes with their care and ensured continuity The new manager told us they would ensure people were routinely informed.

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

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

Is the service effective?

Good ●

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

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

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

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

Is the service caring?

Good ●

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of care meetings had been conducted with people in which aspects of their care was discussed

Is the service responsive?

Good ●

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

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

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 using the service and relatives spoke positively about the management of the service.

Staff were supported by management and told us they were approachable if they had any concerns.

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

Good ●

ANA Nursing

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people. Some of the people being cared for were elderly people who were living with dementia or had a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family carers and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with thirteen people using the service, six relatives, eight care workers, the branch manager, the new care manger, internal trainer and the registered manager. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with their care worker. They told us "Yes I feel safe", "I have no issues" and "One of our care workers is particularly good. I trust them."

At our inspection on 10 September 2015, the provider did not ensure there were sufficient numbers of suitable staff deployed to keep people safe and meet their needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager to show what actions would be taken to meet this regulation. At this inspection, we found the service had taken some action and arrangements were in place to address care workers timekeeping.

The service had systems in place to manage staffing levels. There was a care co-ordinator in place to plan and co-ordinate people's care. The service had implemented an electronic call monitoring system to monitor and manage care workers' timekeeping. The electronic call monitoring system flagged up an alert if a care worker had not logged a call which would then be followed by the office staff.

When speaking with people using the service and their relatives, most told us care workers generally turned up on time. One person told us "Good on timekeeping not bad at all. They can be excellent." Some people told us about some instances where there had been lateness. People told us "Usually they are late", "I don't remember a time when they have been on time." One relative told us "In the morning their time is not very good, it's all different times."

The new care manager told us that they monitored care workers timekeeping. Weekly call monitoring reports had been produced which were reviewed by the new care manager. We were shown reports that showed punctuality of care workers was between seventy to eighty percent. The new manager told us that they were aware that timekeeping would sometimes fluctuate and was mainly due to when care workers called in sick on the day, not turned up or had swapped shifts without informing the office. The new manager told us that they had spoken to care workers about the importance of being on time for their visits and to always inform the office if there were any issues. Records also showed memos had been sent to care workers reminding them of this.

Most people using the service told us they had regular care workers. They told us "I have three regular ones. I know them and they are not strangers to me", "Yes I have regular workers" and "Normally you get your regulars." A person's relative told us "We have one regular care worker which we are happy with" and "It has got into a good routine. It is nice to have the same people. We have two very good care workers. Initially there were issues but this has now improved."

The registered manager showed us a sample of the rotas staff received on a weekly basis which clearly showed the calls that needed to be attended to and the times. The care manager told us care workers were allocated regular clients to ensure consistency in the care people received from the service. When speaking

with care workers they confirmed this. They told us "Yes I get allocated regular clients", "I get the rota every Friday, visits are planned and are manageable for me" and "Regular clients and I get the rota on time."

However, people using the service and relatives told us there were issues when their regular care workers were away. They told us they were not informed of who would replace them and they would sometimes get different care workers and had to keep explaining to them what they needed help with.

They told us, "I have different care workers who don't know what they are doing", "I am not informed of any changes", "The care workers are good but the issue is when [person] gets used to them they leave and they don't tell us who is coming next. There can be different ones coming and [person] feels uncomfortable with them." "The regular care worker is very good but when she is off they do not tell me who is coming in her place" and "I would like to know who is coming before I let a stranger into my house." The branch manager told us they used to send rotas out to people so they would know which care worker was allocated to them and when, but the local authority had advised them not to do this. She told us they would review this and ensure people were informed promptly of any changes of care worker.

We recommend the service review their systems and ensure people are promptly informed of any changes with their care and ensure continuity.

At our inspection on the 10 September 2016, we found risk assessments contained limited information and some areas of potential risks to people had not been identified. We made a recommendation about the management of risks. During this inspection, we found the registered manager had taken steps to update people's risk assessments to meet people's specific needs.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service for example in relation to falls prevention, their home environment, medicines, personal care and moving and handling. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for care workers on how to support people safely. The assessments outlined what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse. They were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed. Care workers told us "If I saw any marks I would report it" and "We are there to protect them [people]."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

There were suitable arrangements for the administration and recording of medicines. There was a policy and procedure for the administration of medicines. Care plans provided clear information on people's medication and the support they required with their medicines so care workers were aware of what to do.

