

Dekh Bahl

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Inspection Report

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Summary of findings

Overall summary

Dhek Bhal is a registered charity which provides a personal care service in Bristol and South Gloucestershire. At the time of the inspection they provided support to 22 people most of whom are people from the South Asian Community who have different faiths and languages. Many people who use the service do not speak English as their first language. The main languages spoken by the people who use the service are Bengali, Urdu, Punjabi and Arabic.

People we spoke with provided positive feedback regarding their experience of the service. They felt that their cultural values and beliefs were understood and respected. This made them feel comfortable when discussing their needs with the care staff.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law like the provider. The staff felt well-supported by the registered manager as they placed an emphasis on being open and approachable. Staff we spoke with told us they would approach the registered manager if they had any concerns and felt confident these would be addressed.

Before people started using the service they were visited in their own home by a senior member of staff who carried out an assessment of their needs. The assessment

process involved people through talking about their needs and preferences and the planning of their service. People's mental capacity had been assessed as part of the pre-assessment support planning.

We were told by the registered manager that all people currently have the mental capacity to make their own decisions. Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and how to apply the principles of the Act. The Act protects the rights of people who are not able to make decisions about their care or treatment.

The service worked with key organisations, including the local authority and safeguarding teams, to support care provision and service development. We have received appropriate notifications of any issues affecting the service when necessary, such as concerns of abuse towards a person who used the service by a person known to the individual. By reporting the matter to the local authority safeguarding team appropriate action was taken to safeguard the person involved.

The management team carried out quality monitoring to assess the quality of care provided and plan on-going improvements. These included audits of practice and satisfaction surveys for people who used the service and their representatives. Changes had been made in response to audit findings and feedback from people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the service told us they felt safe and supported and would have no hesitation in going to the staff or the manager if they had any concerns.

Staff members we spoke with demonstrated an understanding of the organisation's safeguarding and whistle-blowing policy. They understood what constituted abuse and the procedures and reporting mechanisms that were in place to protect and safeguard people if required.

Systems were in place to make sure that the management team and staff learned from events such as accidents and incidents, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and how to apply the principles of the Act. The Act protects the rights of people who are not able to make decisions about their care or treatment.

Staffing levels were sufficient to meet people's needs. The service followed safe recruitment procedures. Before a member of staff commenced their employment appropriate checks were undertaken to assess whether the person was of good character.

Are services effective?

The service was effectively meeting the needs of the people who used the service.

Positive comments were received from people who used the service regarding the effectiveness of the level of the care and support provided.

Before people started using the service they were visited in their own home by a senior member of staff who carried out an assessment of their needs. The assessment process involved people in talking about their needs and preferences and the planning of their service.

Many of the people who used the service did not speak English as their first language. We found that people were effectively matched with staff who spoke the same language to make sure they understood the person's needs.

Summary of findings

Care plan documentation was personalised and included essential information to support the individual's care needs. Their views and experiences were taken into account in the way their care was delivered.

Members of staff received regular supervision meetings with their manager. The supervision meetings provided an opportunity for staff to talk through any issues about their role, or about the people they provided care and support to, with their manager. Learning and development opportunities were also provided to ensure that staff skills were developed and kept up to date.

Are services caring?

People we spoke with told us the service was caring and they were treated with respect. One relative told us that their relative felt safe and: "X is happy. The carer is very good at calming x down. We like the carer and have asked for her to provide x's care regularly. We are satisfied with the service."

People told us they appreciated that their cultural values and beliefs were respected and they were able to discuss their individual needs with care staff.

People told us their care staff arrived on time and stayed with them for the allocated time. If staff were running fifteen minutes late people were informed of the impending delay.

The service enables people to get involved with their local community. Although not part of their regulated activity to provide personal care they assist people to attend social groups. A typical session includes a mix of socialising, gentle exercise, a hot lunch and a talk or workshop. This protects them from social isolation and enables people to maintain and establish new relationships.

Are services responsive to people's needs?

The service was responsive to people's needs.

There were arrangements in place which demonstrated that the person provided consent to the practices adopted by the provider. The person's support plan was signed by the person or their representative agreeing to the provisions held in the support plan. The provider had procedures in place for obtaining, and acting in accordance with the consent of the person who used the service in relation to the care provided for them, such as meeting the person's personal care needs.

