

Prime Care at Home Limited

# Prime Care at Home 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

Prime Care at Home Limited provides personal care and treatment for adults living in their own homes. On the day of the inspection the registered manager informed us that there were a total of 34 people receiving personal care from the service.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

Risk assessments were not consistently in place to protect people from risks to their health and welfare.

We saw that medicines were, in the main, supplied safely and on time, to protect people's health needs.

Staff had, in the main, received training to ensure they had the skills and knowledge to be able to meet people's needs and there was a plan in place to extend staff knowledge on people's conditions.

Staff, in the main, understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives.

People and relatives we spoke with told us that staff were friendly, kind, positive and caring.

People using the service or their relatives had been involved in making decisions about how and what personal care was needed to meet their needs.

Care plans were individual to the people using the service to ensure that their individual needs could be met.

People and relatives told us they would tell staff or management if they had any concerns, and they were confident these would be properly followed up.

People and their relatives were satisfied with how the service was run and staff felt they were supported in their work by the senior management of the service.

Management carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service

## 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 ●

The service was safe.

People stated they had received care at times to promote their health. People and their relatives thought that personal care was provided safely and people felt safe with staff from the agency. Staff recruitment checks had been comprehensively in place to protect people from receiving personal care from unsuitable staff. Medicines had been to people as prescribed. Risk assessments to protect people's health and welfare were not always in place to protect people from risks to their health and welfare, though staff were aware of what they needed to do to keep people safe.

### Is the service effective?

Good ●

The service was effective.

Staff had on going training to ensure they could effectively were trained to meet people's care needs, Staff had received support to carry out their role of providing effective care to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People's nutritional needs had been promoted and protected and their health needs met.

### Is the service caring?

Good ●

The service was caring.

People and relatives said that staff were kind, friendly and caring and respected people's rights. People and their relatives were involved in planning people's care and their care plans reflected people's needs. Staff respected people's privacy, independence and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People told us that their needs were met. Care plans contained information on how staff should respond to people's assessed needs. People were satisfied that care calls were on time, though

this needed to be evidenced. People and their relatives were confident that any concerns they identified would be properly followed up by the registered manager. Staff had contacted other relevant services when people needed additional support.

**Is the service well-led?**

**Good** ●

The service was well led.

People and their relatives thought this was an organised and well led service. Staff told us that management staff provided good support to them. Systems had been audited in order to measure whether a quality service had been provided, though this was to be extended to ensure other relevant issues were checked.

# Prime Care at Home 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 took place on 4 and 8 November 2016. The inspection was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a personal care and health care service and we needed to be sure that someone would be in.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for social care and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with five people who used the service and two, relatives. We also spoke with the registered manager, a company director and three care workers.

We looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the service, staff training and recruitment records, and medicine administration records.

# Is the service safe?

## Our findings

Everyone we spoke with thought that care had been delivered safely.

All the people who received care that we spoke with were unanimous that they felt safe with staff. This was also confirmed with the relatives we spoke with.

A person who used the service told us, "I feel absolutely safe with the carers. They watch everything to make sure I am ok." Another person said, "The staff are very careful when they are helping me to move." A person receiving support told us that staff checked their hoist sling before they used it to make sure it was safe to use before assisting her to transfer from one place to another.

One relative told us, "I trust the staff from the agency in all the things they do for my daughter."

We saw that people's care and support had been planned and delivered in a way that, in the main, ensured their safety and welfare. Care records contained risk assessments to reduce or eliminate the risk of medication and moving and handling risks affecting people's safety. There was other information available to staff to keep people safe, such as staff holding hands with a person when they went out, as the person was not aware of road hazards.

However, there was an absence of risk assessments for other relevant issues such as preventing falls, preventing pressure sores and managing behaviour that challenged the service. We spoke with staff, who were aware of relevant factors to reduce risk. The registered manager acknowledged that the absence of relevant risk assessments for staff to follow may not protect people safety, and said they would be put into place.

