Home Care For You Limited

Home Care For You Limited Blackburn

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

The inspection visit took place on 10 and 11 October and 04 December 2017 and was announced. This inspection was the first inspection since the service was registered with the Care Quality Commission (CQC) on 7 October 2016.

Home Care for You Limited Blackburn is a domiciliary care agency. It provides personal care to people living in their own houses, flats in the community and specialist housing. It provides a service to older adults, younger disabled adults, and children. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for people supported in their own homes; this inspection looked at people's personal care and support. At the time of the visit there were 144 people who used the service.

The service had a registered manager. 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.

There were policies and procedures on how the service protected people against bullying, harassment, avoidable harm and abuse. Care staff had received training in safeguarding adults and knew how to report concerns. Staff had sought advice from other health and social care professionals about safeguarding issues where necessary. There were risk assessments which had been undertaken. Plans to minimise or remove risks had been recorded and reviewed in line with the organisation's policy. These were robust and covered specific risks around people's care and specific activities they undertook in a person centred manner.

There was a medicines policy in place and staff had been trained to safely support people with their medicines.

We looked at recruitment processes and found the service had policies and procedures in place to help ensure safety in the recruitment of staff. These had been followed to ensure staff were recruited safely for the protection and wellbeing of people who used the service. Records we saw and conversations with staff showed the service had adequate care staff to ensure that people's needs were sufficiently met. Staff had visited people at agreed times.

Staff skills knowledge, training and support demonstrated a commitment to providing a good quality of care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, knowledge and application of the mental capacity principles required further improvements. The registered manager informed us people's consent was sought. However, care records did not demonstrate how mental capacity had been considered in one person's

record. We have made a recommendation about staff knowledge and understanding on the subject of mental capacity and best interests' decisions.

Care plans were in place detailing how people wished to be supported.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. Medicines records had been audited regularly.

We found people had been assisted to have access to healthcare professionals and their healthcare needs were met.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of service provided to people. These included regular internal audits of the service, surveys, staff meetings and review meetings to seek the views of people about the quality of care being provided.

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.

People and their relatives told us they felt safe. Feedback was positive. Staff had received safeguarding training and knew how to report concerns.

Risks to the health, safety and well-being of people who used the service were assessed and plans to minimise the risk had been put in place.

People's medicines had been safely managed. Staff had been trained and their competence tested for safe administration of medicines.

Staff had been safely recruited and disciplinary measures were in place.

Is the service effective?

Good

This service was effective.

There was a policy on seeking consent and staff had received training in mental capacity. However, improvements were required in relation to the understanding of mental capacity principles and its application in the service.

Staff had received training, induction and supervision to ensure they had the necessary skills and knowledge to carry out their roles safely.

People were adequately supported with their nutritional needs.

People's health needs were met and specialist professionals were involved appropriately.

Is the service caring?

Good

The service was caring.

Relatives spoke highly of care staff and felt their family members were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people they supported well and they spoke respectfully about them. The service supported people to express their views and to make choices.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

People had a plan of care which included essential details about their needs and outcomes they wanted to achieve. Records were comprehensive and detailed.

There was a person centred approach to care planning and care was reviewed regularly with people and their relatives involved. People were able to give feedback about their care services.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their family member's care and treatment.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post. People gave positive feedback about the company.

Feedback from staff regarding management and the culture in the service was positive. Staff practice was monitored.

People and their relatives had been consulted about the care provided.

Systems for assessing and monitoring the quality of the service were in place.

Home Care For You Limited Blackburn

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 site visit took place on 10 and 11 October and 04 December 2017 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is domiciliary care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 10 October to see the registered manager and office staff; and to review care records and policies and procedures. On 11 October we visited people in their homes with their permission to see how they were supported by care staff.

The inspection team consisted of two adult social care inspectors including the lead inspector for the service.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We visited two people in their homes and spoke to one relative via telephone. We also spoke to three staff

members face to face during the home visits. We spoke with the care co-ordinator, the nominated individual who is also the director and the registered manager who is also the business partner for the company.

We looked at care records of five people who used the service, training and three recruitment records of staff members and records relating to the management of the service. We also contacted the safeguarding department at the local authority for their views about the service.

Good

Is the service safe?

