

Serenta HomeCare Ltd

Serenta Homecare

Inspection report

Sheaf Valley House
134 Archer Road
Sheffield
South Yorkshire
S8 0JZ

Tel: 01142581093

Date of inspection visit:
25 January 2016
26 January 2016

Date of publication:
10 March 2016

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

Serenta Homecare is a domiciliary care agency registered to provide personal care. The agency office is based in the Millhouses area of Sheffield. Support is provided to older people living in their own homes in the south of Sheffield. The agency provides support with personal care, domestic tasks and companionship. The office is open from 9am until 5pm Monday to Friday. An on call system is in operation.

At the time of this inspection Serenta Homecare was supporting 44 people whose support included the provision of the regulated activity 'personal care'.

There was a registered manager at the service who was registered with CQC. 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.

Our last full inspection at Serenta Homecare took place on 28 April 2014. The service was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 25 and 26 January 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available.

Without exception, people supported by the service and their relatives spoke very positively about Serenta Homecare. They told us they felt (their relative was) safe with the care staff from Serenta Homecare, and staff were respectful. People told us the support provided met their needs and the care staff were kind, caring and polite. People spoken with said they had regular care staff that they knew well. They knew which care staff would be visiting to support them and care staff always arrived when they should and stayed the full length of time agreed.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and proud to work at the service. Staff were confident in the way the service was managed.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who

may not be able to make important decisions themselves.

Each person had a support plan that accurately reflected their needs and wishes so that these could be respected. Support plans had been reviewed to ensure they remained up to date.

People supported, and their relatives or representatives said they could speak with staff if they had any worries or concerns and felt they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys and the results of these surveys had been audited to identify any areas for improvement.

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.

Safe procedures for the administration of medicines were in place.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and felt safe with care staff.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People's support plans contained accurate information and had been reviewed to ensure they were up to date.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good 

The service was well led.

Staff said the registered manager was approachable and communication was good within the service. Staff meetings were held to share information.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

Serenta Homecare

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 checked whether the registered provider was 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 25 and 26 January 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available. This inspection was undertaken by two adult social care inspectors.

Prior to our inspection we contacted Sheffield local authority and some health professionals who had contact with the service, including a social worker, district nurse team leader and a trainer. Information received was reviewed and used to assist with our inspection.

As part of this inspection we spoke in person or over the telephone with people supported by Serenta Homecare, to obtain their views of the support provided. We telephoned nine people and were able to speak with seven people receiving support and one relative of a person supported. In addition, we visited three people supported by Serenta Homecare in their own homes to speak with them and check the Serenta Homecare records held at their home.

We visited the office and spoke with the registered manager, operations manager, senior carer, an assistant senior carer, the care coordinator and administrator. In addition, three care staff visited the office base so we could speak with them.

We spent time looking at records, which included six support plans, three staff personnel records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

Every person and the relative spoken with told us they (or their relative) felt safe with care staff from Serenta Homecare. Comments included, "I am sure my mum is safe, they [care staff] are lovely people. My mum would definitely tell me if anything wasn't right," "I feel very safe with all of the [care staff]" and "I feel safer with them, they are lovely girls."

We asked people about the support they got with their medicines. Most people spoken with managed their own medicines but other people commented, "I have help putting on cream, they do it just right and my skin is much better. They always ask and then write in the book to show they have done it" and "When I came out of hospital they [care staff] gave me my tablets, but I can manage with them now. They just ask to make sure I've taken them, which is helpful. It's good because they helped me get some independence back."

People said that staff wore protective clothing for infection control, and commented, "They always use their aprons and gloves" and "The carers wear a uniform and are always clean."

Staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the registered manager and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed. The operations manager informed us that the local authority was providing a safeguarding awareness day on 10 March to enhance staff skills, awareness and knowledge in keeping people safe.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

We found appropriate policies were in place for the safe administration of medicines so staff had access to important information. We found support plans contained clear details regarding medicines and who was responsible for administration. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. The support plans seen also contained details of the person's medicines so that staff were fully informed. Staff spoken with confirmed they had undertaken training on medicines administration. We looked at the staff training matrix which showed that all care workers had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health.

We found the provider had recruitment policies and procedures in place that the registered manager

followed when employing new members of staff.