Staff told us they were aware of how to check to ensure people's safety. For example, to check people's skin for signs of pressure sores and checking hoists and slings to ensure that they were safe to use.

However, a person's daily records noted that a person was using out of date food. There was no evidence in place that showed that staff had tried to discourage this to ensure the person's health was not at risk from unsuitable food. The registered manager said this issue would be followed up.

We saw that there was information in place for staff to ensure that people's environments were safe and that equipment was safe to use. For example, a fire evacuation plan was in place. There was information available to staff of how to assist people with transferring, detailing what particular type of straps were needed to hoist slings. This ensured that the person was protected from injury when transferring from one place to another.

We saw that staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous relevant persons and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character.

This showed us there was a system in place to prevent unsuitable staff members being employed to provide care for vulnerable people using the service.

People we spoke with said they were satisfied about the timeliness of calls. A person said, "Yes, staff are always on time." Another person told us, "Occasionally staff are late, but someone always rings me to tell me so that's all right."

We found that sufficient numbers of staff had usually available to meet people's needs, as people and their relatives told us that most calls had been made on time by staff. In instances that staff were late, office staff had, in the most part, contacted them to explain why they would be late. We found in staff rotas enough time had been planned for staff to travel from one person to another.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. Staff were aware of relevant outside agencies to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. The office whistleblowing policy directed staff to CQC if they did not have confidence that the management of the service would properly deal with their concerns, but not to the safeguarding authority or the police. The procedure supplied to staff in the employee handbook did not contain details of any relevant agency. This did not give staff information as to how to action issues of concern to protect the safety of people using the service. The registered manager said relevant details would be included in the policy.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the relevant safeguarding agency. The registered manager was aware that if a safeguarding issue came up, she would report this to the safeguarding authority and work with the authority to protect the safety of the person. We saw evidence that relevant incidents had been reported.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about not receiving their medicine. A person told us how they were supported with taking their medication said, "They help me to take my medication." This showed that staff were encouraging people to have medicine to manage their health needs.

A staff member explained to us that staff were very careful with people's medication. On one occasion they had collected a blister pack from the pharmacy and found too many packs had been sent. The pharmacy was informed and excess medication returned. This protected the person from the risk of overdosing by having too much medicine.

Information regarding people's allergies was contained in their care plans, which protected them from receiving medicines that could affect their health and were unsafe for them to take. There was also information about why medicines had been prescribed which gave staff relevant information about the people's health conditions.

We saw evidence in medicine records that people had received their daily prescribed medicines. Staff had been trained to support people to have their medicines and administer medicines safely. There was a record as to why as needed medicines had been supplied to people.

Staff told us they had undergone a competency test to check that they understood how to assist people to have their medicines. We saw an incident report where there had been a possible medication error. Proper action had been taken to follow this up with the GP and the matter was safely resolved. There was a medicine administration policy in place for staff to refer to and assist them to provide medicines to people safely.

# Is the service effective?

## Our findings

People using the service and relatives we spoke with said that the care and support provided met their assessed needs. They said they thought that, in the main, staff had mostly been properly trained to meet care needs.

One person said, "Staff meet all my needs so I think they are well-trained." Another person said, "Staff know what to do so they must have received good training." Another person stated that staff had received training from a community nurse to deal with their medical needs, and they had been satisfied with how the staff assisted them with this care.

Staff told us that they thought they had received appropriate training to meet people's needs. A staff member said, "I have had lots of training. I want to have training in dementia and I think the office is organising this at the moment."

Staff training information showed that staff had training in essential issues such as how to move people safely, how to supply medicines, and how to keep people safe from abuse.

We saw no evidence that staff had been trained about people's health conditions, such as muscular dystrophy, stroke care, Parkinson's disease, mental health conditions and diabetes. This would assist staff to have an awareness of people's conditions so that they understood the issues and challenges that people faced. The registered manager stated that there was already information on a number of care plans for staff to refer to. In addition, a system would be put in place so that it is evidenced that staff have awareness of people's conditions. Also, people using the service would be consulted as to what specific issues relating to their health conditions that staff needed to bear in mind.

