Select Care Services Limited

Select Care Services Limited - 109 Coleman Road

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 3 August 2016 and was announced. We returned on the 4 August 2016 to complete the inspection. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

Select Care Services Limited – 109 Coleman Road is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester. At the time of our inspection there were 120 people using the service. People's packages of care varied dependent upon their needs. The provider employed 100 care staff.

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

People told us they felt safe with the staff and the care they received. People were kept safe from the risk of harm. Staff knew how to recognise the signs of abuse and understood their responsibility to report concerns and protect people from harm.

Risk to people's safety and health had been assessed and measures were in place to manage these risks. People were involved in the development of their care plans and staff had clear information to help keep people safe. People were supported by trained staff to take their medicines.

There were robust staff recruitment, induction and training processes in place to ensure staff were safe, suitable and trained to provide care and support to people living in their own homes.

People were supported by the number of staff identified in their care plans to keep them safe and meet their needs. Care was taken to ensure people were supported by a team of staff with the appropriate knowledge and skills. Staff were matched with people's known requirements such as individual preferences, cultural or diverse needs and where the person's first language was not English. People confirmed they had consistent staff who stayed for the full length of time allocated and arrived on time.

People were involved in the decisions made about their care needs and in the development of their care plan. The registered manager and staff had a good understanding about how the service was required to uphold the principles of the Mental Capacity Act 2005 (MCA 2005). Staff sought people's consent before they provided support and respected their choices and decisions made.

Staff supported some people, where required with their meals and drinks. Records showed people were supported to maintain their health and accessed healthcare services when required.

People told us that they were happy with the support they received and felt staff understood and knew how to support them. People were complimentary about the staff and found them to be kind and caring and had developed positive relationships with them.

People's privacy and dignity was maintained, their choice of lifestyle was respected and their independence was promoted. Staff were aware of people's cultural needs and used a form of address which was seen to be respectful of elders within the Asian community. This promoted continuity of care and had a consistent approach in the delivery of care.

People's needs were met by reliable staff who knew how to support people. Feedback from people and their relatives showed the staff were friendly, open, and caring. People and their relatives told us staff were responsive. The management team were proactive and took account of cultural needs and were flexible to ensure people received the care they needed at times that suited them, which could vary at different times of the year.

There was a complaints procedure and people knew how to use it. People and their relatives were confident that any concerns raised would be responded listened to and addressed.

People's care plans were person centred, described how people wished to be supported and their views about the service were sought regularly. This meant everyone involved in people's care had information available to ensure the care provided was tailored. People's care plans and needs were regularly evaluated, reviewed and update when required.

People were confident in how the service was managed and the abilities of the management team to ensure the service provided was effective. There were systems in place to assess and monitor the quality of the service. These included checks on the staff delivering care and reviews of people's care and the skills of the staff team. The registered manager and the management team were committed to providing quality care to people.

People and their relatives' views and opinions of the staff were sought, in a range of ways including surveys, home visits and telephone calls, meetings and internal audits. The management team were proactive and welcomed feedback about the service to help in the development of the 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 were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns. Risk to people's health had been assessed and measures were in place to ensure staff supported people safely. People were prompted, where required by staff to take their medicines. Safe staff recruitment procedures were followed and there were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

People were cared for trained and by competent staff who understood the needs of people. People were provided with effective care from staff who sought consent before providing care. The registered manager and staff understood and followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were respected. People were supported, where required with their dietary and healthcare needs.

Is the service caring?

Good

The service was caring.

People were happy with the care and support they received. People were cared by a consistent group of kind and caring staff who knew their needs. People were involved in their care plans. People were treated with dignity and respect and ensured their diverse cultural needs were met.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs and took account of their preferences, diverse and cultural needs. People and their relatives were involved in the regular review of their care needs.

People knew how to complain and were confident that their concerns would be addressed.

Is the service well-led?

Good

The service was well led.

The service had a registered manager who provided good support and leadership. Staff had clear roles and responsibilities to provide people with good care. People and their relatives expressed confidence in the management team in delivering a quality care service. People, their relatives and staff views were sought and the quality of service monitored through a range of methods to ensure the service provided a quality care service.

Select Care Services Limited - 109 Coleman Road

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 3 August 2016 and we returned on the 4 August 2016 to complete the inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service who are often out during the day so we needed to be sure that someone would be in.

The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had experience of using health and social care services. The inspector spoke with some people in their first language, which was not English.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

Prior to our inspection visit we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people living in their own homes, which are paid for by the local authority.