Each person had a plan of care detailing their needs and choices in relation to how their care was provided and how they preferred to be supported.

Summary of findings

Care was planned and delivered in a way that ensured people's safety and welfare. We found that the care plans and risk assessments were regularly reviewed. The review process meant that plans of care and support were regularly assessed for their effectiveness and amended if the person's needs had changed.

The organisation had a system in place to ensure that missed calls did not happen. If required, there was always someone available to provide cover. There were contingency arrangements in place to respond to unforeseen circumstances which ensured that people's needs continued to be met.

We found that there were clear procedures followed in practice, monitored and reviewed for receiving, handling, considering and responding to complaints.

Are services well-led?

The service promoted an open and fair approach and was well-led. Staff members we spoke with felt well supported by the management team. Comments included: "They're understanding. If I need support from my supervisions they listen and they're attentive." and "I get on well with the manager. They're flexible and understand my needs."

There was an emphasis on providing staff support and an open dialogue was encouraged by the management team. Staff members told us they felt confident to discuss any matter of concern with the management team. We found that regular staff meetings were held. This ensured that the staff and the registered manager were kept fully informed of any issues arising regarding people's needs and the running of the service.

The service worked with key organisations, including the local authority and safeguarding teams, to support care provision and service development. We have received appropriate notifications of any issues affecting the service when necessary. Appropriate action was taken by the staff in the service to safeguard those involved.

Regular reports were produced for the board of trustees regarding the overall performance of the provider. The reporting mechanism in place enabled the trustees to regularly assess and monitor the quality of the services provided. They had assessed and implemented proposals regarding care worker's travelling costs, lunch costs, funding, increased training for staff and to increase staff numbers to cover more home visits.

In 2013 we found that six formal complaints had been received. Where concerns had been substantiated actions were taken to resolve the issue promptly.

Summary of findings

What people who use the service and those that matter to them say

We spoke with six people who used the service and five relatives. The people we spoke with said they were happy with the staff. Three people said they had used other agencies before but were satisfied with Dhek Bhal as they provided culturally appropriate care. Comments included: "They are quite good and do extra things as well such as cooking and cleaning" and "x is of the same background as me and I like what x cooks".

People we spoke with felt their values and beliefs were respected and they were able to discuss their individual needs with care staff. The staff spoke to the people in their first language which was Bengali, Urdu or Punjabi. People found this beneficial as the carer could understand their needs.

The people we spoke with all held a copy of their care plan at their house as well as a copy of the agency's service guide. They all knew who to contact if they had any concerns about the organisation. One person told us they had expressed concerns regarding time-keeping but this had now been resolved. The other people we spoke with told us that staff mostly arrived on time and they would be informed if they were running late.

All the people we spoke with had agreed to the terms of the care plan. They told us a thorough assessment of their needs had been conducted before the provision of care had formally started. For the purpose of discussing their care needs people confirmed that care plans were reviewed annually.

One person told us they were "not good with strangers" and they usually had the same care worker. They told us that if a new care worker was starting they visited them before starting work at the person's house. They told us: "They follow my instructions. They're very good. The staff are very happy and have a lovely disposition. The staff are sufficiently trained and take on board what you say."

We reviewed the client feedback from a questionnaire sent in October 2013. Comments included: "I think the service is good because I have someone who speaks my language so I can convey my needs and requirements" and "all cultural, religious and emotional needs are catered for".

Dhek Bhal

Detailed findings

Background to this inspection

We inspected Dhek Bhal's office on 28 April. On the day of our inspection we were told that 22 people used the service.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we reviewed relevant background documentation held by the Care Quality Commission (CQC). This included reviewing safeguarding and statutory notification records. We also assessed the information held on our quality risk profile database.

The inspection team consisted of a Lead Inspector and an Expert by Experience who had knowledge of domiciliary care agencies. The Expert by Experience could also speak with people who used the service in their first language.

Dhek Bhal was last inspected 4 October 2013. There were no concerns found at this inspection.

We viewed the care records of four people who used the service. We examined the policies and procedures of Dhek Bhal and the audits undertaken by the service to review their service provision.

We spoke with six people who used the service, five relatives, two members of staff, the deputy and registered manager.

Are services safe?