We checked the recruitment records of three care workers. They all contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We looked at six people's support plans and saw that each plan contained risk assessments that identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

The service had a policy and procedure on safeguarding people's finances. We saw that financial transaction records were available to staff so that full and accurate records could be maintained if care workers ever handled a person's money. The registered manager confirmed that when used, completed transaction sheets were returned to the office for checking. We checked two completed financial transaction records and found they detailed the amount given, the cost of items purchased and the amount returned. Corresponding receipts were retained and the transaction sheets held evidence of them being checked and audited by a senior or the manager. We saw that staff routinely signed each transaction, but signatures by the person supported were not always available. The registered manager explained that some people may be unable to sign and gave assurances that all future transactions would evidence where a person had been asked to sign, or were unable to do so. This would show further steps had been taken to ensure full and safe procedures were adhered to.

All of the staff spoken with said that they were given enough time to travel to people and spend the agreed amount of time supporting people. People told us that staff never rushed a support visit. This showed that sufficient staff were provided to meet people's needs in a safe manner and staff were deployed safely and appropriately.

Is the service effective?

Our findings

People supported by Serenta Homecare and the relative spoken with told us the service delivered care in a way that met their (relatives) individual needs and ensured their health and safety. They told us that the service was very reliable and they knew the care workers that would be visiting. People said they had never had a missed visit.

Comments included, "They are very reliable. I know them all. I've been introduced to them and they are like family. I wouldn't do without them," "This company is the best I have had. Before each carer comes, they are introduced by the manager or they come with another carer I know. Only once the manager has rung me to say that someone would be coming who I hadn't met. That was because of an emergency and I am fine with that. They are a wonderful and I recommend them," and "They have never missed, never really been late and always stay as long as they should. I really cannot fault them. All the carers know me well, and I have got to know them. They are lovely people who really care" and "They send me a list each week of who is coming so I know who to expect. It is always someone I know and like. They never rush and use their initiative, always ask if there is anything else I need. They are very, very good."

The three people we visited in their own homes showed us their visit schedule for the week and told us they always knew who to expect, and said this was a really good idea that gave them "peace of mind." This showed that the service communicated with people so that they had important information.

People told us care workers knew what support was needed and had the skills to do their jobs effectively. Comments included, "They [care workers] know what do, how to help me. It's good that I don't have to keep explaining" and "They know me very well, I couldn't ask for better."

People told us they had access to health professionals and visits from care workers did not hinder or restrict these.

We asked people supported and the relative spoken with if they found it easy communicating with the office staff. They told us that they had been provided with telephone numbers and could always speak to someone at the office if they needed to. One person said, "There is always someone there. They never keep you waiting. I know them at the office."

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. All of the staff spoken with said that the training provided by the registered provider was good. Training records showed induction training was provided that covered mandatory subjects which included health and safety, medication and safeguarding. Additional training such as catheter care and pressure area care had been arranged and provided by the district nurse. The operations manager told us that the senior support worker was booked to attend 'train the trainer' training with the local authority in April 2016 so that they were able to have 'in house' moving and handling training. Staff told us new staff shadowed a more experienced member of staff before working on their own. Staff said the induction training was also good. Staff spoken with said they were up to date with all aspects of training.

We found a system was in place to identify when refresher training was due so that staff skills were maintained. We looked at electronic training records which automatically gave a colour coded indication of when training was due so that identified training could be provided within required timescales.

One health professional spoken with prior to this inspection told us, "I have regular contact with the service regarding their learning and development needs. They source a range of mandatory training from us, i.e. moving and handling training, safeguarding. They are looking at developing their learning and development within their service to provide a more personalised approach, i.e. they have booked a place on our 4 day moving and handling training course in order to deliver their own training. They seem committed to providing appropriate training and developing their in-house training."

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed staff were provided with supervision. Staff spoken with said supervisions were provided regularly and they could talk to their manager's at any time. Staff were knowledgeable about their responsibilities and role. The registered manager said that staff were appraised as part of their routine supervision meetings and separate records were not maintained. The registered manager gave assurance that separate appraisal records would be maintained to further evidence that staffs performance was appraised and considered.

There was a policy on consent to care and treatment in place to ensure clear procedures were followed which ensured people's agreement was obtained. We spoke with the registered manager about the systems in place to ensure people consented and agreed to the support provided. The registered manager explained that assessments were always undertaken with the person supported and their relatives to ensure their views were obtained. People were also involved in writing their support plan and they [or their relative] signed them to evidence their agreement.

