

DCS Fylde Ltd

# DCS Fylde Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 5 & 6 May 2016 and was announced. We last inspected this service in May 2014. The service was judged to be compliant in all the areas we looked at.

DCS Fylde is a privately owned domiciliary agency. They are situated in Lytham St Anne's. The agency provides care staff to support people in their own homes. They provide assistance with tasks such as personal care, food preparation, medication administration and household chores. The service supports people around Lytham, Fylde, Freckleton and surrounding areas. Services are provided to older adults, adults with physical disabilities, adults with memory loss or dementia, adults with complex needs, adults with specific conditions such as strokes, multiple sclerosis, and Parkinson's disease.

At the time of our inspection visit DCS Fylde provided services to 55 people. The registered manager was given 24 hours' notice prior to the inspection, so that we could be sure they would be available to provide us with the information we required.

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

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. People told us the service was reliable.

Staff we spoke with told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. People we spoke with told us that staff stayed for the allocated time.

We looked at assessments undertaken for four people before the agency agreed to provide their domiciliary care package and found that safety checks and risk assessments were undertaken. We found that care plans identified risk management in a person centred way.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service followed safeguarding reporting systems, as outlined in its policies and procedures.

We found that the service promoted staff development and had an accredited in house training centre to ensure that staff received training appropriate to their roles and responsibilities. Staff told us they felt well supported by management and we saw evidence that regular supervisions were being held.

We looked at how the service gained people's consent to care and treatment in line with the Mental

Capacity Act [MCA]. We looked at people's care records and found mental capacity assessments, with supporting best interests decisions where required.

Care records held details of joint working with health and social care professionals involved with people, who accessed the service.

We received consistent positive feedback about the staff and about the care that people received. Staff received training to help ensure they understood how to respect people's privacy, dignity and rights. People told us how their relatives were given time during care visits to develop relationships with care staff.

We found people's needs were being met in a person centred manner and reflected their personal preferences. The manager advised us that staff were always introduced to service users, prior to any support being provided. This helped to ensure people received their care from staff they were familiar with. There were clear assessment processes in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. People's care was delivered in a way that took account of their needs and the support they required to live independently at home.

Staff and people who used the service told us that the management team were approachable. We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in his care.

We looked at staff meeting minutes, they showed staff were involved in discussions about improving the service and management input was motivating to encourage the staff team to provide good standards of care and support.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns and the service had sent information on how to make a complaint to all people

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, audits, spot check and care reviews. We found people were satisfied with the service they received. We found the registered manager receptive to feedback and keen to improve the service. They worked with us in a positive manner providing all the information we requested.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

This service was safe

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments of risks to people who used the service and staff had been undertaken. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

### Is the service effective?

Good ●

The service was effective.

People received the care and support they needed.

Staff were skilled and received comprehensive training to ensure they could meet the people's needs. There was evidence of staff supervisions, appraisals and observations of staff competence on the staff files we reviewed.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were very pleased with the staff who supported them and the care they received.

Staff engaged with people in a person centred way and had developed warm engaging relationships. People were supported by staff who treated them with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

People told us they were happy that they received personalised care and support. They were enabled to carry out personalised activities and maintain their hobbies and interests.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail. Care plans were completed and reviewed in accordance with the person's changing needs.

**Is the service well-led?**

**Good** ●

The service was well-led.

A range of quality audits and risk assessments had been conducted by the registered manager. People and their relatives were regularly asked for their feedback to help drive continuous improvement.

Staff enjoyed their work and told us the management were always available for guidance and support.

# DCS Fylde Limited

## 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.

This inspection visit took place on 05 and 06 May 2016 and was announced.

The provider was given 24 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available.

The inspection was carried out by the lead adult social care inspector for the service.

Before this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. We received feedback from social work professionals, a community nurse, a pharmacist, and a community occupational therapist. Their feedback is included within this report.