We saw evidence that new staff had completed induction training. This training included relevant issues such as reading people's care plans so staff were familiar with people's personal care needs. There was also evidence in the minutes of staff meetings that staff training issues were discussed and action taken to organise more training. The registered manager stated that new staff without experience would complete have training on the Care Certificate and we saw evidence of this. This is nationally recognised comprehensive induction training for staff.

Staff told us that when new staff began work, they were shadowed by experienced staff on shifts. If, at the end of the shadowing period, the new staff member did not feel confident and competent, they could ask for more shadowing to gain more experience so they were in a position to meet people's needs.

Taking forward these issues would mean that staff were fully supported to be in a position to provide effective care to meet people's needs.

People and staff told us that staff had visits while they were on duty from the management of the service to check that staff were aware of their responsibilities to promote the well-being of people. This meant there

was a system in place to ensure staff could effectively meeting people's needs.

Staff felt communication and support amongst the staff team was good. Staff also told us they felt supported through being able to contact the management of the service if they had any queries. Regular supervision meetings with staff had taken place. This advanced staff knowledge, training and development.

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.

There was only evidence of one assessment of a person's mental capacity of the care plans we looked at. The registered manager said this was because indicated that most of the people the service supplied care to had capacity to make their own decisions about how they lived their lives. However the registered manager said that assessments would be put into place for all the people who used the service and more training would be supplied to staff to ensure they followed the principles of the legislation.

Staff were aware of their responsibilities about this issue as they told us that they asked permission before they supplied care to people. This was also confirmed by the people and relatives we spoke with.

This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives. The registered manager stated that assessments would be put into place and that more training would be supplied to staff to ensure they followed the principles of the legislation.

People and their relatives were satisfied with the support staff provided with meal preparation, provision and choice. A person told us, "Food I get from staff is perfectly all right." Another person told us, "Staff encourage me to drink so I don't get dehydrated."

People and relatives told us that food choices were respected and staff knew what people liked to eat and drink. There was evidence that a of another person with specific nutritional needs had been provided with the assessed nutrition they needed. People confirmed that, as needed, staff left drinks and snacks between calls so that they did not become hungry or dehydrated.

People told us that staff were effective in responding to health concerns. We saw evidence that staff contacted medical services if people needed any support or treatment. For example, we saw an incident report where staff had called the emergency services when a person had fallen. The person then went to hospital for treatment. In a daily report, another person had been unwell. Staff asked the person if they could call the GP to assess their health condition. There was also evidence that staff had called the GP to report that a further person needed medical attention regarding skin care, so that the person received treatment. This showed that staff had effectively promoted people's health.

We saw evidence of the contact details of medical professionals in people's care plans so staff had this information if they needed to make contact to secure treatment for people.

## Is the service caring?

### Our findings

People and their relatives we spoke with all thought that staff, were kind, caring and gentle in their approach. They said that staff always gave people time to do things and did not rush them. A person said, "Staff are excellent. They are very considerate." Another person told us, "I cannot fault the carers. They are very kind at all times." A relative told us, "Staff are really good. I cannot tell you how caring they all are."

The provider's statement of purpose stated out that each person needed to be involved and in agreement with care decisions. People and their relatives considered that care staff were good listeners and followed people's preferences. Two relatives told us that even though their family members had limited communication, staff always involved them in discussions about their care, directed conversation to them and asked them how they wanted care to be provided.

People and relatives told us their care plans were developed and agreed with them at the start of their contact with the service. They also told us they were involved in reviews and assessments when they had taken place. We saw evidence that people had signed care plans to agree that their plans met their needs. Information displayed in the office of the service promoted the importance of staff indicated that it was important that staff asked people for their opinions and listening to them. This helped to ensure that staff were orientated to adopted a caring approach and to always consulted people about how they wanted their care to be delivered.