We looked at six support plans. The plans were signed by the person supported, or their representative where it had been identified they were unable to sign. The files also contained signed consent forms relating to medicines where relevant. This showed that people had been consulted and agreed to the support provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This does not apply when people are supported in their own homes and any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service had written information on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so staff were provided with important information to uphold people's rights.

Staff spoken with had a good understanding of their responsibilities in making sure people were supported

in accordance with their preferences and wishes.

Staff spoken with confirmed that they had been provided with MCA and DoLS training so that they had the knowledge to uphold and promote people's rights. We looked at the training matrix to confirm this. Staff told us they had access to written information and guidance on the MCA and DoLS to support their understanding.

Is the service caring?

Our findings

People supported by Serenta Homecare told us the care workers were very caring and understood their preferences and needs. Everyone asked said the care workers were kind. Comments included, "All my carers are wonderful. They always go the extra mile. They have become like family. The whole company is like a family," "This company is by far the best I have had. They need some commendation. I cannot give them enough praise," "I can't fault them [care workers]; they are kind and very caring. I could ask anything. I know they would do their best" and "I don't think you could get a nicer group of people. They work hard to get the right kind [of staff] and wouldn't let just anyone work for them. It is the best."

People supported by Serenta Homecare told us the care workers were always respectful. Comments included, "They [care workers] are very good. I think they are more worried about my dignity than I am. They make sure I am wrapped in a towel when coming from the bathroom, they are good like that" and "They [care staff] are always very respectful, they always take care to make sure you are alright. I am a private person and was worried about people having to help with personal things. I needn't have worried; they understand and are very respectful. They make it easy."

People supported by Serenta Homecare told us that care workers involved them and always asked their opinion. They said that staff always asked what support the person supported wanted and if there was anything else they needed. One person said, "They never rush and sometimes stay a bit longer. They ask me about things, that shows they are interested."

The registered manager sent questionnaires each month to people supported to obtain their views. We looked at 17 surveys returned in January 2016. All made positive comments about Serenta Homecare, which included, "I feel very lucky to have my carers" and "They [care workers] are so very kind and thoughtful. A great credit to Serenta. It makes such a big difference to our lives."

A relative spoken with said they had found all the care staff "Very good and very caring."

A health professional contacted prior to this inspection spoke positively about Serenta Homecare, and commented, "Serenta provide home care for a number of our clients in our nursing area. We have always found them excellent to work with and I feel they provide a high standard of care."

There is also a strong philosophy within their carers of "going the extra mile" which comes from the top down. The carers always seem keen to provide a personal touch in addition to the planned action of care."

We spoke with care workers about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook and the support that was needed. Staff also described good relationships with the people they supported. They were aware of people's history, interests and what was important to them. Staff we spoke with could describe how they promoted dignity and respect. People told us care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights. Every staff

member spoken with said they would be happy for a family member to receive support from Serenta Homecare.

At the office we saw a folder marked 'The extra mile'. The registered manager explained the file showed examples of where staff had undertaken some work that was considered 'above and beyond' what was expected. The file was developed to show staff that their work had been acknowledged. Some recent examples seen showed that a care worker had bought a Christmas present on behalf of the spouse of person supported because the spouse was in hospital. The care worker then took the person to hospital on Christmas day so that they could see their spouse and give the present. This was undertaken in the care workers own time. We saw that staff had helped a person set up a direct debit to pay their phone bill in response to their worries about this. A further example showed two care workers had decorated a room for a person supported in their own time.

At the office we saw a display of birthday cards and letters. The registered manager explained that a person supported had been nearing their 100th birthday, and without any family was not anticipating any celebration. The registered manager organised a party which the mayor attended and approached a local radio station who reported on the event. News of this swept the globe. The person received over 16,000 birthday cards from all over the world and the prime minister wrote with congratulations. The service received an award from the local radio station for their care to this person.

The support plans seen contained information about the person's preferred name, their preferences and how people would like their care and support to be delivered. People said that they had been involved in writing the support plan. They explained that the registered manager had visited them to discuss this. Some people told us the registered manager had visited them for a review meeting to check the support plan was still up to date. People said that if any changes were required they only had to tell the care worker or the registered manager and they would update the plan. This showed people had been involved in discussions about their support and important information was available so staff could act on this.