Our findings

People felt safe because they were involved in making decisions about their care.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We found that the care plans and risk assessments were regularly reviewed. The review process meant that plans of care and support were regularly assessed for their effectiveness, changed if found to be ineffective, and kept up to date in recognition of the changing needs of the person using the service. Conducting regular risk assessments reduces the risk of people receiving unsafe or inappropriate care and support. One person told us: "I am listened to and they take everything seriously. They take everything on board. They're very supportive and conduct full assessments. On the day of my move they came to my new house to conduct a risk assessment."

People we spoke with told us they felt safe and supported and would have no hesitation in going to the staff or the registered manager if they had any concerns. We found that people were given an information pack that explained how they could raise a concern directly with the service or externally with relevant authorities, such as the local authority and the Care Quality Commission.

We spoke with two members of staff during our inspection specifically about their knowledge of the safeguarding and whistle-blowing policy. They demonstrated a good awareness of what constituted abuse and the reporting mechanisms that were in place. They confirmed there were policies and procedures in place to guide them and they had attended safeguarding training. This was confirmed by the records seen.

Staff told us they were confident that concerns raised would be dealt with by senior staff. They were also aware of external agencies who they could contact such as the local authority, the Care Quality Commission and the Police. Staff all confirmed they had access to the organisation's safeguarding and whistle-blowing policy. Access to and knowledge of the safeguarding and whistle-blowing policies and procedures meant that people's safety was protected as staff would know what to do if they had any concerns.

We were told by the registered manager that all their clients currently had the mental capacity to make their own

decisions. Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and how to apply the principles of the Act. The Act protects the rights of people who are not able to make decisions about their care or treatment. The training record we saw identified that all staff members had received Mental Capacity Act training.

We looked at the records of four of the people who used the service to determine if assessments of their mental capacity to take decisions had been made. We found that people's mental capacity had been assessed as part of the pre-assessment support planning. The care plans we saw identified that people were able to make their own decisions regarding the care, treatment and support they received.

We reviewed whether the service had an effective system to manage accidents and incidents. We reviewed the incident log which showed five incidents had occurred to date in 2014. We saw evidence that a senior member of staff had followed up on these incidents and put measures in place to enhance the person's safety to ensure they were less likely to occur again.

People were safe as staffing levels were sufficient to meet people's needs. The provider always had an additional member of staff available to provide cover if required, for example due to staff absence. This meant there were arrangements in place to respond to unforeseen circumstances which ensured that people's needs continued to be met. People were contacted if the care worker was going to be over fifteen minutes late. People we spoke with confirmed they were advised if care staff were going to be late and, with one exception, the people we spoke with had not experienced a missed call. The missed call was investigated by the provider and the member of staff was removed from the service.

We viewed the staff recruitment files for four members of staff. The service followed safe recruitment procedures to ensure that staff were fit, appropriately qualified and were physically and mentally able to do the job. Before a member of staff commenced their employment appropriate checks were carried out, including a Disclosure and Barring check (formerly known as a criminal records check), and receipt of two acceptable references. Staff

Are services safe?

signed a declaration that they were physically and mentally fit for their role. Staff were also required to demonstrate their eligibility for employment in the United Kingdom and provide information of previous positions held.

The interview process followed a structured questioning assessment relevant to their role. Assessment questions were viewed on staff personal files. Following a successful interview we were told new staff did not start work until all

the relevant checks had been undertaken. To ensure they were competent to undertake their role and provide the person's care needs one member of staff told us they shadowed a more experienced member of staff for three weeks before they provided care independently. The recruitment and selection processes adopted by the agency helped ensure that the staff were honest, reliable and of good character.

Are services effective?

(for example, treatment is effective)

Our findings

he service was effectively meeting the needs of the people who used the service.

We spoke with six people who used the service and five relatives. Positive comments were received regarding the effectiveness of the level of the care and support provided. People felt the care provided met their needs. Comments included: 'I advised that I wanted continuity of care and this was respected.' and 'I am really happy, we get everything we need from them.'

Before people started using the service they were visited in their own home by a senior member of staff who carried out an assessment of their needs. The assessment process involved people in talking about their needs and preferences and the planning of their service. This was confirmed by all the people we spoke with. On the day of their move one person we spoke with told us a member of staff went to visit them in their new house to ensure the same level of care could be provided in their new premises.