We spoke with 21people who were using the service and seven people's relatives. We spoke with the registered manager, personal assistant to the registered manager, field officer, training officer, compliance

office, care coordinator and seven care staff. We also visited two people in their own home with the field officer who was conducting a spot check on the staff and a review of the person's care plan.

We looked at seven people's care records to see how their care and treatment was planned and delivered. These included their care plans, risk assessments and records detailing the care provided. We reviewed six staff employment records and other records which related to the management of the service such as quality assurance, staff training records and a range of policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt very safe with the staff and the care they received. People said they had no worries or concerns about the way they were treated. One person said, "They [staff] do make me feel safe. They are professional and sensitive to my needs." Another person told us that the staff let themselves into the house using a key safe (a secure method of storing keys to a person's property) and assisted them safely with their personal hygiene needs. A third person told us they received information about how to contact the office and were confident to report concerns if they had any.

A relative told us that their family member received care from a consistent group of staff and said, "They never rush [person's name], and always check we're happy and everything is satisfactory before leaving."

All the staff we spoke with understood their responsibilities to keep people safe. A staff member said, "I'd always call the office if I've got any concerns; if someone doesn't look right or even tells me something that's happened to them." Staff had received safeguarding (protecting people from abuse) training as part of their induction. A staff handbook provided clear guidance about the reporting procedures and the contact details for social services and CQC. Staff were confident to use the provider's whistle-blowing procedure to report concerns to external agencies. That meant staff understood their role keeping people safe and were trained to report concerns, which also supported the information we received in the provider information return.

A staff member described the procedure followed including the completion of records when they handled people's money to buy groceries. Records showed a record of transactions were kept and checked regularly to ensure they were managed safely. That meant people were protected for potential financial abuse.

There were policies and procedures in place for managing risks associated to people's care needs. A person new to using a care service told us someone from the management team completed the risk assessments. They were made aware of how the staff would be able to support them to stay safe and use the equipment to assist them to move into their wheelchair. They said the information given was clear and reflected in their care plan. For example, a relative told us that when a risk had been identified when assisting their family member with personal care, the service purchased a suitable shower seat to maintain their safety. This was done in consultation with the relevant healthcare professional. Staff we spoke with confirmed they always read people's care plans to make sure they understood what care was needed. That meant that people could be assured that risks were managed and their needs safely.

People told us that they were involved in the assessment and planning of their care. That helped to ensure people received the care they needed safely by staff who understood the role in supporting them and keeping them safe.

Risk assessments completed were centred on the needs of people. Those covered risks to people's health and safety within the home environment and aspects of their physical health whilst promoting their independence. Staff had information and clear guidance provided in the care plans to follow. Staff understood the importance of following the care plan to maintain people's safety. Records confirmed that

staff had received training on a range of topics linked to the promotion of people's health and safety and themselves where equipment such as a hoist was used. That meant people could be assured that staff knew about people's risks and how these were to be managed whilst promoting people's independence.

Staff had clear information about the security and access to people's homes, which included a key safe where people were unable to answer their door. When we visited one person we observed a staff member used the key safe securely. That showed the person's safety was promoted whilst enabling staff to enter their home safely.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff and found that the relevant checks had been completed before staff worked at the service. Staff who used their own vehicles for work were required to provide appropriate car insurance cover for business use to protect people's welfare when transporting them.

People told us they had regular staff who arrived at the agreed times unless delayed in traffic or from the previous care call and stayed for the time allocated to provide the assessed care needs. One person said, "I have a team of carers that support me. I know whose coming and when because I give the office my plan for the week so that I have the right staff helping me." Another person said they had regular carers who arrived on time and occasionally had different care staff. This was due to staff sickness or holiday."

A relative said their family member had regular carers' who were 'excellent'. They received a weekly staff rota, which assured them that their family member would be supported by a same staff team.

We found there to be sufficient numbers of staff to meet people's needs and maintain continuity of care. Staff told us they worked within small teams in a geographical area and were flexible, which was supported by most of the feedback we had received. Most staff had worked for the service since it was registered. Staff told us that any gaps in staffing due to annual leave or sickness was met by the staff who were familiar with the person requiring the support. This helped to ensure people received a seamless service.

We found people's medicine was managed safely where assessments of need identified they required support in taking their medicine. One person said, "They [staff] take the medication out and give it to me to drink; it's usually on time." Another said, "They [staff] use my dosset boxes and tip the medication into shot glasses. It's always on time. I'm getting forgetful so having a prompt is crucial."