During our inspection we went to the DCS Fylde office and spoke with a range of people about the service. They included the registered manager, Business support manager, quality service leader, and nine care staff members. We also spoke to five people who used the service and the relatives of two people. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We also looked at a wide range of records. These included; four peoples care records, six staff personnel records, visit logs, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

# Is the service safe?

## Our findings

People we spoke with told us they felt comfortable and safe when supported with their care. "I feel safe with the carers", "They are very good people, I feel like they are my friends" and "I have nothing to worry about when they are with me." Another person said "If it wasn't for them I would not be here, [names removed] are the best people I have ever met."

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found the service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they would not hesitate to use this if they had any concerns about their colleagues' care practice or conduct. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns. When we undertook this inspection visit there had been no safeguarding concerns raised about staff working for the service.

We found that the service had followed safeguarding reporting systems as outlined in its policies and procedures. We looked at information that we had received from people regarding care staff who had been alleged to have acted unprofessionally. We found the registered manager had responded to people and staff had been supported with supervision and training when there had been a complaint or concern about their conduct. We spoke to the registered manager who informed us they had taken measures to dismiss staff members who they had felt unable to provide safe care to people. We saw evidence of this in staff files.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of five staff members and found that robust recruitment procedures had been followed. Risk assessments had been carried out on staff before they started working.

In order to ensure the provider recruited the right people for the caring role, they had carried out an additional recruitment profile assessment called "People Clues". This covered people's personality, attitude and engagement. They told us it helped them determine whether prospective employees were suited to the role. This meant that the provider had attempted to put measures in place to recruit the right people.

The service employed enough staff to carry out people's visits and keep them safe. The registered manager told us they would not take on people's care if they did not have enough staff available to cover all visits and provide emergency cover. Staff told us they had enough time at each visit to ensure they delivered care safely. People we spoke to informed us staff supported them at a safe pace without feeling rushed.

People told us the service was reliable. They also told us that they saw the same staff unless there was a specific reason for not doing so, such as annual leave or sickness. One person told us: "I have had the same

faces for a while now; I always know who's coming to see me". Another person said, "Now and again they tell me if they are running late, the agency always phone and let me know".

We asked staff if they felt they had enough time to provide care and travel to their next visits. They told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. People we spoke to told us that staff stayed for the allocated time. We looked at the visit monitoring tools that the provider used to check if carers were staying the allocated time. We found carers were staying the duration and in some instances where they were had not needed to stay, they had asked for permission from the office before leaving. We also found instances where carers were providing care over the allocated time to ensure people's needs were fully met before they left.

We looked at assessments undertaken for four people before the agency agreed to provide their domiciliary care package and found that safety checks and risk assessments were undertaken. We found the service carried out a baseline assessment which determined the levels of support that people required before they started providing care. They then used this to determine the number of minutes required staff required and number of visits.

We looked at care records and found a work place environment risk assessment, which covered areas, such as the risk of falls, fire, and other risks around people's houses. This recognised that carers could be at risk in people's homes and what precautions they had to take. Further risk assessments were completed on an individual basis and covered personal risks around people and how to minimise these risks.

We found care plans identified risk management in a person centred way. We looked in two files and we found a detailed risk assessment which they called "Safer Handling plan". This was a moving and handling care plan which provided detailed guidance and information to staff on how the individuals were to be transferred. For example, it specified what equipment was to be used to assist this person and the checks that staff needed to undertake before undertaking the task. These were very detailed and provided personalised guidance on each person. Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff.

We looked at training records and found that all staff had received medication training and updates, as stipulated in the providers' medicine policy and procedure. Staff files included staff competency assessments for the administration of medicines. Staff spoke competently regarding medicines management and confirmed that they were trained appropriately, had the necessary assistance from management and their competency was checked regularly.

We looked at the procedures the service had in place for assisting people with their medicines. The registered manager told us staff prompted people to take their medicines and where they had problems with medication they had worked with the doctors and pharmacies to resolve the issues. Records we checked were complete and staff had recorded the support they had provided people to take their medicines.