Many of the people who used the service did not speak English as their first language. The care staff communicated with people in their first language and were from a similar culture. We found that people were effectively matched with staff to make sure they could meet the person's needs and preferences, such as requests for same gender care staff. The most common feedback we received from the people who used the service was that they appreciated the cultural appropriateness of the service. Comments included, 'the fact that I have someone who speaks my language so I can convey my needs and requirements personally'; 'all my cultural, religious and emotional needs are met and accommodated for'; and 'they are respectful and understanding of my religious and personal needs.' Examples of this included the provision of halal food and the carer's understanding for the respect of their privacy when assisting with the person's personal care.

People's needs and preferences regarding their care and support were met. We reviewed four care plans. Care plan documentation was personalised and included essential information to support the individual. Support plans included care issues such as: medical condition, personal care support, mobility, communication and religious requirements. We found that the plans identified people's routines and preferences regarding the personal care

assistance provided. For example, one relative we spoke with had asked for the same care worker for their family member and we were told the service complied with this request. They felt the staff from the service fully understood their relative's needs and expressed that: 'they take on board what we're saying.'

Care was planned and delivered in a way that ensured people's safety and welfare. We found that the care plans and risk assessments were regularly reviewed. The review process meant that plans of care and support were regularly assessed for their effectiveness, changed if found to be ineffective and kept up to date in recognition of the changing needs of the person using the service. Conducting regular risk assessments reduces the risk of people receiving unsafe or inappropriate care and support. One care plan reviewed identified that the needs of the person had increased and the time allocated to the person needed to be increased to effectively respond to their needs. The provider reassessed the person and requested that the local authority agree to an increase in the care provided to the person. In order to respond to the person's needs increased time on morning and evening visits were agreed by the funding authority.

We spoke with the people and relatives whose care plans we viewed. They confirmed that staff sought their opinions regarding their care and annual discussions were held with a senior member of staff. They all held a file at their house containing the care plan and the service user guide. The care plans we saw demonstrated that regular assessments were conducted. The care plans viewed were signed by the person who used the service which recorded their involvement and agreement. People told us that discussions were held and they were aware of the content of their file. It could be demonstrated by the signed documentation that the person had consented to the care, treatment and support as detailed in their care plan.

We spoke with two members of staff and reviewed staff supervision and training records. Members of staff confirmed they received regular supervision meetings with their manager. This was evidenced by the records seen. The supervision meetings provided an opportunity for staff to talk through any issues about their role, or about the people they provided care and support to, with their manager. Learning and development opportunities were also discussed to ensure that their skills were developed and kept up to date.

Are services effective?

(for example, treatment is effective)

We found that there were suitable arrangements in place to ensure that staff members were properly supported in relation to their responsibilities and, to enable them to deliver care to the people who used the service to an appropriate standard. The staff members we spoke with felt well supported by their management team to deliver care effectively. The people we spoke with felt the staff were sufficiently trained and understood their care needs. One person did suggest that the care staff who supported their relative could be more "assertive" but they were contented with the service provided.

We found that staff had attended training including safeguarding, food hygiene, moving and handling, first aid and medicines. Staff members we spoke with confirmed that regular training was provided relevant to their role. We looked at training records for all members of staff to determine whether they had the appropriate training. We

were shown records which provided an overview of the individual's staff training. A number of staff were due refresher training and this was planned in the 2014 staff development and training bulletin. The registered manager gave us assurances that the training would be fulfilled in accordance with the training bulletin. The provision of regular training ensured that staff were properly supported to provide care to the people who use the service

We found that all staff received a comprehensive induction that took account of recognised standards within the sector and was relevant to their workplace and their role. This ensured that the staff were qualified to safely work unsupervised. Staff confirmed there was an induction process which included office based training, shadowing more senior members of staff and completing training modules, such as health and safety and manual handling procedures.

Are services caring?

Our findings

People we spoke with told us that the staff were caring and they were treated with respect.

We spoke with six people and five relatives who used the service. They all said they were very happy with the staff. One relative told us their relative felt safe and: "X is happy. The carer is very good at calming x down. We like the carer and have asked for her to provide x's care regularly. We are satisfied with the service."

People told us they appreciated the cultural appropriateness of the service they were receiving. One person told us "they are culturally appropriate. They are respectful of my religion and personal needs. "They felt their values and beliefs were respected and they were able to discuss their individual needs with care staff. They all said they were treated with dignity and respect and they were spoken to with politeness and kindness. People commented on the staff having a respectful behaviour and attitude. One person told us: "The staff are very happy and have a lovely disposition."

