

# Joseph Rowntree Housing Trust







## Hartfields Domiciliary Care Agency

### 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	

#### Overall summary

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 pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Hartfields Domiciliary Care Agency provides care and support to people in their own homes in the Hartfields Retirement Village site. This site is a joint venture between the Joseph Rowntree Housing Trust (JRHT), Hartlepool Borough Council, Hartlepool Primary Care Trust and NorthTees and Hartlepool NHS Trust. The service provides extra care housing for people aged 55 years and over. Not everyone living at Hartfields requires support with personal care. At the time of the inspection there were 65 people using the care service.

# Summary of findings

The service met the regulations we inspected against at their last inspection on 20 November 2013. No concerns had been raised since then.

The provider was given short notice of 48 hours before the inspection visit to this domiciliary care agency. This was to make sure the agency office was accessible and we were able to meet with the registered manager. The agency had a registered manager who had been in post for over four years. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People were very positive about the service they received. People felt safe and felt included in decisions about their care. Staff were vetted before they could work at the service to make sure they were suitable. All the people and relatives we spoke with said they felt there were sufficient staff to meet people's needs at their agreed visit times.

The registered manager understood the Mental Capacity Act (MCA) 2005 for people who lacked capacity to make a decision. People's safety was protected without compromising their rights to lead an independent lifestyle.

People were involved in making decisions about their own care arrangements. Their care was planned and

continually reviewed. People and their relatives felt staff were knowledgeable about people's individual needs and preferences. People were supported with their meals if they needed support with their nutrition.

People were very positive about the caring nature of the agency staff. People and their relatives described care staff as caring, kind, helpful and thoughtful. People said their dignity and privacy were respected and maintained by the care agency. They told us staff always knocked on the door and waited for permission to enter their flats, and always supported people with closing curtains if they were getting washed.

People felt the staff were suitably skilled to provide their care. Staff had relevant training and supervision to assist people in the right way. New members of staff received thorough induction training so they were prepared for their role. Staff said they enjoyed their work and felt valued by the registered manager and by the organisation.

Several people and their relatives described the service as "very well-run" and said the registered manager was open, accessible and knowledgeable about each person's needs. People said they were regularly asked for their views.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People said they felt safe with the staff who supported them and with the service provided.

Staff understood how to report any concerns about people's safety. The provider was following the Mental Capacity Act 2005 (MCA) for people who lacked capacity to make a decision.

There were sufficient staff to meet each person's needs, including additional 'floating' care staff to respond to any emergencies or change in needs. The provider only employed staff who had been checked to make sure they were suitable to work with vulnerable people.

Good



### Is the service effective?

The service was effective. People felt they received a very good care service from the agency.

Staff received all their required training before they started work and there was refresher training provided when this was needed. Staff said they felt supported to be competent in their roles.

People said they received help to manage their meals and nutrition where this was required. People's health needs were kept under review. Staff worked closely with health and social care professionals to make sure people's health was maintained.

Good



### Is the service caring?

The service was caring. People were very positive in their views about the kind, friendly and compassionate nature of the care workers.

People felt they were treated with dignity and respect. People said their privacy was maintained. They said care staff always went the 'extra mile' to make sure they were comfortable.

People said the agency helped and encouraged them to continue to lead an independent lifestyle.

Good



### Is the service responsive?

The service was responsive. People felt included and involved in decisions about the care service they received. People told us they chose how and when their care was provided.

People were asked for their consent before staff carried out any care with them.

People had information about how to make a complaint. No-one had made a complaint about the care service, but said they would feel confident about doing this.

Good



### Is the service well-led?

The service was well-led. People said the agency was well-run and they were asked for their views about the service. People and their relatives said the registered manager made herself available to talk to and was knowledgeable about each person who used the service.

Good



# Summary of findings

The service had a registered manager who had been in post for over four years. Staff told us the registered manager was approachable, open and supportive.

The provider employed a senior manager to check the quality and safety of the service at regular intervals.

# Hartfields Domiciliary Care Agency

## Detailed findings

### Background to this inspection

We visited the Hartfields agency on 6 and 7 July 2014. The inspection team consisted of an adult social care inspector and an expert by experience who had experience of older people's care services.