People's care plans contained details as to what was important to them. For example, one care plan set out how staff should care for the person's pet, as this was very central to their person's life. Care plans also emphasised that people should also be supported emotionally as well. This helped to ensure staff had a caring and sympathetic approach at all times.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, staff to used people's preferred names and gave them a choice of food, drinks and clothes. There were posters in the training room of the service, which emphasised staff needed to protect people's dignity, maintain their independence and have a caring approach at all times.

One care plan outlined a person's choices of how they wanted their hot drink to be made. Another care plan recorded that a person wanted tea without milk. This indicated that people's choices were sought and encouraged.

Staff gave us examples of how they protected people's privacy when they supported them with their personal care. They said they always protected people's privacy and dignity. For example, they said they always knocked on doors and waited for permission to enter. One staff member told us, "We know it is not our home so we must be respectful of people and their things at all times." These issues were confirmed by the people we spoke with.

We saw that information from the service emphasised that staff should uphold people's rights to privacy,

dignity, choice, confidentiality, independence and having their cultural needs met. The staff handbook also emphasised that people's rights to dignity, choice and privacy should be respected. This encouraged staff to have a caring and compassionate approach to people.

People told us that staff respected their independence and supported them to so they could do as much as possible for themselves. One person said they were able to do some of their own personal care and staff encourage this wash certain areas so this was enabled by staff rather than staff taking over from them. Another person said that staff left them to prepare breakfast and wash up and this was important to them in maintaining their independence. Care plans we looked at stated that staff needed to encourage people's independence. People said that being independent was very important to them. The staff handbook emphasised the importance of promoting people's independence. We also saw evidence of this in people's care plans. This showed that staff were caring and respected people's rights.

This presented as an indication that staff were caring and that people and their rights were respected.

Care plans did not always include people's religious, cultural and spiritual preferences to provide information to staff on how to respect these. This meant staff did not have the information they needed to ensure may not have promoted the people's cultural preferences were met. The registered manager said this issue would be followed up.

## Is the service responsive?

### Our findings

People and relatives told us that staff responded to people's needs. They said that staff took the time to check whether there was anything else they needed before leaving. People and relatives told us that staff would do anything asked of them. A person said, "Staff will do whatever I ask them to do." A relative told us, "They could not be more accommodating."

A person told us that management staff tried hard to match staff closer to their age, which was appreciated. A relative told us that they had contacted office management staff to tell them that their family member did not get on with some of the staff with the personalities of some staff. There had been changes of staff to accommodate this situation. Another relative told us when their family member had been ill they had been informed of this by the service, which they appreciated.

A person told us that staff were very flexible in the support they offered. They said they had had a fall which resulted in an injury which meant they needed a different type of support so they had to work out a new way to assist. They said they were very satisfied with the new routine that had been put into place in response to their change of need.

We saw a number of events recorded in people's records which indicated staff had responded to people's needs. For example, one person had symptoms of illness. The staff member asked them if they wanted to see a GP. They were also personalised information in care plans which helped staff to meet people's needs. For example, information directed staff to put a person's shoes on in a particular way to reduce the risk of injury. There was also an entry which stated that the person did not like to use soap on their face when staff were assisting them to wash. On another occasion, the person told staff her legs were burning. Staff responded by applying cream. We also saw a task sheet which listed all the tasks needed to be carried out by staff to meet people's needs. This included personalised tasks such as brushing hair, putting on perfume and making a person comfortable in their wheelchair. This showed us that staff were responsive to people's individual needs.

We also saw a 'helpful hints' sheet in a person's care plan which provided information to staff on how to ensure a person living with dementia was provided with stimulation that they enjoyed, and to ensure the person's health needs were met.

