

Crossroads Care North West

Crossroads Care North West - Hyndburn

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 an inspection of Crossroads Care North West-Hyndburn on 7 and 8 October 2015. This was the first inspection that had been carried out at this service.

Crossroads Care North West-Hyndburn is a domiciliary care agency. The service provides practical and emotional support in the form of a respite service to carers who are supporting adults with care needs. Care staff visit people's houses so that the carer can have a

break from their caring responsibilities. The agency's office is located in Chorley in Lancashire. At the time of the inspection the service was providing support to 64 people.

At the time of our inspection 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

Summary of findings

'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.

During our inspection people told us they always felt safe. They said, "I always feel safe when the staff are moving me" and "They make me feel safe and I know that I can rely on them". Relatives told us, "My mum's health and safety are looked after" and "My wife's always kept safe".

We saw evidence that staff had been recruited safely and received an appropriate induction and training. They had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

People told us that staff always arrived on time and stayed as long as they were supposed to. They told us they were always supported by the correct number of staff.

There were appropriate policies and procedures in place for managing medicines and people told us they received their medicines when they should.

People receiving support from the service told us the staff were able to meet their needs. They told us, "I've no complaints whatsoever. I wouldn't change anything" and "The staff are great, they know what they're doing". One relative told us, "The staff have the right skills and training to look after my mum".

We found that staff were well supported. They received regular supervision and completed a variety of training. They told us communication between staff and people and their carers was good.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and we saw evidence that where people lacked the capacity to make decisions about their care, their relatives were consulted. However, we noted that mental capacity assessments were not completed when appropriate.

We looked at how the service supported people with eating and drinking. The people we spoke with told us

that when staff prepared food for them it was always the right temperature and was left within reach. They told us staff always offered them drinks and left a drink for them at the end of the visit.

People were supported with their healthcare needs and were referred appropriately to health care services. A community nurse told us that staff were caring and sought advice when they had concerns about people's health.

The people we spoke with and their carers told us the staff were very caring. They said, "The staff are very good. They're very caring. They don't rush me". One relative told us, "The staff are very caring. If my wife needs them to stay a bit longer they will".

People told us staff respected their privacy and promoted their dignity and encouraged them to be independent.

We saw evidence that people's needs were reviewed regularly. Where people were unable to contribute to reviews, we saw evidence that their carers had been consulted.

We saw evidence that the manager regularly requested comments and suggestions about the service from the people they supported. The feedback received was used to develop the service.

People told us they were happy with the way Crossroads Care North West-Hyndburn was managed. They told us, "The service is managed well. There's nothing I would change", "Crossroads is well managed. Any issues are resolved quickly" and "The management side is very good. Staff are observed regularly".

We saw that the service had a clear statement of purpose which focused on the importance of providing carers with a break. The registered manager and the staff were clear about the aims of the service and their responsibilities.

We saw evidence that staff practice was observed regularly and checks were made of the care records they completed. These audits were effective in ensuring that appropriate levels of care and safety were maintained.

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.

The manager followed safe recruitment practices and staff received an appropriate induction and training.

Staffing levels were appropriate and enabled the service to meet people's needs and manage their risks.

Medicines were managed safely and people received their medicines when they should.

Good



Is the service effective?

The service was effective.

Staff received appropriate training and were able to meet people's needs and preferences.

Staff understood the Mental Capacity Act 2005 (MCA) and where people lacked capacity to make decisions about their care, their carers were consulted.

People were supported well with nutrition and hydration and their healthcare needs were met.

Good



Is the service caring?

The service was caring.

Staff treated people with care and compassion.

Staff respected people's privacy and dignity and encouraged them to be independent.

People were supported by staff they knew.

Good



Is the service responsive?

The service was responsive.

People received individualised care which reflected their needs and preferences.

People's needs were reviewed regularly.

People were encouraged to raise concerns and their concerns were dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

Feedback was sought from people and their carers and was used to develop the service.

The service had a clear set of values which focussed on the importance of enabling carers to have a break, which were promoted by the registered manager and the staff.