During the visits we talked with eight people who used the agency, including four people who we visited in their own homes with their permission. We talked with the registered manager, the head of quality and compliance and six care workers. After the visits the expert by experience carried out telephone interviews with 11 people and seven relatives. We looked at a range of records about people's care and how the service was managed. These included the care records of five people, the recruitment records of four care staff, training records and quality monitoring audits.

Before our inspection we checked all the information we held about the service. We reviewed the 'provider information return' which was a document completed by the provider in June 2014. 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 contacted the commissioners of the service and the local Heathwatch group to obtain their views. Before the inspection we sent questionnaires to people and staff for their views of the service. We received responses from 21 people and 12 members of staff. We also sent a questionnaire to a range of health and social care professionals for their views and received three responses. We also talked with a care manager from the local authority.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

All the people we spoke with said they felt they were safe with the staff who supported them. One person said, “I feel entirely safe with my care staff, they are wonderful girls, I could not manage without them.” Other people’s comments included, “I have never felt uneasy with any one of them. Everyone who has come here to help me has been very nice”, and, “No problems at all, if I was unhappy with anyone who came then I would not have them here”.

All the relatives we spoke to told us that the service was safe for people. One relative said, “I am sure my mum is safe in Hartfields. I have every confidence about that.” One relative commented, “I would not leave my mother there if I had any concerns about her safety.” Another relative told us, “I know my dad is safe and what is more he is happy.”

Staff told us, and records confirmed, they received training and regular updates about safeguarding vulnerable adults. In discussions, staff were clear about how to recognise and respond to any safeguarding concerns. The provider had made five safeguarding adult referrals to the local authority since the last inspection, one of which related to the actions of another care organisation. Two of the concerns had been reported by care staff to the registered manager and related to the practices of other staff. The registered manager had taken appropriate action to deal with these matters in a way that protected the people who used the service. The provider had also taken appropriate disciplinary action where necessary. Staff said this gave them confidence that concerns were dealt with effectively.

The provider had clear policies about safeguarding vulnerable adults and worked collaboratively with the local authority safeguarding team. Staff had handbooks which included details of safeguarding procedures and there was also information about this in the staff office. A senior care worker commented, “We have training sessions on safeguarding procedures and there is literature available to refer to if needed.” One care worker commented, “I think it’s a very safe service, but we can report any concerns to the seniors. It’s our responsibility to report anything wrong.” In this way, staff understood and acted on their duty to report any potential concerns.

Three care professionals who completed questionnaires confirmed the service was safe for the people who used it.

A care manager described how the agency used assistive technology to support the safety of one person who would be at risk if they left the building alone. The person had agreed to use an electronic ‘buddy’ system and door sensor alarm which would alert the agency to the person’s whereabouts. The system meant the person could continue to be independent and the agency could continue to monitor the person’s safety without restricting their movement or lifestyle. There were clear risk assessments and consent agreements with the person about their use of this equipment.

The provider had up to date policies about people’s rights and capacity to make their own decisions, and these were accessible to all members of staff. In discussions, staff understood people’s rights to make their own decisions and were clear about gaining consent from people before carrying out any care tasks. The registered manager understood the code of practice relating to the Mental Capacity Act 2005 and some staff had received training in this. No-one using the service at this time was the subject of a best interest decision made by others on their behalf.

People’s records included risk management plans which provided staff with information about identified risks and the action they needed to take to minimise the risk. For example, there were risk assessments about the support people needed to manage their environment, their medication and their mobility. There were clear plans about how to manage these risks in the best way to support people’s safety without compromising their independence. The risk assessments were agreed and signed by people and dated for future reviews.

People told us there were enough staff to support them at the agreed visit times. People said the care workers always attended their support visits. One person said, “My care staff has always turned up, sometimes a few minutes late, but she always comes.” Another person commented “My care worker has never missed a call.” The people we spoke with told us the care staff always stayed the allotted time. One person told us, “They always stay and sometimes a bit beyond. They never leave me if there is something else I ask to be done.” Another person commented, “They do stay the full time it says in the plan. They clock in and out when they come. You can rely on these girls.”

Care professionals and relatives also told us they felt people received support at the times they required it. The registered manager described how staffing levels were

## Is the service safe?

determined by the individual care needs of each person. For example, there were three levels of care package based on the number of hours a week that people had been individually assessed as requiring. These ranged from 4-70 hours a week. The total number of care hours was then used to determine how many care workers were required on each shift.