Information about the collection and disposal of medicines was also included and supporting medication information such as the contact details of the pharmacy.

We looked at a sample of medicine administration records (MARs) for people and saw that there were no gaps which indicated people received their medicines as prescribed. People and their relatives told us "Yes they do help me with my medicines" and "Yes, [person] has a dosette box and all they have to do is take it out and give water with it. As far as I know there are no problems. It is fine."

Is the service effective?

Our findings

At our inspection on the 10 September 2015, we found care workers performance had not been assessed effectively to ensure staff were suitably competent and experienced enough to provide the level of care and support to meet people's needs effectively. This meant the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found the registered manager had taken appropriate action to meet the regulation. Records showed care workers competency was being assessed by spot checks and task observation. This involved care workers being observed by a member of staff and assessing how care workers carried out their duties. Records showed that if there were any areas of improvement, this was noted and followed up by the service.

At our last inspection, we found there were no staff meetings in place and effective processes from management to communicate to staff about any issues, concerns and best practice in relation to the service. During this inspection, records and care workers confirmed staff meetings were taking place. Records showed that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff 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

When speaking with care workers they felt supported by their colleagues and management. They felt positive about working for the service. They told us "I've never had any problems, manager is good", "If I need anything they do the upmost to accommodate", "They will always help", "Manager supports me a lot. She is very nice" and "It's good here I like it. They are supportive."

Records showed care workers were given the training and skills to enable them to support people effectively. Staff undertook an induction which included assessments and shadowing experienced care workers. Records showed that some staff members had obtained National Vocational Qualifications (NVQs) in health and adult social care. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included medicines, dementia, moving and handling, first aid, food safety, health and safety, infection control, Mental Capacity Act 2005 and safeguarding people. There was a training matrix in place which showed training staff had completed and when the next refresher training was due. Staff spoke positively about the training they received. They told us "I have had training and shadowed people". The training was good. I know what to do" and "They support me. Training is good."

Most of the people using the service and their relatives told us they were generally satisfied with their regular care workers, however there were concerns mainly about other care workers. They told us "I don't know what training they have but they could get some. They don't always know what they are doing", "They may have the training but by the time they come to my house it's forgotten", "Some care workers are alright but some of them are a nuisance. They don't know what to do" and "Some care workers are fantastic and others

are not and don't say anything." We saw there was some evidence to demonstrate action had been taken by management when practice issues with staff had arisen. One relative told us "We had an issue about one care worker who was rude. I spoke with them [management] and they stopped [care worker] coming." We also noted a comment made by a relative as part of their telephone feedback which stated "A few issues but supervision visits have resolved them." The care manager told us they would continue to conduct spot checks and assess staff to ensure there was consistency in staff performance.

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.

At our last inspection, we found care plans did not contain any information about a person's mental capacity and levels of comprehension. During this inspection, we found care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. Mental capacity assessments had been completed and care plans showed the support a person needed to help them make their own decisions. Records showed when a person lacked the capacity to make a specific decision, people's families were involved in making a decision in the person's best interests. We found that care plans were signed by people or their representative to indicate that they had consented to the care provided. Training records showed that care workers had received MCA training. Care workers were able to tell us about people's mental capacity. One care worker told us "[Person] has capacity and will always tell you what they want. [Person] will decide what they want."

Feedback from people showed that care workers gained their consent before supporting them. They told us "Yes they do", "They ask if I want a wash or shower or a cup of tea" and "If they needed to do something they will ask me first if it is ok."

At our inspection on 10 September 2015, there was a lack of clear information about people's nutritional and hydration needs. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager to show what actions would be taken to meet this regulation. At this inspection, we found the service had taken action to meet the regulation and there was detailed information about people's nutritional and hydration needs.

Each care plan contained a nutrition and hydration support plan which detailed information on what support people required with their food and drink. There was information about each person's dietary needs and requirements, personal likes and dislikes, allergies and where they liked to eat. The plans also identified potential risks such as poor food hygiene practice, incorrect storage, preparation, cross contamination and sharp objects in the kitchen. Control measures were listed to ensure care workers followed appropriate food hygiene and safety practices in people's homes.