The service regularly reviewed staff practice to ensure that care and support were delivered safely.

Good



Crossroads Care North West - Hyndburn

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 to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 and 8 October 2015 and we gave the provider 48 hours' notice as this is a small service and we needed to be sure that the manager would be available to participate in the inspection. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we reviewed information we had received about Crossroads Care North West-Hyndburn including statutory notifications received from the service. We had not received any concerns or complaints about the service prior to the inspection.

We contacted agencies who were involved with the service for comments including a community nurse, a counselling service and a local carer support service. We also contacted Lancashire County Council contracts team for information about the service. All of the agencies we contacted provided positive feedback.

During the inspection we spoke with three people who received support from the service, three of their carers and five members of staff including two care co-ordinators and three carer support workers. We reviewed the care records of four people being supported by the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of audits completed.

Is the service safe?

Our findings

The people being supported by the service told us they always felt safe. They said, “I always feel safe when the staff are moving me” and “They make me feel safe and I know that I can rely on them”. Relatives told us, “My mum’s health and safety are looked after” and “My wife’s always kept safe”.

We looked at staff training and found that 90% of staff had received training in safeguarding vulnerable adults from abuse in the last 12 months and the remaining staff were scheduled to complete it later this year. The staff we spoke with understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse and listed the contact details for the local authority. We noted that the policy did not clearly state that staff could raise an alert with the local safeguarding authority at any time. We discussed this with the registered manager who assured us that the policy would be amended to reflect this. Prior to the inspection we had not received any safeguarding concerns about the service.

We found that 90% of staff had completed up to date training in food hygiene, moving and handling and first aid and 86% in infection control and health and safety. We saw evidence that the remaining staff had been scheduled to complete these courses later this year. This would help to ensure that people received care and support that was safe.

We looked at how risks were managed in relation to people supported by Crossroads Care North West-Hyndburn. We found that detailed risk assessments had been completed for each person, including those relating to mobility, safe handling, medicines, social outings and the home environment. Risk assessments were completed by the care co-ordinators and included information for staff about the nature of the risk and how it should be managed. We noted that some risk assessments had not been reviewed since 2013. This meant that the information available to staff about the risks to people’s health and safety may not have been up to date. We discussed this with the registered manager who assured us that the risk assessments we had identified would be reviewed and all risk assessments would be reviewed yearly.

We noted that the service had a health and safety policy which included information for staff about accident reporting, risk assessment, the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) and lone working. The registered manager told us that at the time of our inspection, there had not been any accidents or injuries. We noted that a report form for recording accidents and injuries and guidance for staff on how to complete the form was available and the registered manager told us that the completed forms would be sent to Crossroads Care North West head office to be managed and audited. We saw evidence that this issue was addressed in the records of recent Board of Trustees meetings.

We noted there was a recruitment policy and procedure in place. We looked at the recruitment records of three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, three forms of identification and two written references had been obtained and a medical questionnaire had been completed, in line with the policy. These checks helped to ensure that the service provider made safe recruitment decisions.

We looked at staffing arrangements at the service. The registered manager told us she did not use agency staff as she did not want the people supported by the service to be looked after by people they did not know. This was confirmed by the people we spoke with and their carers and was reflected in the staff rotas we reviewed. The registered manager told us that any periods of sickness or annual leave were covered by permanent staff. The people we spoke with and their carers told us that staff always visited when they were supposed to and stayed for the full duration of the scheduled visit. They told us that when two members of staff were required to provide support, two staff members always attended.

We looked at whether people’s medicines were managed safely. The manager told us that people’s carers were responsible for the ordering, checking and disposal of medicines and staff were responsible for the administration of medicines. The manager told us that the majority of

Is the service safe?

people's medicines were provided in blister packs. This is where the medicines for different times of the day were received from the pharmacy in dated and colour coded sealed packs, which helped to avoid error.

