

HMC Homecare Limited

# At Home with Helen McArdle Care

## 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

The inspection took place on 6 July 2015 and was announced. We last inspected At Home with Helen McArdle Care in July 2013. At that inspection we found the service was meeting legal requirements.

At Home with Helen McArdle Care provides personal care and support to older people and people with disabilities in their own homes. At the time of our inspection services were provided to 45 people.

The service had 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.

# Summary of findings

Staff had been trained in the safeguarding of vulnerable adults. They knew how to recognise the signs of abuse and knew the actions to take to report any suspicions that a person had been abused.

Any possible risks to people receiving a service were assessed and the appropriate actions were taken to prevent avoidable harm.

Robust staff recruitment practices were in place to ensure that applicants were properly vetted and only suitable staff were employed.

There were sufficient staff to meet people's needs safely and in the ways they wished.

Staff were given the training they needed to meet people's needs effectively and safely. Staff were given suitable support, by means of supervision and appraisal, to carry out their roles.

People were appropriately supported with their prescribed medicines, and where necessary, to stay healthy and have a balanced diet.

People's individual needs were assessed and kept under review. They were involved in planning their own care and their wishes and preferences were included in their care plans.

People were asked to give their agreement to their care and told us staff always asked their permission before carrying out any care tasks.

People's rights under the Mental Capacity Act 2005 were understood and protected by the service.

Staff were described as always having a kind and caring approach in their work with people.

A complaints system was in place but people told us they never had any complaints about the service.

People were asked for their views about their service in a range of ways and told us staff responded positively to any suggestions they made.

A well-defined management structure was in place, with clear lines of responsibility. Staff spoke highly of the way the service was managed, and said they were well-supported and treated with respect.

Effective systems were in place for monitoring the quality of the service and for making improvements to the service.

# 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.

Staff had been trained in the safeguarding of vulnerable people, and knew how to recognise and report any suspicions of abuse.

Risks to people were assessed and appropriate actions were taken to minimise any likely harm.

There were enough staff to provide people with safe and consistent care.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills they needed to meet people's needs effectively.

Staff had been given the support they needed to carry out their roles.

People's rights under the Mental Capacity Act 2005 were protected.

Good



### Is the service caring?

The service was caring.

People told us the staff were always kind and caring in their approach. They said staff treated them with respect and dignity.

People were encouraged to retain their independence and make decisions about their care.

People were given good information about what they could expect from the service.

Good



### Is the service responsive?

The service was responsive.

People were involved in assessing their needs and planning their own care.

People told us they received person-centred care and staff responded quickly to changes in their needs or wishes.

Good



### Is the service well-led?

The service was well led.

There was a clear management structure that ensured efficient delivery of the service.

The service had an open and positive culture and views of people and staff were respected and acted upon.

A range of audit systems were in place to monitor and improve the quality of the service.

Good



# At Home with Helen McArdle Care

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and took place on 6 July 2015. We gave 48 hours' notice that we would be coming as we needed to be sure that someone would be in at the office. The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider.

Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We gathered information during the inspection using different methods. We received 13 completed surveys from people using the service, one from a person's relative, and one from a community professional. We talked with the registered manager, three people using the service, and with three staff. We looked at five people's care records, two staff recruitment records, training records, and reviewed other records related to the management of the service.

# Is the service safe?

## Our findings

People using the service told us they felt safe from harm and abuse from their support assistants. They told us, “I’ve never had any concerns”, and, “The girls (staff) are very gentle and look after me safely.” A relative and a community professional confirmed that they felt people were kept safe.

People were given a guide that informed them about what they could expect from using the service. This included information to make people aware of their rights to be safeguarded from abuse, bullying and harassment.

The registered manager confirmed there had been no safeguarding issues raised in the period since the last inspection. They demonstrated they were aware of the process to be followed in the event of an allegation of abuse, working to the multi-agency procedures of local authorities. We saw that all staff received a home support assistant handbook that included the service’s policies and procedures on safeguarding and whistle-blowing (exposing poor practice). Safeguarding training was provided during induction and thereafter on an annual basis, and six staff had also completed safeguarding children training. The staff we talked with had a good understanding of safeguarding and whistle-blowing and their responsibilities in reporting any concerns about people’s safety. A support assistant told us, “I’m there to make sure the service users are safe and I know how to report abuse.”