The agency also provided extra staff, known as 'floaters', and senior care workers on each shift to provide additional support if people needed this or to respond to any emergencies. The extra calls provided by the 'floaters' were recorded and monitored to check whether people needed their care package to be increased. The agency employed relief staff to cover holidays, sickness and training. In discussions, staff felt these arrangements worked well. One staff member commented, "There are sufficient staff and really good cover here." Another staff told us, "If someone rings in sick at the last minute we can always use the seniors and emergency response team to help out." In this way the registered manager had contingency plans for additional cover whenever this was required.

The provider employed 54 care workers, including senior staff, at Hartfields. Three staff had left in the past year and 11 new staff, including relief staff, had commenced work with the agency. The registered manager checked the applications from prospective staff and carried out interviews as part of the selection process. The organisation had a human resources team who managed the recruitment processes of new staff, including requesting references. The organisation also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. The registered manager had sight of references and checks before agreeing to the appointment of a new staff member. This meant people were protected because the provider had the necessary checks in place to make sure that staff were suitable to work with vulnerable people.

# Is the service effective?

## Our findings

People felt they received a “very good care” service from the agency. One person said, “I am very happy with the service I require on a regular basis, also if it’s an emergency.” Another person told us, “I don’t think you could find a better place to live and the care is superb.”

People told us they felt their care workers were well matched to meet their individual needs. One person said, “I think she is perfectly matched to meet my needs. My care worker knew what she had to do before she came to me.” One person commented, “I have a chap. We get on very well. I am pleased I got a man, and he helps me.” Another person told us, “My care worker and me have the same kind of humour. It is good to have a laugh.”

Some people commented there had been recent changes to their care worker following the recruitment of new staff. Two people said they would prefer to always have the same care workers. For example, one person told us, “I wish I had the same care worker. She would get to know me and I would get to know her.” Another person commented, “I would like to have the same person come to help me but I get different ones all the time.” However all the people we spoke with felt they received a good quality of service. One person said, “I had two regular staff but they change over every few months. They’re all very nice and none of them have let me down.”

All the people we spoke with told us they received care from staff that had the right skills. One person commented, “I have been getting care for over five years now. The care staff know what they are doing and they do it well.” Another person said, “They do everything properly for me.” Other people’s comments included, “I do think they know what they are doing. I am happy with the help they give” and “I have every faith in my care worker. She does know what to do and does it”.

The relatives we spoke with felt staff were suitably skilled to provide care for their family member. One relative told us, “The staff have always looked competent to carry out the care needs of mum. She is always very clean and well dressed. I have no worries about her care.” Another relative commented, “A very able woman looks after my mother.”

Staff told us they had “very good” opportunities for training to support them in their roles. One staff member told us,

“There’s always training on the go. We get well-trained.” Another staff member said, “There’s plenty of training. The seniors keep an eye on our training at supervisions and let us know when refreshers are due.”

The provider had a training team based in York who arranged training for staff. Staff told us, and records confirmed, they received training in mandatory health and safety subjects including first aid, fire safety, food hygiene and infection control. New staff received a six day induction training package that included mandatory training in health and safety before they could start working at the service.

All care workers had completed or were signed up for a relevant care qualification. For example, 55 care workers had achieved either the national vocation qualification in care (NVQ) or the diploma in health and social care. The remaining five staff members were signed up for training towards this diploma. Staff told us they had opportunities to attend other training such dementia care and mental health courses.

In discussions, staff said they felt supported in their role. Staff described how they received regular individual sessions with their line supervisor. One staff member told us, “Seniors also carry out spot checks and observations on us every couple of months. The manager also does them either early in the morning or late at night.” Staff also told us they had occasional medication competency checks. Each member of staff had an annual appraisal with the registered manager or deputy manager. In this way each member of staff was supported with their professional development.

In our questionnaire, one care professional told us, “Hartfields staff, including management, deliver high quality care to their service users. I have worked with them for over three years, during this time I have observed various training implementation and attended various meetings and training sessions. The quality of care has been consistent throughout.”