The service had an infection control policy in place. Care workers were aware of infection control measures and told us they had access to gloves, aprons and other protective clothing. People using the service told us that care workers observed hygienic practices when providing care. Care plans included COSHH (Control of Substances Hazardous to Health) assessments which detailed the risks of products that could be potentially hazardous to a person's health. The assessments included information on the risks and measures in place to minimise any risk and to keep people safe from infection and contamination. Information was also provided

on what a care worker needed to do in case of an emergency. People using the service and relatives told us "Yes they do wear protective clothing" and "[Care worker] is nice. She wears the aprons and gloves, they do their job."

Is the service caring?

Our findings

People using the service and relatives spoke positively about the way they were supported. They told us "Care is good. They certainly do try", "[Care worker] helps me", "My regular care worker is quite kind and I can approach them with anything" and "I am at ease with [care worker] because [person] is comfortable with her."

At our inspection on the 10 September 2015, we found there were instances in which people were not treated with dignity and respect. This meant the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection, we found the provider had taken action to address our concerns and meet the regulation. Records showed that care workers had received refresher training on privacy and dignity which was also covered with new care workers during their induction. Spot checks had also been conducted to monitor staff performance to ensure people's privacy and dignity was being maintained.

Feedback from people indicated improvement and care workers respected their dignity and privacy. They told us "They are caring and respectful. They take their time and they talk to me", "Very helpful. They speak in a respectful way and don't really rush", "They are nice and gentle", "They care they do listen" and "[Care worker] makes me feel comfortable. I am free from embarrassment."

Care workers were able to tell us how they maintained people's privacy and dignity. They told us "You make sure doors and curtains are closed. We tell them what we are doing", "We are all humans and you need to reassure them and say things like 'let me clean you and don't worry'", "You always explain to them, ask them if they are comfortable and make sure they are comfortable", "You need to gently ask questions and get to know them and build relationships, you ask what they want, what they like" and "You cover them with towels to make them feel comfortable."

When speaking with care workers, they also indicated an understanding of respecting people. They told us "You need to understand [persons] likes and dislikes. Respect [person] as an individual", "You treat people how you want to be treated in a professional manner done with sympathy and empathy", "My title is carer which means I care for people" and "I know [person] likes certain cups and plates they like to use. You make sure their clothes are clean, their seat is comfortable to avoid pressure sores, and you show them respect."

Feedback from people indicated care workers communicated well. They told us "I understand everything they say. I have one care worker who is Portuguese and even teaches me a few words!", "Communication is good." A relative told us "I am happy with the care. They do communicate with [person] very well and they encourage them."

Some people told us the level of English spoken by some care workers was poor. Some of the comments included "There is a language problem" and "The younger ones especially, they don't really talk." The

registered manager acknowledged there was an issue with some care workers regarding their level of English. This was something the registered manager told us would review.

At our inspection on the 10 September 2015, we found there was a lack of arrangements in place to enable and support relevant persons to make decisions relating to the person's care. This meant the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. The provider had taken action to address our concerns to meet the regulation. During this inspection, records showed that review of care meetings had been conducted with people in which aspects of their care were discussed and there was involvement from people and relatives where appropriate. When speaking to some people and their relatives they confirmed this. They told us "Yes they usually come once a year." Records showed some positive feedback received from people including "I am used to them [care workers] now. They know exactly what to do. When I am a bit down they cheer me up. I am happy with the regular carers and the care provided" and "No issues with the carers. Visiting times are suitable. I am very happy with the service" and "Very good care workers." However some people told us they had not yet had a review meeting. The new care manager told us she was in the process of arranging more meetings. Records confirmed this and one comment from a relative stated "Recently spoken with new manager. Very helpful."

Is the service responsive?

Our findings

People using the service and relatives spoke positively about the care they received. They told us "I am quite satisfied", "They are good. They help me wash. They help me if I need anything. They make me a cup of tea. They are helpful. They are trying to make my life easier", "They do everything they can", "They try and complete everything they are meant to do", "The ones we have we trust and do a jolly good job" and "I get help getting dressed. I need support walking around and they do that."

At our inspection on the 10 September 2015, we found support plans were not person centred and complete records had not been kept about people's care and support they needed. This meant the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found the provider had taken action to address our concerns to meet the regulation.