People's whose records we viewed managed their own medicines and where assistance was required by staff, people's care plans identified the responsibility of staff was to remind people to take their medicine. Records showed staff had signed to confirm when medicines had been given.

Staff we spoke with understood their role and had received training on how to support people with their medicines. Staff's competency was observed and assessed by the care coordinator to ensure people were supported correctly. This supported the information in the provider information return and meant where required, people were supported to take their medicines safely.

Good

Is the service effective?

Our findings

People told us that they were supported by staff who were trained and effective in their roles to provide the care and support they needed. When we asked one person for their views about the staff that supported them, they said, "Definitely, trained. They're a good team, they really are."

Relatives we spoke with were also complimentary about the skills and knowledge of the staff and their ability to provide care. A relative said, "Without a doubt, yes, the carers are trained well enough to meet [person's name] needs". A relative told us that the senior staff from the office had visited their family member during the first week of the care package starting to make sure the care provided was appropriate and staff used the equipment correctly. This helped to assure the person and their relative that staff provided care to meet their needs effectively.

Information in the provider information return stated that all new staff competed the induction training, worked alongside experienced staff and had their competency assessed to ensure care provided was to the expected standard. The training officer told us they monitored and planned training for staff and arranged ad hoc training following unannounced spot checks on staff where the provider's expected standard in the delivery of care had not been maintained.

All the staff we spoke with said the training provided had equipped them with the skills, knowledge and training to meet people's care needs. One staff member said "We have lots of training; classroom based and on-line. We talk about things in the staff meeting which is good like safeguarding. It helps to remind me anyway what I need to do." Another staff member told us they could speak to the training officer about specific training courses and were encouraged to complete a nationally recognised qualification in health and social care.

The induction and training records showed staff had completed a range of training that was essential to their role and included health and safety topics, moving and handling and providing personalised care. Most staff had completed the Care Certificate training. This is a set of standards for care staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. The staff training matrix was kept up to date by the training officer. They monitored staff skill mix to ensure staff received timely updates and awareness training to continuously provide safe and effective care.

A health and social care professional found the staff to be well trained and knowledgeable about the support people required and respected their rights and choices.

Staff told us they felt supported. One member of staff said, "We have very good support in the community and on call. They [staff] always listen and give us the information and help we need if we any problems." Staff were supervised regularly and could discuss their training with their supervisor and also focused on staff's professional development.

Unannounced spot checks were undertaken by the field officer to observe staff practices and checked staff's professionalism to uphold the provider's standard and expectations. We went with the field officer who was conducting a spot check. We saw they took actions to ensure staff provided care and support in line with the agreed care plan and their training.

Staff told us that communication with the care staff and the office staff was effective. Weekly care call rota's were sent to staff. Staff were contacted by text or telephone where there were any changes to people's needs or the care call times. This helped to ensure people's needs were met because the service was flexible when required.

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. The registered manager and staff demonstrated an awareness and understanding of the MCA, and when this should be applied. Staff training records confirmed that staff had undertaken MCA awareness training. Staff told us they sought people's consent before providing care and supporting people to make choices and decisions. A staff member said, "I always ask. I explain how I will help them. If they can't tell me they will let me know by nodding their head or something."

People's care records showed they had been consulted with all aspects of their care and support package. Documents had been signed by the person or their nominated representative to evidence their consent and agreement to meet their care needs.

Care records showed that people's needs were assessed where it was identified that people needed support with meet their nutritional needs. One person told us that staff always asked them what they would like to eat and said, "They [staff] put it [microwave meal] in the microwave and get it ready for me. Then they bring it to me on my little tray." Another person told us that the staff would check that there was enough for them to eat and drink left within reach before they left.

Staff were trained in food and hygiene and knew how to prepare meals and drinks safely. One staff member said, "The care plan will say what he or she likes to have for breakfast or lunch and we just have to prepare it. Sometimes just have to heat the meal in the microwave." Care plans we read confirmed the support required to meet people's nutritional needs, which also included people's preferred meals, drinks and any special instructions such a portion sizes and food tolerance. Staff recorded the support people had received with their meals and drinks in the daily care records, which was reflective of the guidance in people's care plans.

People were supported to access healthcare services. One person told us, "She [care staff] looked at my legs and said you need a doctor. The carer called the doctor and the GP made a home visit." A relative told us that they managed their family member's healthcare appointment. They told us that staff had alerted them when they had a concern about their family member's health. That showed people and their relatives were assured staff knew what to do if they had any concerns about people's health.