Each person who used the service had had an assessment about their nutritional well-being. Where people had needs in this area there were detailed care plans about the support they required to make meals or manage their nutritional needs. For example, one person’s care plan stated, “I like to have a cooked breakfast every morning in the restaurant. At teatime I like the staff to cook me



## Is the service effective?

something.” The care records included people preferences for meals. The people we spoke with who had support with their meals were satisfied with the assistance they received. People’s comments included, “I have my breakfast made for me and a microwave ready meal for lunch. My care worker makes me a sandwich or something for tea.” I get help with my lunch and tea – the rest I can manage on my own” and “I won’t starve. I like to help myself but I do let my carer make my lunch.”

People informed us that staff assisted them with food shopping. One person said, “My care worker takes me to the shops to do a bit of shopping. It also gives me the opportunity to go out and see what I want for myself instead of being given meals chosen by someone else.” People told us that staff always asked them what they wanted to eat and where they wanted to eat their meals. One person commented, “My care worker never just assumes what I want for a meal, she asks me.” Another person told us, “Some days I choose to have a meal in my own flat, other days I may choose to have a meal in the cafe. They always accept my choice.”

In our questionnaire one care professional told us, “I have been running a weekly weight management/healthy eating drop-in service at this location for almost four years. In that time, I have worked closely with many residents and care staff and have never had any cause for concern.”

People told us they could rely on the agency to contact medical professionals for them when this was needed. Two people described how care workers had contacted their district nurse when they requested it. Another person commented, “They are very good in here, we can see a doctor when we need him.” During this inspection one person telephoned the senior staff in distress about his wife’s health. The senior staff member was patient and supportive when talking to the person and immediately arranged for the GP to visit on his behalf.

One care professional commented, “This care agency liaises with appropriate organisations well and always make a good effort to act in people’s best interests and deliver a good standard of services.”

A care manager told us, “I am regularly involved with working closely with Hartfields Care Agency. I feel their strengths are acting promptly in people’s best interests and flexibility to deliver substantial care at short notice, especially when facilitating hospital discharges.”

# Is the service caring?

## Our findings

People were unanimous in their very positive views about the caring, friendly and compassionate attitude of care workers. One person commented, “The staff are marvellous, and so very caring.” Another person said, “All the staff are lovely and caring.” One person told us, “They are very kind. If I haven’t seen anyone for a while staff stop and have a chat with me.” One person said, “Nothing is too much trouble, always a nice smile, very willing, very good.”

Other comments from people included, “They’re very kind indeed. My care worker not only does her time in here but she takes me out to do a bit of shopping in her own time” and “You will not find kinder girls. They go that extra mile to make sure I am comfortable”.

Relatives also commented very positively on the kindness of care staff. One relative commented, “Without doubt, they’re very kind indeed.” Another relative told us, “I have never seen the care workers who attend to my mum at any time being miserable. I have only seen them be kind and thoughtful.” One relative said, “I would not have mother stay there if I felt they were being unkind. They have always been kind to her.”

Most people had regular care workers and enjoyed the relationship they had with the staff. One person commented, “I have a regular care worker, she is excellent. I really look forward to her coming.” Another person said, “I have four care workers in all - two different ones at night and two in the mornings. They are so very good.” A relative told us, “Mother is happy with her care worker and the care worker is happy to look after mum. A good combination.”

People told us they felt their dignity and privacy were respected and maintained by the care agency. One person commented, “They’re very respectful. They always knock on my door and ask permission to come in. They asked me if I wanted to be called by my first name or Mrs. We all call each other by our first names.” Another person told us,

“When I get showered my care worker closes the curtains because I am on the ground floor and people might be able to see in.” Another person said, “I am a private person, when I have a bath I prefer to wash my private parts but my care worker washes my back. This is acceptable to us both.”

Relatives also said people were treated with dignity and respect. One relative told us, “I have been asked nicely if it was convenient to shower mum – obviously they wanted her to have her privacy and dignity when she was showering.” Another relative commented, “The bathroom door is always kept closed if mum is being toileted.”

In response to our questionnaire one care professional told us, “All of the staff are very helpful and courteous and the residents always have good comments to make and seem really happy and well cared for.”

In a questionnaire, a senior member of staff commented, “The residents I have met enjoy the relationship they have with the care staff. The care staff I have worked with always treat the residents with respect and dignity, taking into account a person’s needs, wishes and capabilities and strive to help people to maintain as much independence as possible.”

People felt the care staff listened to them and acted on their requests. One person commented, “They listen if I have a problem and then they help me, if they can.”