We were not able to view people's medication administration records (MAR) for medicines being administered at the time of our inspection because these were kept at people's homes. However, we reviewed MAR sheets from previous months. We found that MAR sheets provided clear information for staff including descriptions of tablets and staff had signed to demonstrate when medication had been administered. Records showed that external medicines such as creams and ointments were applied by staff as directed. We noted that there were gaps in the MAR sheets as staff had not always signed to demonstrate whether PRN medicines had been administered or refused and the registered manager explained that the service had been unclear about how to record when PRN medicines were not needed. This was resolved during the inspection and we saw evidence that staff were advised of the need to record clearly when PRN medicines had been refused because they were not needed.

Medicines policies and procedures were available for staff to refer to, including guidance about action to be taken

when medicines were refused, such as contacting the person's GP. The people we spoke with told us they received their medicines when they should and were not left in pain and relatives told us that people's medicines were administered safely.

Records showed that 91% of the service's staff had received training in medication administration in the past two years and the remaining staff were scheduled to complete it later this year. We saw evidence that the practice of each of the carer support workers was observed by the care co-ordinators at least twice each year and this included an assessment of their competence to administer medicines safely. The staff we spoke with confirmed they had received training in medicines administration and demonstrated a good understanding of how to administer medicines safely.

We found that medicines administration and recording were audited as part of the staff observations that were completed in people's homes at least twice each year. This included the completion of the MAR sheets by staff and whether the medicines in stock and the information on the MAR sheets was consistent. The people receiving support from the service were also asked for their feedback as part of this process.

Is the service effective?

Our findings

People receiving support from the service told us the staff who visited them were able to meet their needs. They told us, “I’ve no complaints whatsoever. I wouldn’t change anything” and “The staff are great, they know what they’re doing”. Relatives told us, “The staff have the right skills and training to look after my mum” and “The staff are always watching out for my mum”.

Records showed that all staff had completed a thorough induction which included training in manual handling, emergency first aid and infection control. We noted that new staff completed a one day induction session delivered by the service provider which included the code of conduct, policies and procedures including safeguarding vulnerable adults, health and safety, infection control and confidentiality. The manager told us that when new staff joined the service, they accompanied experienced staff on visits to observe how to deliver care, for between one and three weeks dependant on their experience. We saw evidence of this on the staff rotas and the staff we spoke with confirmed this was the case. One carer told us, “The staff know what they’re doing. New staff are shown what to do for a few weeks”. This would ensure that staff were aware of people’s needs and how to meet them before they became responsible for providing their care.

We noted that each staff member’s practice was observed by a care co-ordinator at least twice each year when they were assessed in relation to medicines administration and recording, completion of daily care records, the provision of care and support, familiarity with the person’s care plan, and their appearance. On each occasion the person receiving the care or their carer had signed to demonstrate their involvement in the assessment.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. In addition to the training mentioned previously, we noted that 81% of staff had a National Vocational Qualification (NVQ) level 2 or in health and social care, 81% of staff had completed dementia training and 76% had completed training in end of life care, stroke awareness, continence care, and stoma and catheter care, all of which had been completed in the last three years. The staff we spoke with told us they felt they had completed all the training necessary to enable them to meet the needs of the people they visited.

There was a supervision policy in place and staff records confirmed that supervision took place every three months in line with the policy. Supervision addressed issues including performance and training needs and communication. Staff told us they felt able to raise any concerns during the supervision sessions. Records showed that appraisals were carried out yearly. Staff confirmed they received regular supervision and training and told us they felt well supported by the registered manager. The registered manager told us that the service did not use volunteers.

The staff we spoke with told us they completed report forms every time they visited people in their homes, which detailed the care provided on each occasion and any concerns. Communication sheets were also kept at each home and were used to share information with relatives and other staff members, such as any changes in medication. Relatives also used the sheets to communicate information to staff. Staff felt that communication between staff and with people and their carers was effective. The people and their relatives we spoke with also felt that communication at the service was good. One relative told us, “The staff are very good at identifying things and they tell us of any changes”.

We looked at how staff at the service addressed people’s mental capacity. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards, which are a part of this legislation, however the Safeguards do not apply to this service.