Staff we spoke with gave examples of how they supported people to maintain good health and accessed

ongoing health care support. They told us some people had more complex health conditions and required regular healthcare support. Care plans had information about their health needs, any ongoing treatment provided by healthcare professionals and specific guidance for staff meeting people's care needs. The contact details of health care professionals involved in people's care were kept in their care file at home and at the office, which staff could refer to. Routine medical appointments were recorded to help ensure the care calls were flexible to help ensure people were able to attend appointments planned in advance. This meant people were supported to maintain their health.

Good

Is the service caring?

Our findings

People we spoke with were happy with the care they received and found staff to be kind and caring. Comments received included, "I have a very good rapport with my carers and are very respectful towards me" "one carer she sits and has a talk to me. They make sure everything's' alright" and "One carer does my hair every Thursday (washes it) she's really caring. And the one carer who comes in Friday is so lively." When we asked people why they felt staff were caring, one person said, "We have a chat; if I'm feeling a bit down that helps. They're pretty cheerful" and went on to say the care staff listened them.

Relatives commented positively about the caring attitude and approach of the staff that supported their family member. A relative said, "It's just their demeanour; you can't ask for more. The carers are chatty and always smiling. They look as if they want to be there." Another relative said, "The carers always ask mum if she wants a cup of tea before bed. And when they leave, they hold her hand and say they'll be back tonight or next week."

People and their relatives described to us the positive relationships built between them and the care staff. Staff we spoke with also showed care towards the people they supported. One staff member said, "I know it's only the carer's that visit [person's name] because they don't have any other family. We all try to make [person's name] feel special by fussing over them and leaving them smiling."

We visited a person in their own home with the field officer. Considering this was the first time they met the person their approach was warm, friendly and respectful of the person and their home environment. It was evident from the conversation that the person was comfortable to discuss their care needs and share their views about the care staff and the office staff who they often spoke with when there were any changes made to their care or the call times.

We asked people how the service sought their views and made decisions about their care and support. People told us they were involved in the planning of their care and provided with information and explanation to help them make decisions about their care. One person said, "It's so lovely to have carers that are interested in listening to me. I feel they understand me and help to make sure I have the support that lets me continue to live my life." Another person told us that the staff listened to them and were co-operative with their wishes.

Staff we spoke with were confident in the support they provided to people and gave examples of promoting people's independence with personal hygiene tasks for instance. Staff told us they read people's care plans and the daily notes to make sure needs including any changes were known. This showed staff's commitment and approach was to provide care tailored to meet people's needs. Staff were able to give examples of how people's needs had changed over time. That meant the care and support provided had increased and staff's role had evolved to meet people's new care needs.

People's care plans contained information that was important to them. All aspects of people's views were evident in their care plans and included their preferences and diverse cultural needs. Care plans included

how much people could do for themselves without assistance. This showed that staff were promoting care that enabled people to maintain their skills and independence in their own homes. A relative told us that the care coordinator kept in regular contact with them to make sure they were happy with the care provided when their family member first started to use the service. Care plans showed that people's needs were regularly evaluated, reviewed and signed by the person or their relative which meant the care to be provided was agreed.

People and the relatives we spoke with confirmed that the staff treated them with dignity and respect. One person said, "They [staff] always close the bathroom door and make sure the curtains are drawn before helping me to undress." A relative told us that the staff always made sure that the bathroom door or toilet door was shut, whilst their family member was supported.

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people with their personal hygiene needs. They described ways in which they preserved people's privacy and dignity, which demonstrated that staff had put their training into practice and were respectful of people's cultural diversity. For example, staff referred to people in a manner that was culturally respectful of elders within the family. This meant people could be confident that staff promoted and respected people's privacy and dignity.

Staff told us that their competence and practice was checked by the field officer who carried out unannounced spot checks. Staff felt supported and benefitted from the spots check visits, as one staff member said, "I don't mind the spot checks because it helps me and lets the person know that the management know we're all doing our jobs properly."

Good

Is the service responsive?

Our findings

People were provided with a range of information when they started to use the service. It included the types of care and support services offered, details of the management team, how to contact the office, make a complaint and how the provider monitored the quality of care. The information was available in alternative formats and languages. The service employed staff that reflected the local diverse community. Some care staff and members of the management team were able to speak the same language as the people who used the service and their relatives, whose first language was not English. This helped to encourage people to communicate and express their views and concerns knowing they would be understood.