We also saw one entry in a person's records which indicated that the person had asked for some personal care. They had been informed by the staff member that as it was the end of the call, there was no time to assist them. The registered manager stated that the person had been spoken with in the past requesting that if they needed personal care to alert staff before the end of the call. However, it was acknowledged that on this occasion staff this situation had not responded to the person's needs. The registered manager then arranged to speak with the person and offered to change the staff member, which they did not want to do. An extended call was agreed to meet their needs.

People said if they had any concerns regarding staff cover and compatibility of staff with people, these had

been resolved. People told us that if staff were going to be late, they were always informed of this and they understood why this happened so it did not have a negative impact on the care they were provided with.

We saw staff rotas which allowed travelling time for staff between calls to people. We checked call times from daily records and found that some calls were at different times. The registered manager stated that was because call times changed in line with people's wishes. However, as these call times were not all clearly recorded on records, we could not check whether that was the case. The registered manager and director acknowledged this and stated that call times would be made clear in records so they at call times could be properly checked and monitored.

People and relatives we spoke with told us that their care needs had been reviewed and we saw evidence of this in care plans. This responded to people's changing needs.

We found that people had an assessment of their needs. Assessments included relevant details such as the support people needed such as information relating to their mobility and communication needs. There was information about people's personal histories and preferences to help staff to ensure that people's individual needs and preferences were responded to. For example, a care plan set out how a person wanted to lose weight. We saw a number of occasions where staff had encouraged them with their weight reducing diet. A staff member explained to us how the person had a calorie counting app on their smart phone so they were able to help the person to regulate their food intake. This showed that staff had responded to this person's needs.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were always updated if people's needs had changed so that they could respond to these changes. They said that any changes would be relayed to them through information supplied by the office. We saw evidence of these updates that had been sent to staff.

From our discussions with people and their relatives, we found that the service had usually tried to make sure the same staff supplied care so that people had staff who knew them, that this was important which helped to make and made them feel comfortable and relaxed. This responded to people's needs and wishes, although one person said this was not the case. The registered manager said this issue would be checked and followed up.

We found that the people and relatives were aware of how to make a complaint. No one we spoke with said they had ever had a complaint but they would speak to the office to management staff if they had any concerns, and would feel comfortable about doing so. A person told us, "I am confident that if I made a complaint it would be looked into and dealt with quickly."

People told us that the office management staff had responded to their requests and made changes where needed. A relative told us that office management staff had told them that if there were any issues that needed to be looked into then they should get in touch and it would be sorted out. This made them feel positive about raising any issue of concern.

Information on how to complain was in the service's information folder which all people using the service were given a copy of. We saw a record of a complaint where a relative had complained because there was no hot food provided at lunchtime, contrary to the agreed care plan. We saw information which indicated the registered manager had quickly followed up this complaint.

Staff told us they knew they had to report any complaints to the registered manager. They had confidence

that issues had been properly dealt with.

The provider's complaints procedure gave information on how people could complain about the service if they wanted. We looked at the complaints procedure. The procedure set out that the complainant should contact the service. However, it also stated that the complainant could contact CQC who would ensure the matter was dealt with. It also did not provide information about referral to the complaints authority or the local government ombudsman. This did not provide correct information as CQC does not have the legal power to resolve complaints. The registered manager stated this procedure would be amended and supplied an amended procedure showing the correct information by day two of the inspection.

We looked at the complaints file. We found that complaints had been investigated and action taken as needed, for example, organising additional meetings with the person to respond to their care needs and informing staff what future action they needed to take, as well as monitoring staff performance subsequently. A response had been provided to complainants setting out the results of the investigation. This provided assurance to complainants that they had received a comprehensive service responding to their concerns.

Relatives told us of other agencies involved in their family member's care including the occupational therapy service and social workers. On another occasion, when a person had had a fall, staff had contacted an agency to request a wrist alarm, so that the person could alert their provider and get swift help. This showed that staff worked with other agencies to ensure that people's needs had been responded to.