We found that an Autonomy and Independence policy was in place which explained the importance of empowering and enabling people to maximise their autonomy and independence and included guidance for staff about the MCA. We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager who informed us that capacity assessments had been completed by the local authority in respect of some of the people they supported, prior to the service providing their care.

We saw evidence that where it was felt that people lacked capacity, their carers were consulted about decisions regarding their care. We noted that care plans detailed

Is the service effective?

people's needs and how they should be met, as well as their likes and dislikes. Where people had the capacity to be involved in planning their care, they had signed to demonstrate their involvement. Where it was felt that people lacked the capacity to be involved in decisions about their care, their carers had signed to confirm they had been consulted.

The staff we spoke with told us the MCA had been addressed as part of their dementia training. They understood that mental capacity related to people's ability to make specific decisions at specific times and the importance of seeking people's consent about every day decisions, even when they lacked the capacity to make decisions about more complex aspects of their care. Staff were also aware that where people lacked capacity, their carers should be involved in decisions about their care and that people had the right to refuse care regardless of their capacity.

A policy was in place in respect of resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). However information about the need for regular reviews was not included. We noted that some people had DNACPR decisions in their care files and this was clearly recognisable on the front of their file. We noted that not all people's files recorded whether a decision about resuscitation had been made. We discussed this with the manager who assured us that she would address this.

We looked at how the service supported people with eating and drinking. The people we spoke with told us that when staff prepared food for them it was always the right temperature and was left within reach. People told us that staff always offered them drinks and left a drink for them at the end of the visit. One relative told us they had raised an issue about staff cooking skills and it had been resolved quickly and to their satisfaction. We saw evidence that this concern had been recorded by the service and addressed appropriately. One staff member told us, "We try to make food appealing and encourage people to have something to eat".

Care records included information about people's dietary preferences, and risks assessments and action plans were in place where there were concerns about a person's nutrition. Where nutritional needs were identified, there was information for staff about how to meet them, including the need to give nutritional supplements when appropriate.

We looked at how people were supported with their health. The people and their carers that we spoke with felt staff made sure people's health needs were met. One person told us, "The staff called the doctor for me twice in the past when I wasn't well" and a carer told us, "They always ring if there are any problems with my mother's health". We found that care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. We saw evidence that staff had contacted the GP when there were concerns about a person's health and their carers had been informed. Visits from health care professionals were documented by staff in people's communication sheets.

The people we spoke with and their carers told us that appropriate support was provided with personal care and any continence needs.

We received feedback from a community nurse who visited people who were supported by Crossroads Care North West-Hyndburn. The nurse told us that staff were caring and contacted her if they had any concerns about people. The nurse did not have any concerns about the care being provided by the service. We also received positive comments from a mental health counselling trust who have worked with the service for a number of years. They described Crossroads Care North West – Hyndburn as providing 'excellent and consistent standards of care'. The local carer support service in Hyndburn also provided us with positive feedback about the service.

Is the service caring?

Our findings

All of the people we spoke with who received support from Crossroads Care North West-Hyndburn told us the staff were very caring. They said, “The staff are very good. They’re very caring. They don’t rush me”. Relatives told us, “My wife loves the Crossroads girls. It would break her heart if she didn’t have them” and “The staff are very caring. If my wife needs them to stay a bit longer they will”.

The staff we spoke with told us they knew the people well that they supported, both in terms of their needs and their preferences, and felt they had the time during visits to meet people’s individual needs in a caring way.

The people we spoke with told us they were never supported by staff they did not know and new staff were always introduced to them prior to providing their care. One carer told us, “Crossroads don’t send anyone to look after my wife unless she’s met them”. This was confirmed by the staff we spoke with and the registered manager, all of whom felt it was important that people were cared for by staff they knew. We reviewed staff rotas and saw that even when people required four visits each day and needed support from two staff members, their care was provided by a maximum of eight different carer support workers each week. This would ensure that people got to know the staff who provided their care and that staff were familiar with people’s needs.