Our findings

We asked people who used the service whether they felt safe receiving care from the service. All people we spoke with told us they felt safe. Examples of comments included, "Yes they turn up on time and that makes me feel safe.", "I cannot get a better company than this." And; I really feel safe with the staff in the house because they send the same people and that's what we like." Similarly, relatives we spoke with were positive, "We had a little hiccup at the beginning but that was soon sorted and they took our advice on board and listened."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. All staff had received safeguarding training. We saw records of safeguarding enquiries and alerts that had been completed. Evidence we saw demonstrated that care staff were able to report concerns if they suspected people were at risk of exploitation or harm. Safeguarding procedures had been reviewed regularly and training continued to be updated for staff. One staff member told us, "We have a duty of care to report any form of abuse and will report any concerns to the registered manager. We are the eyes and ears of service users."

There were arrangements for reviewing and investigating safety and safeguarding incidents and events when things went wrong. All relevant staff, services, partner organisations and people who use services were involved in reviews and investigations. Staff we spoke with were aware of the signs of abuse and discussed the appropriate actions they would take if abuse was suspected. They said, "Any concerns I would inform the office, so that they can inform social services to investigate." Staff told us they had no concerns about the care people received and were aware of the whistleblowing policy (reporting bad practice). They told us they would feel confident reporting any concerns to the registered manager. Comments included, "I have no concerns about the care or the service" and, "I trust that anything I raise with managers would be kept confidential." We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

The service had followed safeguarding reporting systems as outlined in their policies and procedures. We saw records of safeguarding enquiries and alerts that had been completed. Evidence we saw demonstrated that care staff were able to report concerns if they suspected people were at risk of exploitation by other people in the community. For example where people had threatened to harm themselves or others and where people had suffered unexplained injuries. Staff took appropriate action and reported the concerns to the office who informed safeguarding authorities. This meant that the service had a system in place to address potential safeguarding concerns.

Risks to people were assessed and their safety was monitored and managed so that they were supported to stay safe and their freedom was respected. We looked at how the service protected people against risks of receiving care and treatment. There were risk assessments in people's care files which included risks of malnutrition, falls, medicine misuse, moving and handling, personal care and environmental risk assessments such as fire.

Care files we checked demonstrated that people's risks had been assessed, documented and reviewed regularly when there was a change. Risks had been clearly identified and staff had been provided with detailed guidance on how they could ensure risks to people were reduced. For example in one person's records staff had been clearly guided to take extra caution when supporting the person to reduce the risk of pressure sores. In another example one person had been assessed to be at high risk of poor outcomes due to the condition of their property. Care staff had referred the person to the housing department to ensure they received support with their housing needs. This meant that the service had identified people's risks and put measures in place to minimise them. All records we reviewed were accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe.

Where people required equipment to assist them with their mobility and transferring, staff had clear guidance to check the safety of the equipment and also to ensure the equipment was safe to use.

We spoke with people who used the service and relatives about the support they received with their medicines. People said they received their medicines when they needed them with the correct amount of support. Staff told us and records confirmed they had undertaken the required training in the safe administration of medicines. We saw evidence of competency checks and spot checks. These are visits carried out by management to monitor how staff delivered care in people's homes. This helped to ensure staff had the required knowledge and skills to support people with their medicines safely.

We saw the provider had an up to date and robust policy and procedure to guide staff on the safe administration of medicines. During our observations in people's homes, we saw people were supported to take their medicines safely. Medicine Administration Records (MAR's) confirmed medicines had been administered as prescribed and signed by staff.

We saw that the service had undertaken regular audits of completed MAR sheets. This helped to ensure people's medicine administration was monitored and checked for any gaps in the records. The registered manager told us all MAR sheets were returned to the office and safely stored.

During our visits to people's homes, we saw medicines were stored safely to protect people from the risk of misadministration. Where concerns had previously been identified in relation to the administration of medicines, we saw actions had been taken by the provider to ensure any future risks of medicine errors were reduced.

We looked at recruitment processes and found the service had policies and procedures in place to help ensure safety in the recruitment of staff. We reviewed the recruitment records of five staff members and found that robust recruitment procedures had been followed. We saw the required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service employed enough staff to carry out people's visits and keep them safe. Staff we spoke with 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.