One care worker told us they cared for people with different cultures and backgrounds. They said one person they supported was "very religious "and did not want them to come into the bathroom. They tried to do things independently. The staff member told us they provided assurance that they were outside, if required. The care worker respected that the person did not want to show their body. The care worker was fully aware of the person's needs because of the pre-assessment process. They familiarised themselves with the person. The boundaries were set and they understood the person's family background, culture and religion.

In order to enhance their understanding of a person's needs a care worker had learned a few Arabic phrases so they were able to communicate with them. The person was referred to the service with personal care needs and only spoke Arabic. We found the service called upon a volunteer who spoke the language to assist in overcoming the communication barrier in order to fully understand their

needs. The feedback from their family was positive and they were happy with the service. Prior to this, the person had visits from an agency who only employed English speaking workers and this caused the person to become very distressed. At the time of our inspection the service employed three Arabic speaking staff.

We found the plans identified people's routines, preferences regarding the assistance provided such as the gender of the care staff and privacy requirements. People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way their care was delivered.

The staff we spoke with demonstrated a good understanding of the people they provided care for. One care worker told us of the need to provide care for a person because of their specific request for a same gender carer and their particular personal care requirements. They spoke knowledgeably about the person and the care provided. They demonstrated an understanding and awareness of the specifics of the care plan. They told us: "You get comfort helping people in every part of their life." The person's relative comments included: "The care workers are excellent, very lovely, caring and x is very pleased with them."

The staff members we spoke with took great pride in their work and the relationships they developed with people they cared for. One member of staff told us: "This organisation helps the community, especially older people. We encourage people to discuss with us about their requirements. We take people out into the community just to get them out of the house. I get on well with my clients."

The service enabled people to extend links with the local community. Although outside of their regulated activity of providing personal care, as part of their charitable activity staff assisted people to attend social groups. A typical session included a mix of socialising, gentle exercise, a hot lunch and a talk or workshop. This protected them from social isolation and enabled people to maintain and establish new relationships.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service was responsive to people's needs.

We found the provider had procedures in place for obtaining, and acting in accordance with the consent of the person who used the service in relation to the care and treatment provided for them.

The assessment process meant that each person had a plan of care detailing their needs and choices in relation to how their care was provided and how they preferred to be supported. The plans, including risk assessments, were developed in consultation with each person. They provided structure and guidance for members of staff, to ensure that identified current and ongoing care and support needs could be met consistently and safely. Each person we spoke with had a care plan which detailed the service they received and their needs. A copy of the person's care plan was signed by the person detailing their consent and held at their home. These arrangements demonstrated that the person using the service provided valid consent to the care provided to them.

We viewed the daily records of the people who used the service. In each case the care staff logged the daily completed personal care tasks. They used a coded system such as 2a for bathing, 2b help to toilet and 2e applying cream. The tasks completed concurred with the instructions stated in the care plan. We found that the level of detail recorded in the daily records were not detailed enough and included entries such as "x was having back pain today"; "x has pain in their right arm and "x has a headache". There was no indication of how the care worker dealt with the concerns. The registered manager confirmed the entries were correct and no action was taken. The person using the service did not require a GP. The registered manager agreed that the level of detail could be improved to ensure that actions or non-actions were

recorded with an adequate explanation why something was taken forward, or not. We spoke with the person who used the service regarding their care and these entries. They told us: "They follow my instructions, absolutely. They're very good. If I don't want something they adhere to my request. I have nothing bad to say about them."

The staff told us the provider had a system in place to ensure that missed calls did not happen. If required the registered manager always had someone available to provide cover. This meant there were contingency arrangements in place to respond to unforeseen circumstances which ensured that people's needs continued to be met. People were contacted if the care worker was going to be over fifteen minutes late. The people we spoke with confirmed they were always advised if care staff were going to be late. One person we spoke with had experienced one missed call. This was due to a care staff error. They were removed from providing care to the person and provided with additional training on their time-keeping responsibilities. To mitigate future risks the person was also provided with contact details for a senior member of staff during out-of-office hours to ensure they could deal with such an issue. The person who used the service told us their concern had been dealt with to their satisfaction.