Another person told us, “I would say my care worker does listen to me. We get on very well together and she will happily do anything to help me.” One person said, “She involves me in my care. She comes every night to make sure I have taken my medication.”

People told us their independence was promoted and supported by the agency. One person told us, “I am independent but need help with creaming my legs. I do as much as I can, then my care worker finishes off.” Another person commented, “I have to have help with washing and dressing. My care workers encourage me to do as much as I can for myself, and that pleases me.”

# Is the service responsive?

## Our findings

People felt included and involved in decisions about the care service they received. People told us they chose how and when their care was provided. For example, one person told us, “I made the choice to have a shower three times a week. My care worker does this for me. I chose what I wanted.”

Each person’s care records included assessments about their individual needs, the level of support they required and their involvement in managing daily living tasks. People had signed the agreements of their care assessments to show they had been involved in the decisions about what level of support they required. Each person had detailed care plans which set out clear guidance for staff about how to support each person with their assessed needs. People kept a copy of their care plans in their flats so they and their care workers could refer to them at any time.

The agency provided care for people with a wide range of needs including support of people with poor mobility, dementia, mental health needs and other disabilities. Staff were respectful of people’s diverse needs and described the equality and diversity training they had completed. The care records were written in a sensitive way that promoted each person’s individual support needs. For example, one person’s care plan stated, “I use a special knife. The staff and the restaurant know I need my food cut up for me.”

All the people we spoke with confirmed they were asked for consent before staff carried out any care procedures. Their comments included, “I am asked if I am ready to have cream put on my legs” and “I’m asked if I am ready to be helped into bed”. Care records included signed consent records to show people had agreed with the level of support they needed in such areas as medication, using sensor alarm equipment or whether staff could hold a key for their flats.

People told us the care workers called at their agreed times. “I get my pills at 6.00pm. I have to take them every day. My care worker comes every night to check them.” Another person told us, “I have to have a check on my diabetes, my care worker does it for me.”

Staff carried handsets that set out their next three calls. This included details of the specific tasks people required help or prompts with and the time of the call. The handsets

were linked to a computer-based system of every person’s agreed call times and the length of call. This meant the provider kept a record of the times that staff logged in and out of each person’s call.

Staff were aware that people’s needs could change from time to time and they felt the service responded to these changes. One staff member told us, “We respond to people’s needs flexibly. If we visit someone and they need a bit more time we stay longer. If it becomes the norm we tell the manager so we can change the care package.”

The agency provided ‘emergency response staff’ on each shift who responded to urgent requests for any assistance. For example, if they were alerted by a person’s alarm pull cord, fall detector or door sensor. Senior staff members held handover meetings with staff who were coming on duty at the change of every shift. This meant staff could be informed of any changes that day to individual people’s well-being. The issues discussed during the handover meetings included changes in people’s health care needs such as any new prescriptions, sore areas of skin or if anyone felt poorly. The senior could then arrange for additional “pop-ins” to check people if they felt off colour.

People’s care needs were kept under review. The care plans we saw had been reviewed every six months or more often if people’s needs had changed. Each member of care staff was a key worker for one person who used the service. The care staff were allocated time each week to check and update care records, and to consider if there were any changes in people’s needs. In discussions, care workers were able to describe the health needs of the people they supported and were knowledgeable about how and when to contact other health care professionals if they showed any symptoms of ill-health.

The agency held monthly multi-disciplinary meetings with health and social care professionals, including the GP practice (that was based on the site of the Hartfields retirement village) specialist nurses and social care officers. A care manager told us the service acted “promptly and effectively” when dealing with people’s change in needs. The agency had introduced ‘This is me’ profiles (developed by the Alzheimer’s Society) for people who may not be able to express themselves fully. These included useful information about the person’s physical, emotional and mental health needs, including their communication skills

## Is the service responsive?

and likes and dislikes. The document could be used to take to hospital or other appointments so that all health and care agencies would have a 'quick glance' profile of the person's abilities and needs.

All the people who used this service had a copy of an information pack about the agency and their own care records in their apartments or houses. The information pack included a clear complaints procedure which outlined how they could raise any issues. All the people we spoke with felt comfortable about how they would do this. One person said, "I know how to make a complaint. I complained to the office that I wanted to have the same care staff and not being changed all the time. They have said they will look into it but nothing has happened so far."