Before the inspection we had received concerns from one person regarding staff punctuality and time keeping. During the inspection we looked how staff logged in and out for visit. We found staff had visited as planned. People told us the service had been reliable and that in the majority of cases staff had visited as

planned. 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 the same regular care workers, I am happy with this." Another person said, "I have a team of three care workers that come and that is what we asked for." The registered manager told us they would try to introduce three regular workers to ensure familiarity when the other worker is not around. This would ensure consistency of care.

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 how the service minimised the risk of infections and found staff had undertaken training in infection prevention and control and food hygiene. During our home visits we observed staff supporting people wearing the correct protective clothing. There were policies and procedures for the management of risks associated with infections. People told us staff wore their uniforms and gloves and disposed of used gloves appropriately.

A business continuity plan had been developed, which helped to ensure continued service in the event of a variety of emergency situations, such as flood, severe weather conditions, flu pandemic or power failure. Staff were aware of actions they needed to take in the event of a medical emergency, such as a person collapsing or if there was no response when they visited someone in the community, who they would have expected to be at home. There was a lone working policy which provided staff with guidance to promote health, safety and welfare of lone workers. Lone workers are staff who work by themselves without close or direct supervision and in a separate location to the rest of their team or manager.

Good

Is the service effective?

Our findings

People who used the service and relatives we spoke with told us they were confident that staff had the knowledge and skills to meet their needs. Comments included, "Yes they know what they are doing", "Oh yes they are skilled and trained." "They are knowledgeable and always turn up on time."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. The application procedures for this in community services such as people receiving services in their homes and supported living are called the Court of Protection authorisation.

We reviewed how the service gained people's consent to care and treatment in line with the MCA. One person told us, "They always ask my consent before they help me with anything."

The care staff we spoke with demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Records of training showed that staff had received MCA training regularly. However, we found one record did not have a mental capacity assessment when a person had an impairment of the mind which had an impact on their decision making. We spoke to the registered manager and they explained that they would complete a mental capacity referral for other professionals to undertake a full mental capacity assessment. They also informed us that people they support would have been assessed by other professionals before agreeing to use their service. However, the provider is required by law to complete mental capacity assessments and best interests' processes for people who have an impairment of the mind before providing care support. This meant that knowledge and awareness of the mental capacity practice and principles needed further improvement.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the application of mental capacity principles.

We saw people's needs and choices had been assessed and care, treatment and support delivered in line with current legislation, standards and evidence based-guidance to achieve effective outcomes. For example people's preferences, intolerances and allergies had been recorded and shared with relevant staff. We observed staff following guidance and recommendations from specialist professionals to support people. For example we observed staff supporting one person with their meals in line with recommendations made by speech and language therapist (SALT). This meant staff had followed advice from other health professionals about people' care needs to ensure the right care or treatment was provided.

Records showed that staff completed an induction programme when they joined the service which

included, shadowing experienced care staff to gain experience and familiarising themselves with policies such as manual handling, safeguarding vulnerable adults from abuse, confidentiality and whistle blowing. The staff we spoke with told us they had received a thorough induction when they started working at the service. They told us that as part of their induction they had been able to observe experienced staff supporting people, to enable them to become familiar with people's needs before becoming responsible for providing their care. This helped to ensure staff could provide safe, person-centred care which reflected people's needs and preferences.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. We noted that a significant amount of training had been completed by care staff. Some staff were due to update their training and this had been identified and schedules were in place to ensure these were completed. This helped to ensure that staff were trained and able to meet the needs of people they supported. We noted that some staff had also completed or were due to start the national vocational qualifications (NVQ 2, and health and social care diploma). Staff were also completing the 'Care Certificate'. The care certificate is considered to be best practice for staff members new to the care industry. The service had a training manager who completed the majority of the training for staff members. We saw a specific training room was available in the office.

Records showed that staff received regular supervision. Care staff we spoke with confirmed this to be the case. They had also received on site supervision in the community, which was designed to monitor care staff conduct whilst they delivered care to people in their homes. We reviewed some staff supervision records and noted that issues discussed included staff performance, standards of care, staff roles and responsibilities and training issues. Additional supervision was also provided when concerns had been identified about staff performance such as medicines errors, time keeping or safeguarding concerns. Staff told us they felt able to raise any concerns during their supervision sessions. This meant that the service had put measures in place to monitor staff performance and offer support where required.

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 and there was significant staff turnout to meetings. We saw that during team meeting topics discussed included the importance of good time keeping and staff issues around the rota and safeguarding procedures. Guidance and changes to practice had also been shared during the meetings.