## Is the service well-led?

### Our findings

When asked if they would recommend Prime Care at Home Limited to others, the people and relatives we spoke with all said they would. One person said, "It is a really good agency. It is the best I have had so far." Another person said, "There is nothing they could improve on. They are excellent and could not be better." One relative told us "Very well managed. They go the extra mile." We also saw a number of written compliments about the service, such as, "You and your staff are real stars."

People and relatives we spoke with who had contact with the registered manager and office management staff said that they were, in the main, impressed with their commitment to providing a quality service. One relative said, "Office staff are very approachable." One person said that they would like the same staff attending them but sometimes got too many new staff who found it difficult to carers which made it difficult for new staff to understand their needs. They also said that call times sometimes got changed without being consulted. The registered manager stated these issues would be followed up.

A number of people told us that staff were like family members to them. A person told us that management staff asked them for feedback on the performance of new staff members. This meant that the quality of the supply of personal care provided to people could be monitored and improved if needed.

People and relatives told us that initial assessments of the personal care needed were made. They said they had received visits from senior staff to observe the care staff at work and review their care. All the people spoken with were satisfied with their packages of care which, they said, had met their needs. They said that if they had a query they rang the management of the service who responded quickly. Relatives told us they had been kept informed of any important issues relating to the care needs of their family members.

People and relatives told us that Prime Care Home Limited had a relatively stable staff group. They said the service tried to provide them with the same staff and that this was important to them, as staff knew them and their preferences. Achieving this produced a culture in the organisation to be mindful and respectful of people's needs and recognise how potentially disruptive changes of staff can be.

All the staff we spoke with told us that they were supported by the registered manager. They said that the registered manager and senior office staff had always been available if they had any queries or concerns. One staff member said, "If I ever ring, I always get someone to help me with my query." Another staff member told us, "The response from the office is fantastic. They deal with any issues and problems and I always get up-to-date information." The staff member said that management were always responsive to any suggestions made and one suggestion had been to have a rota system. This was taken up and meant staff could be kept in the same area and not have unnecessary travelling, and so be more likely to be on time for calls.

The management of the service monitored staff when they were on duty to observe whether the care provided to people met their needs and had been provided in a respectful manner. This covered relevant issues such as maintaining the dignity and respect of people, promotion of people's rights, proper moving

and handling techniques being carried out and checking people's skin to prevent the development of pressure sores.

We saw that staff had received support though by having staff meetings. This they had discussed relevant issues including the care of individual people, any changes to the care supplied and any training that staff needed. Staff were thanked for providing good personal care to people and the service gave gifts to staff who had provided good service. This gave recognition to staff for carrying out their tasks of supplying quality personal care to people.

All the people and their relatives we spoke with told us that they had care plans kept in their homes so that they could refer to them when they wanted. They confirmed that staff updated records when they visited.

We saw that staff had received support through supervision. These sessions covered relevant issues such as training, changes in people's needs, and discussing any problems in providing the service.

Some people and their relatives told us they received a survey asking them what they thought of the care and other support they received from the service. Other people said they had not yet received this. We saw evidence of surveys sent out approximately two years ago, which asked people their views of the service. There were positive comments about the standard of service that people received, such as one person stating that the service was "Very professional." An action plan had been produced to take forward any issues that arose from the survey. The registered manager and director stated that another survey was going out to people shortly and that surveys would be sent out on an annual basis in the future. Surveys would also be sent out to staff and professionals to gain their views on the quality of care provided. There was also a suggestion form available for people to complete in their information packs if they wanted to propose any improvements to the care they received.

There were quality assurance checks in place such as the management of key performance indicators such as whether to ensure that supervisions, appraisals and spot checks had been carried out so as needed to check that a quality service was being provided. We also saw an audit of daily records which showed that so that personal care provided by staff was being should be monitored. There were audits of accidents and incidents to see whether any lessons could be learned to prevent such issues happening in the future. The director stated that more audits would be carried out for other relevant issues such as call times, staff training and ensuring comprehensive care plans were in place. This will help to ensure the service continues to provide quality care.