We saw evidence that people received detailed information about the service. The manager showed us the handbook that was provided to each carer when the service agreed to support them. The handbook included information about staff training, confidentiality, complaints and compliments, diversity, medication and safeguarding vulnerable adults. It also explained that carers would receive satisfaction questionnaires to provide feedback about the care being provided.

We noted that the handbook provided to carers did not include information about advocacy services. Advocacy services can be used when people want support and advice from someone other than staff, friends or family members. We discussed this with the registered manager who advised that this information would be added to the handbook.

People told us they were involved in planning and reviewing their care and we noted their signatures on care planning documentation. Where it was felt that people lacked the capacity to make decisions about their care, their carers had signed to demonstrate their involvement. The carers we spoke with confirmed they were involved.

People told us they were encouraged to be independent. One person told us, “I’m supported and encouraged by staff to do what I can” and a carer told us, “The staff encourage my mum to do what she can. They don’t do things for her if she can do it herself”.

The people we spoke with told us that staff at the service respected their dignity and privacy. They told us that staff were discreet when providing personal care and did not rush them when providing support. People told us they could make choices and this was confirmed by their carers. One carer told us, “My mum chooses what she has to eat and what she wears every day”. Staff told us they encouraged people to make choices including decisions about their meals, their clothing, where they wanted to go if they were going out and what they watched on television.

We noted that in February 2015, Crossroads Care North West had signed up to the Dignity in Care Charter and the registered manager told us that treating people with dignity was an important part of the service they provided. We also noted that the service had achieved the Carers Quality Mark, awarded by Lancashire County Council for employers and organisations across the county who respond sensitively and effectively to the particular needs of unpaid carers.

Is the service responsive?

Our findings

The people we spoke with told us their needs were being met by the staff who visited them. They said, “All the staff know my needs and meet them” and “The staff are very good. They’re very efficient at what they do”. Relatives we spoke with told us, “The staff know my mum well and she knows them well” and “Staff know what my mum likes and how she likes things done”.

We saw evidence that the service completed a thorough assessment of people’s needs before they began supporting them. We noted that assessment documents were detailed and individual to the person and included information about people’s medical conditions, mobility, communication, medication, personal care and interests. We found that some people’s care files included a one page profile which provided details about the person’s personal history, their hobbies and interests, things that worried or upset them and how best to support them.

Care plans and risk assessments were completed by the care co-ordinators and the care plans we reviewed were detailed, individual to the person and explained their likes and dislikes as well as their needs and how they should be met. Areas covered in the care plans included personal care, mobility, memory, communication, continence, medication, autonomy and independence and hobbies.

We saw evidence that care plans were reviewed monthly and any changes in people’s needs were documented in a monthly review document. However we noted that sometimes the information about the changes was brief. We also noted that care plans were not always updated with the information in the monthly review documents. This meant that although information about changes in a person’s needs was recorded in their care file, staff could find different information depending on which document they accessed. We discussed this with the manager who assured us that any changes in need identified in the monthly reviews would be clearly documented on people’s care plans in the future to avoid any ambiguity. The manager also told us she would remind staff of the importance of ensuring that information relating to a change in people’s needs was sufficiently detailed.

The staff we spoke with were clear about the importance of taking action when people’s needs changed. One member of staff told us, “I saw that a lady we were visiting needed more support so I told the care co-ordinator who contacted the local authority. A review took place and her care package was increased to meet her needs”.

People told us they were involved in planning and reviewing their care and we noted they had signed their care plans. Where it was felt that people lacked the capacity to take part in planning their care, we saw evidence that relatives had been consulted and had signed to demonstrate their involvement. Permission to share information with the Commission and other agencies was also included. Each file also included a ‘care and consent’ form which detailed the different aspects of care which would be provided and had been signed by the person or their carer.

A compliments and complaints policy and procedure was in place and included timescales for investigation and providing a response. Contact details for the Crossroads Care North West head office, the Local Government Ombudsman and the Commission were included. Information about how to make a complaint or provide comments about the service was included in the handbook provided to all carers. The manager kept a record of complaints and concerns received and actions taken. We noted that only a small number of minor concerns had been raised which had been dealt with quickly and within the timescales of the policy. The manager showed us a large collection of thank you cards and letters that had been received by the service. Comments made included, “Thank you for the excellent care you provided to my mother” and “Thank you for the support you’ve given to our family, it’s been invaluable”.