We looked at how people's nutrition was managed. We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. Systems and processes for monitoring people's nutritional needs were in place. People's records showed people's preferences and risks associated with poor nutrition had been identified and specialist professionals had been involved where appropriate.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support. We saw that people's healthcare needs were considered as part of the care planning process. We noted assessments had been completed on physical and mental health and there was a detailed section in each person's care plan covering people's medical conditions. This helped staff to recognise any signs of deteriorating health. There were links with the local primary health services and professionals such as local doctors and District Nurses.

Good

Is the service caring?

Our findings

We received numerous positive comments about the care staff and the service delivered to people. Comments included, "The care workers have come a long way with my [relative]. She was reluctant at first but now they are like friends", "I have a good relationship with my care worker, she is like a friend to me" and "The care workers are polite and nice." One relative said staff had supported her family member during a sudden bereavement and was complimentary of staff support and empathy.

Staff had a good understanding of protecting and respecting people's human rights. All staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Staff spoken with and the registered manager had a sound knowledge and understanding of the needs of people they cared for. Staff members told us how they enjoyed working at the service. Comments from staff included, "We care for people like they are our family really" and "I like my job and I enjoy supporting people."

There were arrangements to promote people's independence and autonomy. Records we saw showed that people were being supported to be as independent as possible, in accordance with their needs, abilities and preferences. People were encouraged to do as much as they could for themselves. For example the registered manager informed us some people managed their own medicines. In another example the service had supported one person to realise their dream and aspirations of starting their own family. Staff explained how they promoted independence by enabling people to do things for themselves. In their PIR the registered manager wrote; 'We have staff who come from a re-enablement background and this is reflected in the way we approach our care provision ensuring that service users are given as much responsibility as possible within their care plan and being responsive to improved ability to self-care.'

One staff member said, "We encourage people who have independent living skills to do as much as they can." We saw a testimony by one person who used the service, they said; "The care workers have respected me, shown empathy and have always been respectful in all aspects of care. I can't imagine life without the support from Homecare for You."

Daily records were completed by care staff and were written with compassion and respect. All staff had been instructed on maintaining confidentiality of information and gave us examples to demonstrate that they understood the procedural guidance. People's records were stored securely. This meant people using the service could be confident their right to privacy was respected with their personal information kept in a confidential manner.

Staff we spoke with showed a clear understanding of the measures in place to ensure a person's privacy and dignity was respected and gave appropriate examples. They told us they understood that their place of work

was someone else's home and had to be respectful. They knocked before entering even when they had used a 'key safe' to enter the house. A key safe system is a system where a key is stored in a secure box outside of the property.

There was information available about advocacy. Advocates support people to access information and make informed choices about various areas in their lives. Relatives that we spoke with informed us that they had been more involved in the care of their family members and that this had improved the quality of the care they received. The care staff we spoke with displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people using the service.

Good

Is the service responsive?

Our findings

We received positive feedback from people using the service and their relatives. Comments included, "The care staff are brilliant", "It has got better; they respond and listen to our advice", "The registered manager has made referral for me to move houses, that very helpful", and "You couldn't find a better company that respond to your requests."

We looked at how the service provided personalised care that was responsive to people's needs. We found assessments had been written in a person centred manner and were detailed. Care plans contained people's identified needs, the outcomes they wanted to achieve and guidance to staff on what to do on arrival to people's houses and the order in which people preferred their care to be delivered.

We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at five people's care files. All five files contained assessments also known as support plans. It was evident that a full assessment of people's needs had been completed before a decision had been made about whether the service could meet that person's needs. Additional assessments were also evident in some of the files we looked at, for example assessments and service agreements completed by the Local Authority. This helped to provide a more detailed and holistic assessment of people's needs.

We also noted that people had been involved in their assessment and where appropriate, the service sought support from their relatives. One relative said, "They visited us and reviewed the care plan with me present." Daily reports provided evidence to show people had received care and support in line with their care plan. We noted that records were detailed and people's needs were described in respectful and sensitive terms.

We noted procedures were in place for the monitoring and review of care plans. Care plan reviews were carried out regularly and wherever possible people using the service and their families, if appropriate, were involved. There was an initial 28 day review carried out by the registered manager when people started using the service and a further six month or annual review. People's care could also be reviewed as deemed necessary depending on their needs.