Staff were given clear policies on handling people’s finances and not accepting gifts or being involved in wills or bequests. The registered manager told us staff were not permitted to have access to people’s bank cards and card numbers. At times staff went shopping with people who handled their money independently. Where staff shopped on behalf of people, they kept records of transactions which they and the person, wherever possible, signed to verify. Corresponding receipts were obtained for purchases and were also signed. The records were routinely returned to the office and checked by the senior support assistant or service co-ordinator to assure people their money was being handled safely.

The registered manager and service co-ordinator identified risks to people’s safety when they carried out initial assessments. Each area of possible risk was separately assessed and measures to reduce risks were recorded in

the person’s support plans before their service started. The risks addressed covered home security, such as key safes and the use of a coded entry system to allow staff to safely access people’s homes. They also took account of safety in the home environment, using equipment, and safety during care delivery. For example, one person had measures in place around risks associated with a medical condition, their mobility and memory loss. Another person needed two staff at each visit to safely support them with their moving and handling needs. An occupational therapist had given guidance to staff and the person had a detailed plan that specified techniques and transfers, and the equipment to be used. Details of aids and equipment, including contact numbers in the event of breakdown and due dates for servicing, were also documented. This showed us that appropriate steps were taken to ensure people’s personal safety.

The registered manager told us they closely monitored safety and made sure any new risks were assessed and mitigated. They checked that staff were suitably trained in health and safety and safe working practices and were equipped to do their jobs safely. For example, in winter staff were given de-icers and windscreen scrapers to help them travel safely and the provider had pool cars which they could use when needed. Other staff safety measures included a lone working policy, carrying mobile telephones, and provision of first aid kits and antibacterial hand gel. People and a relative told us their support assistants did all they could to prevent and control infection, such as using hand gel, and disposable gloves and aprons. An accident and incident reporting system was in place, but none had needed to be reported in the past year. The registered manager held quarterly health and safety meetings with the service co-ordinator and senior support assistant to review issues and the action taken to keep people using the service, and staff, safe.

We checked the arrangements for managing people’s prescribed medicines. All staff were issued with the service’s medicines policies and were trained in the safe handling of medicines annually. They all had their competency assessed and the assessments were being extended to include both observation and testing of staff’s knowledge in the handling of medicines. Most of the staff had also undertaken training in Parkinson’s Disease which included the importance and timing of medicines for people with this condition.

## Is the service safe?

The level of support that each person required with their medicines was checked during their initial assessment of needs, and updated if their needs changed. A list of all medicines with start dates was kept and people had individual medicines support plans. The plans specified whether the person needed verbal prompts or if medicines were to be administered by staff, and were tailored to the person's preferences. For instance, one person liked to have their tablets put on a saucer for them to take and this was recorded in their support plan. Medicine administration records were appropriately completed and signed by staff to confirm any medicines given, or any reasons why the person had not taken their medicines. The records were regularly audited to check people had received their medicines safely and the registered manager reported there had been no issues or errors identified.

We examined recruitment files for two of the last staff employed. A recruitment checklist was used to ensure all necessary checks and vetting were conducted. Application forms were completed and any gaps in employment history were explored. Proof of identity, health information, and criminal record checks with the Disclosure and Barring Service were obtained. Two references were sought, including one from the applicant's last employer, and interviews were carried out and recorded. The records showed a robust process was followed to employ staff who were suitable to work in a caring role.

The staff team consisted of the registered manager, service co-ordinator, a senior support assistant and 16 support assistants. The service currently operated between the hours of 7.30am and 9.00pm. There was capacity within the team to accommodate new services and to provide cover for holiday and sickness absence. The registered manager told us, "The staff are good at covering one another even at short notice." Each person using the service was allocated up to three support assistants or up to five support assistants where they needed two staff to provide their care. The support assistants covered one another during absence to ensure people had continuity of care.