People told us that they had regular care workers that knew them well, and other care workers that they saw less frequently but were part of a group of care workers that visited them and had been introduced to them.

Staff spoken with said that they had a regular schedule, which meant they could get to know the people they supported, their preferences and needs so that these could be met. Staff told us that they all had access to the 'staff portal' which gave them information and updates on their schedule and also provided important updates on the people supported when needed. This showed that staff were provided with important information about the people they supported.

Is the service responsive?

Our findings

People spoken with said the support provided by Serenta Homecare was very reliable and they had been involved in planning their care so that the support provided matched their needs. People said the registered manager from the service had visited them to assess their needs and write a support plan. The relative spoken with confirmed they were involved in discussions about the care provided to the person supported so that their opinions were considered.

People commented, "[Name of manager] came here [the person's home]. She spent time telling me what they could do and asking me about what I needed. They were very thorough. It all got written down. I have a file and it is all written in there, what I agreed to" and "I've signed my care plan. We talked about it all" and "We met with [the registered manager] before they [care workers] started to visit. We were asked what help we wanted, what we needed, my daughter was with me."

People told us that their support was provided in the way they wanted and staff knew what support was needed. Comments included, "My carers know me really well. I don't have to explain what I need. It's because I have regulars. We get to know each other. I cannot fault the help I get" and "They [care workers] know all about me. I never have a stranger and they always ask if there is anything else they can do. They know how I like things and it makes such a difference."

People told us that they had no worries or concerns, but knew who to contact if they had. People said that staff at the office would listen to them. Comments included, "I've got the numbers in my book and know I can ring if I need to," "There is always someone there to answer the phone. They never keep you waiting." One relative spoken with said they had reason to contact the registered manager regarding a specific issue. They discussed this with the registered manager who took appropriate action to resolve their worry. The relative told us they were happy with the way the registered manager had listened to them. This example showed a responsive approach.

We found that the service was creative in responding to people's social needs. People told us that the service held parties throughout the year, for any people supported to meet up and socialise if they chose to do so. The events were held at a local Methodist church, free of charge and transport was provided if needed. The registered manager told us that a party was held each Christmas, Easter and summer and we saw some photographs of these events in the 'extra mile' folder. People told us they really enjoyed these events and two people told us they had made a big difference to them. Comments included, "I go to their parties. They had an Easter bonnet party last year and I am already looking forward to this years. We have such a laugh," "At a party last year I struck up a friendship with [name of another person supported]. We don't see each other apart from the parties but we phone each other at least once a week. I don't feel as lonely now; it has made such a difference. It's nice to know there is somebody out there" and "They throw great parties, go to such an effort for us all. I have made a great friend that I wouldn't have ever met without them."

We looked at six people's support plans. They contained a range of information that covered aspects of the

support people needed. They included some information on the person's interests, hobbies, likes and dislikes so that these could be respected. The plans gave clear details of the actions required of staff to make sure people's needs were met. However, we found that one plan did not contain as much specific detail regarding how a person wanted to be supported with personal care needs. We discussed this with the registered manager and operations manager who gave assurances that they would amend the support plan. During the second day of this inspection the operations manager provided us with an updated support plan. This held clear and specific details of the person's preferences regarding their personal care needs and reflected the support provided by care workers. This example showed a responsive approach.

We found that risk assessments had been written so that any potential risks, and the actions needed to reduce risk, had been identified. The plans and risk assessments had been regularly reviewed to make sure they were up to date. The support plans had been signed by the person receiving support or their relative and representative to evidence that they had been involved and agreed to the plan.

We spoke with three support workers and an assistant senior support worker who also undertook some home visits. Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and they were confident that people's plans contained accurate and up to date information that reflected the person. Staff told us that they were always introduced to people and visited them in their homes with the registered manager or when shadowing more experienced staff. They also said that they never supported a person without an agreed plan in place. They said that they had access to people's support plans through the electronic 'staff portal' and copies were kept in each person's home and the office so that important information was always available. In addition, staff said they were provided with any updates to people's support plans via the staff portal so that they were aware of these and could support the person accordingly.