We looked at the policies and procedures that the provider used to check if staff were staying the allocated time and visiting as planned. There was a log in and log out system for which staff used to demonstrate the time they arrived and the time they would have left people's house. We found that staff were staying the duration. 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.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We saw complaints and compliments guidance was provided to people when they joined the service and was easily accessible.

Compliments left by people included; 'I specially want to say thank you to (name removed) the carer who supports my mother. She has a very special quality and her approach towards everyone is excellent. Keep up the good work.', '(Name removed the registered manager) was always available, very helpful, passionate about her job and considerate. Her knowledge and experience ensured that [my relative] received the very best care. The advice she provided was invaluable to me and towards my mothers' well-being and comfort. The care (register manager) and her wonderful staff provided was always reliable, coordinated, consistent and flexible to my mothers' changing needs'.

Staff we spoke with confirmed they knew what action to take should someone in their care, or a relative approached them with a complaint. We also saw evidence of complaints that had been received and how they had been dealt with. Evidence we saw showed that the registered manager, wrote letters and spoke to people if they had raised a complaint to try and resolve the issues. Complaints had been dealt with in line with the organisations' policy. This meant that people could be assured that their concerns had been received.

People we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. They told us they were confident should they have any issues that these would be dealt with appropriately.

Records we saw demonstrated that the provider and the staff had taken into consideration people's preferences and choices for their end of life care. For example there was a policy which guided staff to record where people wished to die, including in relation to their protected equality characteristics, spiritual and cultural needs. There was also guidance on communicating with families and professionals to support people towards the end of their life. Some of the care staff had received training in supporting people towards the end of their life. This showed that there were plans to ensure that people were supported to have a comfortable, dignified and pain free death.

Good

Is the service well-led?

Our findings

We received positive feedback about the management and leadership of the service. People told us, "The company is very good I cannot grumble", "Very good company, I could recommend them" and "The office staff are brilliant." Staff were complimentary about the registered manager and the management team. They told us, "[Name] is great as a manager." They told us they were supported to develop their skills to undertake their jobs effectively.

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service. There was a clear leadership structure in place within the organisation. All staff we spoke with were aware of their roles and responsibilities as well as the lines of accountability and who to contact in the event of any concerns while undertaking their duties. There were up to date policies and procedures relating to the running of the service. Staff were made aware of the policies at the time of their induction and when new changes came into place.

We spoke with the registered manager about the daily operations of the service. They understood their roles and responsibilities and had an understanding of the operation of the service. This included what was working well, areas for improvement and plans for the future. They were supported in their role by the managing director, training managers, reviewing officers and care coordinators.

The managing director was actively involved in ensuring the service was compliant with regulations and delivering good quality care. We found evidence to demonstrate that there was management oversight from the registered manager. For example, staff with delegated tasks had been supervised by the registered manager and discussions had been undertaken on what was expected of the staff and how progress was going to be monitored. Staff had been made aware who they were accountable to. This meant that the service had arrangements in place to ensure staff had clear guidance and lines of accountability.

There were quality assurance systems and tools in place. We saw surveys had been carried out to seek people's views and opinions about the care they received. People were also asked to share their views about care staff and the feedback was positive. Where concerns had been raised action was taken immediately.

We found the reviewing officers had visited people to review their care and also seek their views on the care they received. The registered manager told us and records confirmed how they monitored the quality of service. These included monthly audits, competence visits, and people's daily records. Spot checks had been undertaken to observe staff's competency on a regular basis. These were in place to check that staff were punctual, stayed for the correct amount of time allocated and the people supported were happy with the service. There was evidence of the measures taken by the provider as a result of the findings from the audits.

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. We saw evidence to

demonstrate that the service had adapted to keep up with best practice. We found meetings, memos and modern technologies were used to keep staff informed of people's daily needs and any changes to people's care. Information was clearly written in people's daily records showing what care was provided and anything that needed to be done on the next visit.

We also found a handover system was in place to ensure information relating to people's care was shared between care staff and staff located in the office. For example information relating to changes in people's care visits.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service. At the time of this inspection the provider had submitted a notification of death. They had fulfilled their regulatory responsibilities. A notification is information about important events which the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as local health care agencies and local commissioning group, pharmacies, and local GPs.