The service co-ordinator planned the rosters using an electronic system to maximise efficient rostering of staff. Some people had chosen to be given weekly rotas to inform them of which support assistants would be visiting. The registered manager reported there had been no missed visits over the past year. They said the service co-ordinator always telephoned people to inform them if there were any changes to their staff or any unexpected delays in the timing of their visits. An on-call system was available outside of working hours in case of an emergency and for staff to get advice or support from the management team. The registered manager told us this system was rarely used as staff were confident in their roles.

# Is the service effective?

## Our findings

People using the service and a relative told us that care and support was provided by familiar and consistent staff. They told us staff arrived on time, stayed for the agreed length of time, and completed all of the tasks that they should during each visit. People's comments included, "I know them all. They never send strangers"; "I get the same workers and they all do a very good job"; and, "The girls (staff) are all good. I can't fault them, they do everything properly."

Staff told us they were given sufficient time and information to help them provide people's care. They said, "I visit a core group of people. I was introduced to them and have met their families and am given time to read their care plans", and, "I have people who I visit regularly and I know each of their care plans."

The registered manager showed us systems were in place to validate that people received an effective care service. Regular spot checks were carried out to ensure staff arrived on time, were wearing their uniform and carrying identification. During these checks, care was observed being carried out in practice, with permission, and people were asked for their comments about their support assistants. Audits of care records were also used to check that visit start and finish times and the duration of visits were correct.

People told us their workers had the necessary skills and knowledge to give them the care and support they needed and most people said they would recommend the service to others. One person said, "The workers are excellent and will do anything for me. I feel they're appropriately trained." Another person told us, "I tell everyone, if you ever need care you should go with this company."

New staff were given an induction that included three days of training undertaken at the provider's new training academy, followed by shadowing senior/experienced staff and being introduced to people using the service. The registered manager told us new staff would start to complete the Care Certificate later this year. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. The staff we talked with confirmed they had completed full induction training and said this had prepared them for their roles.

The registered manager told us that training for staff was a mix of classroom based and practical sessions and e-learning courses. An individual training record with certificates of courses completed was kept for each staff member and details were also held electronically. Staff were given reminders when training was due and were informed about training opportunities in monthly newsletters.

We found that staff received a good range of core and specialist training and all staff had personal development plans. All training in safe working practices, such as moving and handling, fire safety, first aid, and infection control was up to date. Staff had completed courses on topics that included stoma and continence care, caring for people living with dementia and Parkinson's Disease, and end of life care. Optical training had been undertaken as a number of people using the service had sensory impairments. All staff had either achieved National Vocational Qualifications or Qualifications and Credit Framework Diplomas in health and social care, or were studying/enrolled to undertake care qualifications. This showed us that staff were given training specific to meeting the needs of the people they cared for and to enhance their skills.

A delegated system was in place to provide staff with bi-monthly supervisions and annual appraisals. The supervisions gave staff regular opportunities to discuss their welfare, training and learning needs and any issues relating to the people they supported. The sessions were also used to check staff's knowledge and understanding of the training they had completed and how they were putting this into practice.

The staff we talked with told us they were well supported in their personal development and received a variety of training. Their comments included, "There's regular on-line training", and, "The training never stops, it helps us keep the care to a high standard." The senior support assistant told us they had just started a team-leading course and confirmed that staff could "get any training they need or ask for."

Staff had received training in the implications of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. These are safeguards under the MCA and are a legal process which is followed to ensure people are cared for in a way that does not inappropriately restrict their freedom. The registered manager told us all of the people using the service had capacity to make decisions about

## Is the service effective?

their care and no-one had any restrictions in place. People were able to direct their care and signed their support plans to agree the content, including any measures to manage risks to their welfare.

The service did not currently care for people with distressed behaviours. The registered manager told us most staff were trained in positive behaviour support and said restraint or excessive control would never be used.

Some of the people who used the service were supported with meals, snacks and drinks. We saw each person's nutritional needs were assessed, including any special dietary requirements and support with eating and drinking. The registered manager said no-one was identified as being nutritionally at risk or needing special diets and most people had ready meals which staff prepared. The provision of meals and drinks was built into support plans, and food and fluid charts were available if staff needed to monitor people's intake. All staff were trained in food hygiene and diet and nutrition to help them assist people safely. Training had also been provided in specialist enteral

feeding techniques (where food and supplements are provided through a tube in the abdominal wall into the stomach) in the event of staff caring for people who required enteral feeding in the future.