People told us the service provided personalised care that met their needs. People and where appropriate relatives had been involved in the developing of their plan of care and how they wished to be supported. One person told us that the staff read the care plan at each visit and understood what support was needed. A relative told us that their family member had a care plan in place and that they were both involved making sure the information was correct so that staff would know what support was needed.

One person said, "I'm very satisfied with the care I received. I also plan the rota so that I have the right carers helping me with my weekly programme to help me live independently and access the wider community." They liaised with the care coordinator and made sure they were happy with the staff member allocated to support them. This was an example of personalised care whereby the person was actively involved in their organising and planning of their support to remain in control of their life, maintain their independence and pursue their interests.

The registered manager told us that the management team provided the on-call service, which operated outside of the normal office hours. The team had access to information should they need in the event of an emergency or to cover the care call at short notice. People told us that the provider was responsive when they had raised concerns about any aspects of the care they received.

People's care plans were tailored to their individual needs and provided the staff with a good account as to their preferences and choice of lifestyle. Staff we spoke with had a good understanding of people's daily routines, likes and dislikes and they supported people consistently with their care plan. They were provided with a care rota in advance so that any changes to people's care calls could be managed promptly. Staff showed awareness of people's preferences, how they wished to be supported and to respect their diverse cultural needs. For instance, staff knew that some people's care call times would alter throughout the year so that people's religious and spiritual needs, could be met. This meant people received care that was tailored to their needs.

The daily records completed by the staff showed the care provided was consistent with the person's care plan, whilst respecting people's choices. Records showed what action was taken by the staff when people's health was of concern or their needs had changed. Senior staff managing the on-call service helped to ensure people received the care they needed and emergencies were managed. The example related to staff who found someone on the floor when they arrived. The staff member stayed with the person until the

paramedics and family members arrived. Subsequent the care plan was updated and the records completed by staff monitored the person's health. The staff member told us that their care calls were covered by other staff at short notice to ensure people's needs were met without delay. That showed staff and the management team were responsive and managed the health emergency without affecting other people's care.

Risk assessments and care plans were regularly evaluated, reviewed and updated to ensure the measures in place were appropriate. Staff were kept informed by the office staff when there were any changes or minor adjustments made to people's care or the call times Where any permanent changes were made to people's care, the care plan was then updated. This ensured staff met people's needs reliably.

People told us that their care needs and plan of care was regularly reviewed to ensure new needs could be met safely. One person said, "I had a visit from one of the head office staff. We wrote a care plan together. It's very intensive; stuff is underlined that must be done. All the main points are underlined such as washing certain areas of my body and making sure they're cleaned and dried properly." A relative said, "They have somebody come round and go through things [care needs] with me. It's once a year it gets reviewed, might be more."

The provider had a complaints procedure in place. A copy was included in the information pack given to people when they started to use the service. The contact details for the local authority, CQC and the Local Government Ombudsman (LGO) were included. The contact details for the local advocacy services would be made available if people needed support to make a complaint.

People told us their concerns about any aspects of the care were addressed promptly. One person said, "I've not had to make a formal complaint because I usually speak with the [name of the care coordinator] and she deals with the issues very efficiently." Another person told us they called, "It was a late carer but was rectified immediately, they were very apologetic and said we'll sort it out and they did." Another person expressed specific concerns about their care to us, which we passed onto the registered manager. The field officer visited the person the following day to discuss and address the issues with the relevant care staff and the landlord. This was an example of the service being responsive.

The provider information returned stated the service had received five complaints and all were addressed. We looked at the record of complaints and found that the complaint procedure had been followed. Correspondence showed that the complainant was made aware of the outcome of their complaint including any actions taken, where appropriate. That showed complaints were taken seriously and used to drive improvements.

The service had received over 20 compliments about the service, the staff and the care provided to people. The registered manager looked at all the compliments as part of the quality audits to help monitor the quality of service. We looked at letters and e-mails where relatives had expressed thanks and gratitude about the care provided to their family members and also complimented individual staff. The registered manager told us that they shared the compliments with the staff members' named, that showed staff were also valued.

Good

Is the service well-led?

Our findings

People and relatives spoke positively about the management of the service. People knew how to contact the office and which members of the management team to speak with. One person told us they had not spoken to the registered manager but knew who they were. Another person said, "Well now, [registered manager's name] is good. However, I mainly speak with [care coordinator's name] because it's usually about making any changes to the call times or the carer I need." And "They're approachable and efficient. I'm always put through to the right department. It's always been alright. A third person told us that their relatives had also noticed the positive changes made to their wellbeing as a result of the support they had received from the service.