We saw staff kept records of each visit to show what support had been given. We looked at these records for six people supported by the service. They contained clear and sufficient detail to give a full picture of the visit and the supported person's wellbeing so that this could be monitored. We saw that the length of visits recorded matched the visit times set out in the persons support plan.

We found the support plans we checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service's file kept in each person's home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. Whilst the service did not have any complaints at the time of this inspection, we looked at the paperwork to record complaints. These showed that the nature of the complaint, the action taken and outcome was expected to be recorded. The registered manager confirmed that full and relevant detail would be recorded so that all complaints could be audited.

The registered manager sent questionnaires each month to people supported to obtain their views. We looked at surveys returned in January 2016. Of the 17 returned surveys seen, no respondents had any complaints about the service.

Is the service well-led?

Our findings

The manager was registered with CQC.

There was a clear staffing structure including a registered manager who had been in post since the service commenced.

People supported and their relatives or representatives had met the registered manager and knew her name. People told us they had found the registered manager approachable and supportive. Comments included, "Nothing is too much trouble for [name of registered manager]. They are lovely people" and "They do a good job, always asking and checking things are done right. A girl from the office comes about once a month to check up on things."

One health professional contacted prior to this inspection spoke positively about Serenta Homecare and told us, "I have always found them receptive and helpful. They have a good reputation. They are always on time. They are genuinely lovely people and they carry out care appropriately. I have never had any negative comments about them."

Another health professional told us the care staff have a very good attitude and also commented, "The management are always approachable and I feel we are able to work well with them."

Sheffield local authority, contracts and commissioning told us, "Serenta Homecare are not one of our contracted providers, however they are approved on our Recognised Provider List (RPL). Our monitoring has not highlighted any issues to date."

Staff spoken with were fully aware of the roles and responsibilities of manager's and the lines of accountability. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "I feel really well supported. [Name of registered manager] really cares about the staff" and "The manager's are always there for you, it's a really good company. I recommend them." All staff spoken with said they felt valued by their manager's. Staff told us they were proud to work for Serenta Homecare. They said they promoted people's independence, they were always introduced to people, they had time to spend with people and they were never rushed. They told us this made Serenta Homecare a good company.

We saw that staff had acknowledged the support they received from the registered manager. In October 2015 all staff had collaborated and sent the manager an 'Employee of the Month' award. Comments made by staff on the card included, "I am so pleased I am part of this amazing company," "Thank you for all the help and support" and "The most caring company I have worked for."

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made.

We saw that checks and audits had been made by the registered manager and senior support worker on support plans, visit records, medication administration records (MAR) and financial transaction records to ensure these had been fully completed in line with safe procedures. The records showed where any discrepancies had been identified. We found that a 'discrepancy record' was completed that showed the action taken in response to the identified discrepancy to prevent reoccurrence. For example, one discrepancy record showed a medication administration record held one gap; this had been discussed with the identified staff.

We found visits to people's homes to observe care workers and speak to the person supported (spot checks) were undertaken by a senior member of staff a minimum of every three months. A system was in place to monitor the frequency of spot checks and the senior staff would be sent an electronic reminder when these were due. This was linked to the 'web roster' and spot checks were electronically booked in staff schedules. We saw the matrix of spot checks which showed these were up to date.

We saw that records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

We found additional systems were in place to check the running and delivery of the service. The registered manager, operations manager, coordinator, administrator and senior support worker held monthly meetings to discuss all aspects of the business. The minutes seen showed that staffing, information regarding clients, spot checks and training had been discussed amongst other topics. In addition, full staff meetings were held on a monthly basis to share information. We saw minutes of these which showed they took place every month and were well attended. Staff told us communication was good and they could speak with the registered manager at any time.

As part of the services quality assurance procedures, surveys had been sent to people supported each month to obtain their views. We saw 17 returned questionnaires from January 2016. They all contained positive statements which included, "It's like taking an old banger off me and then giving me a Rolls Royce," "So overwhelmed with the care and goodwill," "They are all very good to me," "Can't beat you lot" and "Moving from [previous care company] has been the best thing we have done. [Name of person supported] is more talkative and very happy." The manager told us that these were checked and where any issues were identified, these would be responded to individually. We found that no report from the questionnaires had been produced to inform people supported. The manager gave assurances that she would include this information as part of the newsletter she was introducing.

We saw policies and procedures in place which covered all aspects of the service. We checked a sample of the policies held at the services office. The policies seen had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.