People's physical and mental health were assessed, including any support they needed with communication, aids and equipment. Staff checked on people's welfare and where necessary supported people to access health care services. For example, a relative told us that staff had raised concerns with them about their parent's health and discussed whether to contact their doctor. The registered manager said the service always tried to accommodate requests for staff to accompany people to health care appointments.

The service facilitated access to some of the provider's other care services to help people maintain or improve their health and well-being. For instance, people were supported to access a day centre, respite care, and dining facilities within a care home. Staff also maintained contact with people who had used the service when they moved into respite or permanent care, including visiting them, running errands and going with them to appointments.



# Is the service caring?

## Our findings

People using the service and a relative told us that they were happy with the care and support provided. Their comments included, “A first class service with an exceptional quality and a pleasant support team”; “They’re marvellous. They help me with personal care, meals and remind me to take my medication”; and, “I’m very happy with the arrangements.” A relative told us, “My (parent) receives very good care from the service provider. One of the carers who visits most often is very, very good - exceptional in fact. The general standard is good and I’ve no concerns about the service.”

A good level of information about the service was provided to people. They received a guide to the service which set out the aims and objectives including respecting people’s needs, values, privacy and dignity, and upholding their rights. A leaflet about the home care service was provided and people were given the registered manager’s business card so they could contact them directly. Information could also be accessed through the provider’s website and a monthly newsletter was sent to people. The newsletter informed people about news and developments within the company and forthcoming events such as a family fun day for people using services, their families and staff.

People were encouraged to give their views about their care and support. For example, at initial reviews, carried out six weeks after people had started using the service, and then every six months thereafter. We saw the reviews included comments from the person on what was working well, what could be better, their opinions of the service and any suggestions for improvement. Office staff also carried out regular monitoring calls to ask people if staff were arriving on time, if they were polite and helpful, stayed for the full length of time, and whether they were being provided with a good service.

Annual surveys were conducted to get feedback from people about their support and how they were treated by staff. The findings from the last survey in January 2015 showed people rated the service highly in areas including meeting their needs, the skills and friendliness of the staff, and customer service from office staff. Positive comments had also been received about staff’s thoughtfulness and

efficiency. The registered manager said they were considering using the findings and comments in the service’s guide to promote the service and inform others of people’s experiences.

The registered manager told us most people funded their services privately or through self-directed payments, and had become aware of the service through personal recommendation. They said people were not currently involved in the recruitment of staff, though this was something they might consider doing in the future. They told us they aimed to match staff to individual’s preferences and there had been no instances of anyone wanting to change their staff. Each person using the service was always introduced to staff before they began working with them. This was confirmed by the people and staff we talked with.

People told us the staff were caring and kind and treated them with respect and dignity. One person said, “My workers are excellent and will do anything for me. They are caring and always stay until I’m comfortable.” Another person chose only to be supported by one worker as they had built up such a good, trusting relationship with them. Staff told us they tended to work with a small number of people and were able to get to know each person well and form relationships with them and their families. A community professional also told us the staff they had met were kind and caring towards people using the service.

People told us they felt the care and support they received helped them to be as independent as they could be. One person said, “I am very well satisfied with the scope and quality of the services provided by Helen McArdle Care. Their efforts have enabled me to continue to live well in retirement in my own home. I would not hesitate to recommend them to anyone in need of home support.” The registered manager told us they also arranged other services such as gardening and home maintenance services where people could no longer do these jobs independently.

Staff were trained in person-centred care and equality and diversity to help them recognise the importance of treating people as individuals and without discrimination. One staff member commented, “We care for people with different needs and disabilities and make sure everyone is treated fairly. People’s happiness is the most important thing to us and we get positive feedback from them.”

## Is the service caring?

Care records showed people's support was sensitively planned and took account of their psychological needs and well-being. For instance, a person with sensory impairment who experienced anxiety and low moods had a support plan which guided staff on how they could help the person to feel secure. The staff we talked with confirmed they routinely checked on people's well-being and, where necessary, consulted with family members and reported issues to the management. They also made records of the care and support given at each visit, along with comments about the person's well-being.