We found that people and their relatives were given opportunities to influence the service and share their views about the quality of service provided. People and in some instances their relatives were involved in review of their care, which enabled them to make changes to their package of care and support to be provided.

Satisfactions surveys and telephone surveys were used to seek people's views about the care they received, conduct and professionalism of staff and were given opportunity to make suggestions about how the service could be developed. One person told us that they had completed a satisfaction survey recently.

A sample of the completed surveys returned from people using the service, their relatives and health care professionals that we looked at were generally positive. The compliance officer for the service told us that they would produce a report and an action plan to continuously develop the service. A summary of the survey results would be included in the newsletter sent to people using the service, relatives, staff and health care professionals. The newsletter were being developed to provide people with helpful information and reminders such as how to contact the office, seasonal information such staying cool in the summer and events in the local community that would be of interest to people and plans to develop the service. This showed the service was open, transparent and keen to share the achievements and plans to develop the service.

The service had a registered manager who understood their legal responsibility. They kept their knowledge up to date and attended the local care consortiums with other care providers. This meant they could share information and utilise resources to develop the service such as training.

The registered manager operated an 'open door' policy, which meant they were available to listen to the views of people who used the service, their relatives and staff. All the people we spoke with and staff said they had confidence in the management of the service. A relative found the information sent to them about the management team's roles and their contact details helpful. Another relative said, "We've never had to use a care agency and this one's been a very professional and efficient service so far."

The registered manager was supported by a management team made of staff with specific roles and responsibilities for the delivery of care, management of staff and training and monitoring the quality of

service. The registered manager had daily management meetings to review any issues from the on-call service. These meetings helped the registered manager to have an overview of the service, manage issues or incidents that required their expertise to ensure people's safety and wellbeing was managed and share ideas to develop the service.

The registered manager and the management team were motivated and keen to look at ways of developing and improving the service. For instance, following our discussion with the management team, where people were assessed as requiring support for topical creams to be applied, a body chart was added to their care plan to ensure staff knew where to apply the creams. Feedback was encouraged from staff who chose to leave employment and from people or their relatives who no longer wished to receive care and support from the service. These comments were used to develop the service and enabled the registered manager to monitor the effectiveness of the service. The registered manager told us that the feedback from the staff exit interviews showed the staff left for personal reasons. Therefore, assured them that that the staff were well supported.

The registered manager and the management team all had a consistent and clear vision to providing good quality of care that was tailored and promoted people's values, lifestyle and independence. It was evident that the registered manager encouraged the professional development of staff through investing in training and opportunities to also develop the service. For instance, utilising the clinical expertise in rehabilitation and knowledge of the field officer to review and improve the care planning to help maintain people's independence safely.

Staff confirmed that the training officer planned and monitored their training and support, which helped to maintain their knowledge and skills. Supervisions, unannounced spot checks and observations of practice were used to check the care provided was of a good standard. Staff meetings provided staff and the management with opportunities to discuss aspects of the service and make suggestions to develop the service. For instance, a dedicated team of care staff were available at short notice to cover care calls in an emergency.

We looked at how the provider ensured the service delivered high quality of care. Information about the service was easy to understand and available in alternative languages and formats. The service employed staff from the local community who understood the cultural diversity and some staff spoke people's first language which was not English.

The provider's quality assurance system was used effectively to monitor the quality of care and management of the service. Regular audits of people's care plans and risks assessments helped to ensure people's needs were monitored and reviewed. People were able to make changes to their care to ensure their new needs were met. Staff signed in and out by using a telephone pin, known as the electronic monitoring system. That helped to ensure the provider that people received the care they needed at the agreed times. This information was also used to monitor people's wellbeing and in required, the care coordinator would consider reviewing the person's care needs. Daily records about the care and support provided were returned to the office weekly so they could be checked for auditing purposes. This helped to ensure the care provided continued to be appropriate. This supported the information received in the provider information return and our discussion with people who used the service and relatives.

The provider's policies and procedures were up to date and provided staff with clear guidance as to their responsibilities in relation to their role. The registered manager kept the provider's business contingency plan up to date to ensure arrangements and information was available in order to take action to manage an unplanned incident.

The service worked in partnership with other organisations such as the health care professionals to ensure people who used the service received care that was appropriate and safe. This supported the feedback we received from the health and social care professionals.