The person told us they still rated the service as "good" and was satisfied with all other aspects of the care service. We spoke to the registered manager about this who explained that due to recent staff changes this had been the case for a small number of people but would look into this.

Another person told us, "If I needed to complain I would. I would see the manager and I know she would deal with any problems, but I have not had any." Another person commented, "Yes, I would know how to make a complaint but I have never had the need to do so." Relatives also told us they knew how to make a complaint but had not needed to do so. The agency had not received any formal complaints for over a year.

# Is the service well-led?

## Our findings

The service had a registered manager. She had been in post for over four years. All the people we spoke with said the service was well-led by the registered manager. People could not think of any improvements to the leadership of the care service at Hartfields. One person commented, "It's a very well-run place." People told us they were regularly asked for their feedback and were always able to contact the registered manager. One person said, "The manager calls regularly to see if everything is alright." Another person commented, "I have given feedback. I have praised them all."

Relatives told us the registered manager knew the people in her care very well. Relatives said they were kept informed and they and their family members were asked for their views about the service. One relative commented, "I am kept fully informed about my mother's care. I see the manager quite often and she usually asks if everything is alright." Another relative told us, "I have in the past completed a questionnaire. The manager often pops into my mother's bungalow and asks if she is happy and if there is anything more she could help with." Another relative said, "Mam has been given a survey form in the past. Everything was marked as good. I am very happy with the care mam gets."

People told us the registered manager had a visible presence on the site and they often spoke with her. They told us she was approachable and helpful. Relatives also commented that they thought the service was well-managed. One relative told us, "The manager cares about the people she is looking after."

People described staff morale as high and said the care staff were happy when they were attending to them. One person commented, "The girls are always happy when they come. We have a laugh and a joke together."

The agency was operated by the board members of a housing trust which was linked to the social care charity (Joseph Rowntree Trust). There were clear lines of accountability within the provider's organisation and within the service at Hartfields. The registered manager was supported by a deputy manager and three senior care workers. More recently, the agency had employed two administrative officers which had relieved the management staff of some organisational tasks.

Staff understood the lines of reporting and felt able to approach their line supervisors or the registered manager at any time. One staff member told us, "I feel very supported by the seniors and the manager." Another staff member commented, "I feel the manager is always open to any issues, and the provider is a good organisation to work for." A third staff member told us, "Working here has been the best decision I've made." A care manager told us, "They have an excellent management structure whose co-working skills are to be commended."

Staff said they felt appreciated by the organisation. In a questionnaire a staff member commented, "I feel the provider values its staff and this is reflected in the standard of care provided for the residents." In the PIR the registered manager commented that three staff had been awarded bonuses in the past year, "for the work they have carried out above and beyond the call of duty of duty".

The agency was subject to fortnightly visits by a head of quality and compliance from the organisation who carried out audits of the service. The visits included discussions with people who used the service and with staff. The audits included checks of care records, reviews, staff training records, safeguarding, accidents and incidents. A brief outline of the findings and any actions were recorded, and these were checked at the next visit. The head of quality and assurance commented that she was planning to design a new survey for people who used the service based on the five domains of safe, effective, caring, responsive and well-led.

The registered manager also carried out a number of on-site audits included medication and health and safety audits. The registered manager kept a record of incidents and accidents and these were kept under review for any emerging trends. The provider used a computer-based system to set out each person's care calls, including the times and length of visit. This meant the registered manager could monitor that each person received their calls at the right time and for the right duration.

The registered manager and deputy manager carried out 'spot checks' of individual members of staff to make sure they were carrying out their role and any support tasks in the right way, and the outcomes of the checks were recorded. For example, checks were carried out to make sure staff were following the correct procedures for moving and assisting, personal hygiene and assisting with medication. Where any staff members needed support to

## Is the service well-led?

develop in any of these areas, this was recorded and discussed with their line supervisors at their next supervision. This meant staff were supported to improve and develop their practices.

The provider had links with other care organisations including the National Association for Providers of Activities for Older People (NAPA); Dignity in Care; Social Care Institute for Excellence; and the Social Care Commitment.

The registered manager attended monthly management meeting within the organisation and had access to action learning networks within the JHRT organisations. The registered manager stated she felt that the provider's involvement with national developments in the care sector meant she had opportunities to develop her professional skills and knowledge, and she was well-informed about proposed future changes in social care.