All staff employed by the service received medication training during their induction. Discussion with four staff members confirmed they had been trained and assessed as competent to support people to take their medicines. The competence checks were had been done on a number of occasions and regularly. We spoke with four people about the management of their medicines. They told us they were happy with the medication arrangements and received their medicines when they needed them.

We looked at how the service minimised the risk of infections. We found staff had undertaken training in



infection control and were able to demonstrate ways in which infections could be spread. We found an example of good practice which the service had in place. The agency provided a yellow plastic bag to carers for each visit. This was to ensure that staff can safely dispose all clinical waste and the gloves and aprons that they would have used. It also ensured that clinical waste was readily recognised when disposed. We found this was an example of good practice.

## Is the service effective?

### Our findings

People were supported by care staff who had the necessary skills and knew the people they cared for well. One person told us, "They [staff] are good at their job. They come in and they know what to do." The registered manager explained the various programmes in place to support staff in their role. For example the induction which staff said was up to two weeks shadowing. After induction staff were supported through shadowing other staff members for up to two weeks before they could work on their own. Staff were provided with training at the office first before going out for their first shift. We found there was a well fitted training room which was set up to simulate people's bedrooms. This had moving and handling equipment which staff could practice on.

The registered manager informed us they had achieved an accreditation in training. Advantage accreditation is an independent accreditation, certification and quality body. This is used by care companies and training providers who seek to increase their professional credibility by gaining approval from a national accreditation body.

Staff had received training which was related to the Care Certificate [a nationally recognised training standard for social care]. The provider used this as a benchmark that staff were expected to achieve. One member of staff told us, "I was really well supported with my induction. I had to complete a lot of online and practical training which included safeguarding mental capacity and health and safety. I now do some calls on my own and double ups [where two members of staff are required to support people] to help me gain confidence." One person said, "They [staff] do know what they are doing I don't have to tell them what to do."

The registered manager informed us they had a leadership development program for all their carers who had ambitions to be leaders. All team leaders had to achieve level two and three in management. We also found evidence the agency was teaching all staff members to be able to assess each other's' competence.

We looked at the provider's training matrix, which covered multiple courses including moving and handling, safeguarding, health and safety, fire awareness, the mental capacity act and infection control. We found that the service promoted staff development and had a development programme to ensure that staff received training appropriate to their role and responsibilities.

We asked staff if they received training to help them understand their role and responsibilities. Staff told us: "We get a lot of training and this always helps, it's a continuous learning environment". A new member of staff told us: "The induction here was brilliant and really informative".

People who used the service told us: "The staff know what they are doing and I wouldn't change them"; "Staff definitely know what they are doing I have no concerns there". And: "The staff are the best and good at what they do".

Staff told us they felt well supported by management and we saw evidence that regular supervisions were

being held. Supervision notes confirmed that people had the opportunity to discuss their work performance, achievements, strengths, weaknesses and training needs.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We looked at people's care records and found mental capacity assessments, with supporting best interests decisions where needed.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager informed us he was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

Records seen and staff spoken with confirmed staff received regular supervision and annual appraisals. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be shared with staff. Records seen confirmed meetings had taken place. We saw during a recent meeting the importance of good time keeping and staff issues around the rota and travelling had been discussed.

We found the service was pro-active in supporting people to have sufficient nutrition and hydration. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences. We saw staff had documented the meals provided confirming the person's dietary needs had been met. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

Care records held details of joint working with health and social care professionals involved with people who accessed the service. One person's support plan held a very thorough assessment of their very complex needs, which gave clear guidance with regards to supporting this person.

We found multiple examples across the care records we looked at of people being referred for external health and social care support and professional advice being followed. The service maintained good working relationships with other professionals and sought guidance when needed.

# Is the service caring?

## Our findings

We received consistent positive feedback about the staff and about the care that people received. People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, "I have had some very unpleasant experiences with other care agencies but DCS Fylde are excellent." One person told us: "They [staff] are here to please you, I would not ask for more" and "I cannot ask for a better company, absolutely fantastic."