During this inspection, we found care plans had been updated and a new format had been implemented. Care plans were person centred and detailed which ensured people received personalised care according to their specific needs. The care plans provided information about people's medical background, details of medical diagnoses and social history. The care plans 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, medicines, nutrition and hydration and mobility.

Care plans then clearly detailed what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. People's individual preferences, likes and dislikes were listed and background information about the person and what was important to them was documented.

When speaking with care workers they told us they would interact with the person in response to their needs and read the care plans. They told us "We read the care plan so we know what to do" and "I ask people what they want and read their care plan."

Care plans were reviewed six monthly by staff and were also updated when people's needs changed. Daily communication records were in place which recorded information such as visit notes, meal log and medication support provided.

There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the home. The service had a system for recording complaints and we observed that complaints had been dealt with appropriately in accordance with their policy. Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily.

Is the service well-led?

Our findings

At our inspection on the 10 September 2015, we found systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. This meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found action had been taken to address issues and feedback from some people and their relatives indicated there was improvement in the quality of service being provided.

In response to the issues raised about timekeeping, we found the service had a care co-ordinator in place, people using the service told us they had regular care workers and timekeeping was being monitored. Although there were some people that told us there were instances of care workers being late, the overall feedback about timekeeping was more positive.

In response to the suitability of care workers and people not being treated with respect, staff had undertaken dignity and respect training and spot checks were being conducted to assess care workers performance.

To assess the quality of service provided, records showed questionnaires and telephone reviews had been conducted and we found positive feedback had been received. The branch manager told us they had sent out questionnaires out in May 2016 but only received three responses. As a result of this, they conducted telephone reviews to obtain a better response which they did.

We reviewed the questionnaires and found positive feedback had been received. People were given the option to circle numbers one to five, one being not satisfied and five being satisfied. The questions included a range of areas such as dignity and respect, infection control practices and competency of care workers. Records showed people mostly circled numbers 4 and 5 which indicated a good level of satisfaction with the service. Some of the comments included "They usually send someone I know when my usual carer is on holiday", "They go far beyond praise in every situation", "I look forward to their visits, I can confide in them freely", "I am completely amazed at their skills proficiency, kindness and good cheer" and "I am 100% grateful for all the care and goodness shown to me."

We reviewed 14 telephone reviews and found that overall boxes had been ticked to indicate satisfaction with the service. Some of the comments included "Happy with regular care workers", "[Person] is used to the regulars and enjoys continuity of the same staff attending", "Good service", "Occasionally a little late but not a problem. Cannot find anything to complain about. Lovely carers", "All very good to me", "Timekeeping is good. Much improved service", "Always wear protective clothing" and "[Person] has very good relationship with the care workers."

During this inspection, some people and relatives told us "The service could be better", "I don't think it is

great. They always seem to be having issues", "The manager seems fine. They could sort out the lateness and maybe hire some English-speaking people" "Nothing really changes" and "Care workers are okay but there has been too many changes in the managers".

The registered manager told us there had been some staff changes in the office. They had a care manager in place earlier in the year but they left. A new care manager had been recruited who had been in post for four months now. The registered manager told us the new care manager would take on the registered manager role and was currently going through the CQC process to have her registered to do so. The new care manager told us she had a background in health and social care. She told us she was aware of the issues the service has had and her experience enabled her to understand the impact it has on people using the service and staff. She told us that she had already started the process of meeting with people and conducting spot checks since in post and would continue to develop current systems to ensure people were happy with the care they were provided by the service. A relative told us "There has been some changes with local managers which has been unsettling. But the new manager has come out to discuss the care and they do meet [persons] needs."

Care workers spoke positively about working for the service and the management. They told us "If I have any problems I can get hold of them easy, " I am happy with everything", "When we have a problem they do something about it" and "Everything is quite good".

The service had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Records also showed regular staff memos were sent to staff informing them of any issues and developments with the service to ensure they were routinely informed of matters concerning the service such as timekeeping, rota management, logging in and out of calls and language issues. We noted one of the messages relayed by management in the staff memo was "Support service users with the same respect you would want for yourself or a member of your family!!!."

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding 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 which meant people could be assured that their personal information remained confidential.