People told us they were involved in making decisions about their care and support. One person said, "They (staff) will do whatever I ask of them." Families were often involved in assessments, care planning and reviews and, where necessary, helped support people in making decisions about their care. The registered manager told us no-one using the service needed an independent advocate to act on their behalf but they had information about advocacy services if they were required.

# Is the service responsive?

## Our findings

People using the service told us they had regular staff who visited them. They said the staff were reliable and responded to their needs and requests. Their comments included, “They come four times a day and will do anything for me, though some of the younger ones could use their initiative more”; “The girls (staff) will do everything I ask of them”; and, “I can’t fault them, they will do extras things if I need them to.”

A community professional told us the service acted on any instructions and advice they gave. They said the service co-operated with other care services and shared relevant information when necessary, such as when people’s needs changed.

The registered manager told us people were able to choose the days, times and duration of visits and that changes could be accommodated with a few days advance notice, wherever possible.

The staff we talked with confirmed they were able to work flexibly in response to people’s needs and choices. For instance, a support assistant told us they were able to spend extra time with a person who had just been discharged from hospital to make sure they were comfortably settled at home. The registered manager also told us about a situation where there had been issues with a person managing their medicines. They had reconciled what the person was taking, took the medicines to the pharmacy to be put into a compliance aid and devised a new medicines list and support plan.

Staff were trained in care planning and ‘defensible documentation’ to help them understand the importance of records in reflecting the care given in practice. We found that records were suitably maintained and people had their care needs fully assessed before they began to receive services. Where care was funded by a local authority, assessments and care plans were also obtained from social workers to ensure the service had all relevant information about people’s care needs.

People using the service had support plans which were tailored to meeting their assessed needs. The plans gave an overview of the person’s background, their current circumstances, and the ways they preferred to be supported. They described the level of support which staff would provide and what the person was able to do

independently. For instance, supporting a person with sensory impairment with areas of their care they were unable to manage such as hairdressing. We saw that personal preferences and making sure people were given choices were built into the support plans. These included guiding staff to offer a person options of what they would like to eat and drink and respecting another person’s wishes and dignity around how often they liked to change their clothing. This ensured that staff had clear expectations about the individualised care to be provided.

The service carried out care reviews with people, and their families if they wished them to be present, every six months. These were used as an opportunity to get the person’s views about their service and check whether their care remained appropriate in meeting their needs. Where people’s needs had changed their support plans, and risk assessments where applicable, were updated to reflect their current needs. Each of the reviews we saw contained positive comments about the care provided from people using the service.

The registered manager told us they aimed to support people using the service who might have become socially isolated. They were offered the use of facilities in the provider’s other care services and to take part in events to promote social interaction. For example, if people were without family support at Christmas, they were offered the choice of going to one of the provider’s care homes for lunch, or to have a meal delivered.

Social aspects of care and maintaining contact with people important to the person were included in support plans. For instance, one person’s plans stated the support provided by family and neighbours, the type of music the person liked to play, and visits from clergy to continue to practice their faith. An enabling service was provided for another person to help them with elements of personal care, shopping and cooking and to go out socially to meet their needs.

People were given a guide to the service that informed them about the complaints procedure they could use if they were ever unhappy with their care or the service they received. Most people told us they knew how to make a complaint and believed that staff would respond well to any complaints or concerns they wished to raise. None of the people we talked with expressed any concerns about the service. They told us, “I’ve never had any cause for

## Is the service responsive?

concern or to complain” and, “They (staff) are perfect, I couldn’t complain about any of them.” A relative told us, “I have never had to contact the service provider with any concerns or complaints.”

A community professional told us the registered manager and senior staff were accessible and approachable and they felt they would deal effectively with any concerns they or others raised. Staff also confirmed that the registered manager and senior staff were supportive. They told us, “I think any problems would be addressed”, and, “I’d feel comfortable in reporting anything untoward.”

Fourteen compliments had been received about the service in the past year and there had been no complaints made. The registered manager was aware of their responsibility to respond to and investigate any complaints within the timescales stated in the complaints procedure. Systems were also in place, including reviews of care, observations of staff performance, and telephone calls, to routinely listen to people’s experiences of using the service.

# Is the service well-led?

## Our findings

A registered manager was in place who had become registered with the Care Quality Commission in 2012.