People benefited from having regular staff who they knew well. One person said: "Staff go above and beyond."

Staff received training to help ensure they understood how to respect people's privacy, dignity and rights. Managers assessed how staff used these values within their work when observing their practice. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks. One person told us, "They are respectful and treat me like I'm one of their family members."

Staff we spoke with showed good awareness of confidentiality, privacy and dignity. Staff told us: "I treat people with dignity; we have to put ourselves in their shoes" and: "Knowing people well helps us care for them in a kind and dignified way."

One professional we spoke to told us, "The carer I spoke to was professional and concerned for the person's wellbeing."

We saw a number of compliment cards relatives had sent to the service. One person thanked them for the 'life changing support they offer' and for helping them feel content that their loved one was being cared for. A relative said: "I would like to thank [name removed] for her outstanding contribution throughout the period of time that our mother needed care." and "She is an asset for DCS and we hope she helps many future clients with similar empathy and concern." Another person said, "Thank you, the staff looked after our mother with care and compassion; they were perfect."

People told us they were satisfied staff who supported them had up to date information about their needs and this was delivered in the way they wanted. People told us they felt there was a caring ethos and response when they needed urgent care. One person we spoke with said, "I was taken to hospital and they provided 24 hour care for my relative right away". They are excellent at what they do." Another person said, "I don't see them as my carers, they are my friends, they are the best."

Staff had an appreciation of people's individual needs around privacy and dignity. They told us they had received training around respecting people's privacy and this was a high priority for the service. People supported by the service told us staff spoke with them in a respectful way and respected their privacy. One person we spoke with said, "I have no issues with the staff who visit me. They are professional and patient when providing my personal care."

We saw instances where things had not worked well between carers and people they supported. In these

instances we saw evidence to show how the registered manager had attempted to resolve the issues ensuring carers and people are both listened to. For example there was an instance where there was a mismatch between one carer and a person, consideration was made to change the carers and this appeared to resolve the issues.

We looked at care plans and checked if people were involved in planning for their care. We found this had been documented. We asked people if they felt they were involved in how their care was planned and we received positive responses from them. One person said: "My care plan is very thorough and I am involved in this." And "I'm fully involved in care planning and can make any changes." One person told us "They come and talk to me every month and I sign a report after our chat."

## Is the service responsive?

### Our findings

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We saw staff had supported and encouraged people to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. "They know what I need, I don't have to tell them, and they come in and get on with it."

The registered manager advised us that staff were always introduced to service users, prior to any support being provided. This helped to ensure people received their care from staff they were familiar with. We were also advised that the service were very careful to maintain a good level of continuity in respect of carers and this information was supported by our discussions with people who used the service.

We found people had expressed when, how and by whom they wanted their support provided. For example one person had been specific about the gender of staff they wanted to support them. We also saw people had expressed their choices and preferences about their visit times and the level of support they required and how these would be met. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet. Where people's preferences about visit could not be met, they had been kept informed and attempts had been made to accommodate their wishes.

There were clear assessment processes in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. We noted that the assessment process always involved a visit to the service user's home and included the views of other professionals involved in their care, as well as input from their relatives.

We looked at care records of four people. The care records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People we spoke with during the inspection said the service had responded to their requests for support and they were satisfied with the service they received.

We found the service had provided each carer with a live care plan and live rota on their mobile phones. This meant carers had up to date information on individuals before they visited them. The agency had adopted modern technology to effectively monitor visits and ensure people's visits were carried out as planned. They had used a digital scanning system called 'road runner' which could track what time carers arrive and what time they left the people's houses. This would also inform the office if carers were running late for their next visits or if there had been unforeseen circumstances that could affect the next visit. This was monitored and management could look at the information any time to check if people are receiving care as agreed.

Staff providing support understood people's individual needs and we were told by people that person

centred care was central to their support services. One person told us: "They come in and know what to do, I don't have to keep repeating myself, even the new ones they are well informed."