The people supported by Crossroads Care North West-Hyndburn and their carers told us they felt able to raise any concerns. People told us, “I would talk to the staff if anything was wrong” and “I’d raise concerns with the manager if I had any”. Some of the carers we spoke with told us they had raised concerns about minor issues in the past and they had been resolved by the staff and manager very quickly and to their satisfaction.

Is the service well-led?

Our findings

People told us they were happy with the way Crossroads Care North West-Hyndburn was managed. One person told us, “The service is managed well. There’s nothing I would change”. Relatives told us, “Crossroads is well managed. Any issues are resolved quickly” and “The management side is very good. Staff are observed regularly”.

The service had a statement of purpose which focused on providing practical support in the home to enable carers to have a break from their caring responsibilities. The registered manager and the staff we spoke with were clear about the aims of the service and how the support they provided achieved this. The service is a network partner of the Carers Trust, who provide information about services that provide breaks, information and advice, education, training and employment opportunities for carers.

We looked at whether people were involved in the development of the service. The manager told us that the service sent carers an annual satisfaction questionnaire and we saw the results of the survey carried out in September 2015. We noted that 68 surveys had been sent out and 23 had been returned, which resulted in a response rate of 33%. Of those who returned the questionnaire, 44% were extremely satisfied with the service and the remaining 56% were very satisfied. All 23 of respondents would recommend Crossroads Care North West-Hyndburn to family or friends. We noted the questionnaires demonstrated a high level of satisfaction with the service and contained many positive comments about the high quality of the care and the caring approach of the staff were. One comment was made regarding how the service could be improved and saw evidence that this had been addressed. The people and their carers we spoke with confirmed they received satisfaction questionnaires yearly.

Each person and carer we spoke with knew the name of their care co-ordinator and told us they regularly received telephone calls from the care co-ordinator asking if they were happy with the service they received and if they had any concerns. We noted that a monthly carers support meeting took place and the carers we spoke with who had attended told us it was helpful.

Staff told us the manager had an open door policy and they could speak with her at any time. Staff told us, “The

manager is fantastic. She’s firm but fair” and “I can ring the manager for advice anytime, including at night and at the weekend”. We noted that staff meetings took place bi-monthly and there were separate meetings for the carer support workers and the care co-ordinators. We reviewed the notes of the staff meetings and saw that issues discussed included updates regarding any changes in people’s needs, health and safety and service updates including policies and procedures. Staff told us they attended the meetings regularly and were always asked if they had any concerns. We noted that a record of the Board of Trustees meetings for Crossroads Care North West, the service provider, were also available for staff to read.

We observed the registered manager communicating with staff and noted that she was polite and respectful towards them. The registered manager told us that satisfaction questionnaires would be sent to staff in November this year. These are issued by head office.

Staff told us they had completed a thorough induction and received regular supervision and an annual appraisal. They told us they felt well supported and were encouraged to access training if they needed it. They told us that regular updates were received from head office regarding good practice and these were shared with staff at the team meetings.

A whistleblowing (reporting poor practice) policy was in place and staff felt confident they would be protected if they informed the manager of concerns about the actions of another member of staff. Contact details for the Commission were included. A telephone counselling service was also available to staff who were involved in whistleblowing. This demonstrated the staff and manager’s commitment to ensuring that the standard of care provided at the service remained high.

We noted that staff practice and care files were audited regularly by the care co-ordinators, who visited people’s homes at least twice a year to observe staff providing care and to review the care records that were completed daily by staff. This included staff supporting people with moving around their home and the administration of medicines. We saw evidence that the audits being completed were effective in ensuring that people received safe care.

Is the service well-led?

We saw evidence that portable appliances at the service office were tested yearly and a valid employer's liability insurance policy was in place. This would ensure that the service provided a safe environment for staff to work in and was appropriately insured for any accidents or incidents.