The registered manager told us they were office based but went out regularly to meet people, often completing the initial assessments of people's needs, drawing up their support plans and conducting some of the care reviews. The registered manager told us they received good support from their line manager, the Head of Strategic Development, who was based within the same offices and in regular contact. The registered manager reported weekly to their line manager to keep them apprised of service provision, and any issues relating to people using the service or to staff. The registered manager was also supported by an in-house trainer and a human resources section, and met weekly with senior managers to discuss service user issues and business development.

The service had a clear management structure. Roles within the team were well-defined, as were areas of delegated responsibilities. The care co-ordinator took responsibility for co-ordinating staff, rosters and timesheets. The senior support assistant worked out in the community directly providing care and supervising staff.

People using the service told us they knew who to contact at the service if they needed to and said they received information that was clear and easy to understand. Their comments included, "I've met the manager", and, "The manager has asked me about the quality of my service and the staff who visit me." People also confirmed that they were asked their views about the service.

Staff told us they felt well supported by the management team. They said, "I'm very happy with the management, they're very supportive. We have staff meetings and can air our views"; "The manager is very approachable and cares for the staff. It's a well-managed service and I wouldn't want to work anywhere else. I'm happy in my work and maintain high standards"; and, "The manager and co-ordinator are very positive and caring and there's an open door policy. I'd rate the service 10/10. We have a fantastic team and we represent the company."

We saw examples of the newsletter regularly issued to staff. This included information on the provider's staff recognition awards, benefits for staff and company developments. The provider had an employee assistance

programme, which offered a range of support and assistance to staff. The views of staff were sought in an annual survey. This covered areas including staff well-being, personal development, job satisfaction, support needs, and their views on the management team and the organisation. The most recent staff survey took place in January 2015 and the feedback was mostly positive. Action was taken as a result of these surveys. For example, staff had been given a pay rise, incentive loyalty bonuses and mileage payments, and the staff newsletter had been introduced to keep them informed of developments. The views of staff were also sought in staff meetings which were held approximately three-monthly.

We saw the provider took action in relation to the only negative issue raised in the most recent 'service user survey'. This was in regard to the system for invoicing. The registered manager had followed this up with the person and their family member, visiting them at home and explaining/taking them through the process.

The service had been awarded recognition of being within the 'top ten recommended home care services in the North East' in 2014. These awards are based on recommendations received from people using services and their families/friends. One of the home support assistants had also won the 'support assistant of the year' in the provider's own recognition awards.

We asked the registered manager how they saw the service developing. They said the main vision was to continue to promote the health and well-being of service users. They told us the provider was not looking to expand significantly, but rather to reinforce what the service did well and to continue to support staff to provide high quality care.

The registered manager said they kept up to date with current good practice by reading care publications and CQC guidance, using publications and online resources. They attended local authority provider meetings to network with other providers and gain information from commissioners. The registered manager said they were ably supported by the whole Helen McArdle network and were in constant dialogue with senior managers and peers. They told us training for staff and regular updates enabled staff to stay up to date with good practice.

We looked at how the service monitored the quality of care and the performance of staff and how they maintained contact with people. We saw the service carried out regular

## Is the service well-led?

spot checks on staff performance; conducted monitoring calls to each person using the service every two months; and held formal reviews of people's care. The registered manager told us that if there were any requests for contact from people using the service or families then office staff offered to visit them or made sure they felt welcome to come into the office. Internal audits of care records to validate the care given were mainly carried out by the co-ordinator and senior support assistant, and given oversight by the manager. However, we noted there was no set format for these audits to ensure they were checking the standards required. We discussed this issue with the registered manager who told us they would look for a suitable model. Actions had been taken, where

appropriate, in response to the findings of these audits. For example, further training in the completion of care documentation, and discussion of care issues with individual staff members.

The line manager for the service carried out a separate range of audits. Examples seen included audits of human resources and new staff, training, supervisions, appraisals, staff personal development plans, care records, care reviews, spot checks, staff meetings, complaints and safeguarding issues.

A community professional told us they felt the service was well-managed and that the service tried hard to continuously improve the quality of the care and support provided to people. A local authority commissioner told us they had no issues with the service provider.