People we spoke with told us they found the service was responsive in changing the times of their visits when required. We were also informed they were quick to respond if they needed an extra visit because they were unwell or when the main carer had been admitted into hospital. One person said, "I find them accommodating when I ask to change visits, even if they cannot do it at times they try their best."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

We found the service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to and the outcome had been recorded. People who used the service and their relatives told us knew how to make a complaint if they were unhappy about anything. One person said, "We are quite happy with the service but know how to complain if we need to. I know if I rang the manager any concerns I raised would be dealt with quickly." Another person said, "I asked for a change of visit and they told me they could not do it for now however they will keep me on the waiting list."

A member of staff told us, management always responded well to people's needs. "If we need to stay longer and care for people they are happy with that. They respond to our concerns however there are some that they cannot help and I understand."

# Is the service well-led?

## Our findings

We found that a positive staff culture was reported by all the staff members that we spoke with. People who used the service also spoke highly of the management. They told us: "The manager is listening and will try his best"; "I know I can contact them with any concerns and they would be dealt with". And: "The other one, [name removed] is very helpful; she will do anything she can for you."

Staff told us: "I quite like to work for this company." and: "The staff team are really nice and clients speak highly of other staff members."

Staff spoke highly of the provider. They told us: "I feel like I'm looked after well"; "I wouldn't work for anybody else." and: "The company know how to develop staff."

Staff told us that they felt well supported by management. They said: "Management support is really good, they are flexible, they understand you have a home life too", "Management are approachable and very understanding." and: "We always have someone to speak to even out of hours."

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered provider had delegated individual responsibilities to members of the management team. This included a registered manager, business support manager, service delivery lead and Quality service leaders for each micro team.

We looked at policies and procedures relating to the running of the service. These were in place and reviewed annually. Staff had access to up to date information and guidance procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in his care. For example, the registered manager was able to identify people with very complex needs and the risks associated to these individuals. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a person centred way.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. Staff were kept informed in a variety of ways including staff meetings and supervision.

The agency utilised modern technology such as a messaging system which had allowed staff to have access to people's care plans and the rota on their mobile phones.

We found staff had been organised into three teams which covered different parts of the local area. These teams were called "micro teams" with their own "Quality service leader" [team leaders] who acted as line



managers for the staff in these particular settings. One team dealt with people who required intensive support. The registered manager informed us this helped provide leadership and oversight on staff and each Quality service leader got to know their patch and the people they supported.

We looked at staff meeting minutes, they showed staff were involved in discussions about improving the service and management input was motivating, to encourage the staff team to provide good standards of care and support. For example staff reported that they had been struggled when attempting to contact the office phone. The registered manager informed that they had listened to this and are planning to upgrade the telephone system.

Staff told us: "We are listened to during meetings." and: "Staff meetings are really helpful to get together, gain information and share best practice. This benefits the clients."

We found that the service had a robust quality auditing system in place. The provider carried out audits to monitor the quality of the service. These included looking at visit records and medicine administration records to ensure they were completed correctly. Spot checks to observe staff's competency were carried out on a regular basis. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. We saw a report commenting on the outcome of the checks. An audit of care records was completed monthly. Reviews were carried out and signed off by the registered manager.

We found no negative comments about the care or service when speaking with people and when looking at quality assurance documents, such as the annual surveys. The most recent annual survey had been completed in January 2016. In the survey people expressed they were very satisfied with the level and quality of care they received. One person commented, "I'm perfectly satisfied with everything you do". We found six people expressed they were not aware how to complain. In response the registered manager send a CQC leaflet with information on how to complain.

The service had a business improvement plan. Feedback and suggestions from people were considered and formed the business improvement plan. We saw people were informed of what actions were being undertaken following their feedback.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as 'Investors in People' and 'United Kingdom Homecare Association'.

We found the registered manager receptive to feedback and keen to improve the service. He worked with us in a positive manner and provided all the information we requested.

The CQC registration certificate was on display, along with a copy of the most recent inspection report. The service worked in a transparent way and showed commitment to keeping people who accessed the service up to date with any changes.