The people we spoke with who used the service all understood how to raise a concern. The complaints procedure formed part of the service user's guide, which was given to people when they started using the service so they had information about the agency. This meant that the complaints process was available, understood and well-publicised. The publicising of the complaints system enabled people to provide feedback and identified areas that could be improved. We found that there were clear procedures followed in practice, monitored and reviewed for receiving, handling, considering and responding to complaints.

Are services well-led?

Our findings

The service promoted an open culture for staff to work in. At the time of our inspection there was a registered manager in post. Staff members we spoke with felt well supported by the management team. Comments included: "They're understanding. If I need support from my supervisions they listen and they're attentive." and "I get on well with the manager. They're flexible and understand my needs."

There was an emphasis on support and staff were encouraged to voice any worries. Staff members told us they felt confident to discuss any matter of concern with the registered manager. We found that regular staff meetings were held. Issues discussed included issues that arose in a previous CQC inspection and how to take them forward, late or missed calls and disciplinary procedures, training issues and mental health awareness. This ensured that the staff and the registered manager were kept fully informed of any issues arising regarding people's needs and the running of the service.

The staff we spoke with presented a clear understanding of what to do if they had any concerns about the practices adopted by the service. Staff told us they would approach the registered manager in the first instance. If they did not feel that the registered manager responded in the appropriate manner they were all aware of the reporting mechanisms in place and how to contact the relevant external authorities. We found the service worked with key organisations, including the local authority and safeguarding teams, to support care provision and service development. We received appropriate notifications of any issues affecting the service when necessary. An example of this included where a person who used the service was thought to be at risk of abuse by a person known to them. Appropriate action was taken such as reporting their concerns to the relevant external authorities, such as the local authority safeguarding team. Action was taken to safeguard the person involved.

As the organisation was a registered charity the board of trustees had overall responsibility for its management and administration. We found that regular financial and performance reports were produced for the board of trustees meetings regarding the overall performance of the service. The reporting mechanism in place enabled the trustees to regularly assess and monitor the quality of the

services provided. A finance sub-group had been set up to ensure that the organisation remained financially viable. They had assessed and implemented proposals regarding care worker's travelling costs, lunch costs, increased training for staff and the need to increase staff numbers to cover additional home visits.

We found that senior members of staff conducted regular spot checks of the care of a random sample of people who used the service. Eight spot checks had been undertaken in the past 12 months. The purpose of the spot checks was to monitor the care worker's care practice and seek the views of the person who used the service. The spot check visit forms viewed documented a detailed observation of the care worker's practice, the level and quality of staff interaction with the person they provided care for, and checking the daily recording was in accordance with the care plan. The senior member of staff documented good practice and areas where practice could be improved. The process enabled the registered manager to come to an informed view in relation to the standard of care provided and implement changes such as increased hours, if required. It also offered an opportunity for the person who used the service to provide feedback.

To establish whether the registered manager identified opportunities for learning or improvement we reviewed the systems in place for assessing and monitoring the quality of the service. We found that they conducted a survey in October 2013 to seek people's views of the service. Seven responses were received. Overall positive comments were received about their experience of the service. People stated that the care staff were polite, friendly and helpful. They said that care staff provided support and encouraged independence. The survey asked what was good about the service and comments included: "The fact that I have someone who speaks my language so I can convey my needs and requirements personally"; "emotionally provide support" and "all my cultural, religious and emotional needs are met and are accommodated." The agency had identified that there was a need to recruit more Bengali and Hindu Gujarati speaking staff in order to provide more support to people from this community. There was also an identified need to recruit care staff that lived in the same area as people's homes to ensure cost effectiveness and improve customer service regarding time-keeping. A

Are services well-led?

number of staff had to rely on public transport to travel between people who used the service and this at times affected their time-keeping. The registered manager confirmed that these are issues they intend to take forward.

In 2013 we found that six formal complaints had been received. The complaints had been reviewed by a senior member of staff and were dealt with in accordance with the complaints policy. The complaints log identified that, where concerns had been substantiated, actions were taken to resolve the issue in a timely manner. Particular

concerns had been raised regarding the time-keeping of one of the care staff and not being informed if they were going to be late. Owing to the complaint made the organisation have changed their protocol to ensure that all care staff notified the people they cared for if they were going to be fifteen minutes late. Failure to follow the protocol could lead to a disciplinary offence. This ensured that the improvements had been made where concerns had been substantiated.