

Olive Leaf Health & Homecare Limited

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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 was carried out on 18 July 2017. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Olive Leaf Health and Home care Limited provides domiciliary care for people of all ages and abilities who live in their own home. Most people received personal care and support through several visits each day. On the day of our inspection visit the service was providing personal care and support to ten people. Other people the service supported only received domestic support.

This was the first inspection of the service since it was registered with us.

There was a registered manager 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.

The service had a registered manager, who was also part owner of the service. 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 felt safe using the service and there were processes in place to minimise risks to safety. These included procedures to manage identified risks with people's care and for managing medicines safely. Staff understood how to protect people from abuse and keep people safe. The character and suitability of staff was checked during recruitment procedures. This was to make sure, as far as possible, they were safe to work with people who used the service.

There were enough staff to deliver the care and support people required. People told us staff were kind and knew how they liked to receive their care. Staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us staff had the right skills to provide the care and support they required.

The registered manager understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

Care records were up to date and provided staff with accurate information on how they should support people, according to their preferences. Care reviews were undertaken each year, or when people's needs changed to continue to meet their care and support requirements.

Staff were supported by the registered manager through regular supervision meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff.

People told us the manager was approachable. Communication was encouraged and identified concerns were acted upon by the registered manager. People knew how to complain and information about making a complaint was readily available for people. Staff said they could raise any concerns or issues with the registered manager, knowing they would be listened to and acted on. The registered monitored complaints and feedback to identify any trends and patterns, and made changes to the service in response.

Quality assurance systems were in place to assess and monitor the quality of the service. There was regular communication with people and staff whose views were gained on how the service was run. The registered manager sought advice from experts in their field, people and staff on how to make continuous improvements.

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 felt safe with staff. Staff understood their responsibility to keep people safe and to report any suspected abuse.

People received support from staff who understood the risks relating to people's care and supported people safely.

There were enough staff to provide the support people required.

People received their medicines as prescribed. There was a thorough staff recruitment process to ensure staff were of a suitable character to support people with their needs.

Is the service effective?

Good ●

The service was effective.

Staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care.

People who required support with their nutritional needs received assistance from staff to prepare food and drink. People were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by a consistent team of staff who knew them well.

People felt staff were kind and caring.

Staff respected people's privacy and promoted their independence

Is the service responsive?

Good 

The service was responsive

People and their relatives were fully involved in decisions about their care.

People's care needs were assessed and they received a service that was based on their personal preferences.

Staff understood people's individual needs and were kept up to date about changes in people's care.

People knew how to make a complaint and the provider analysed feedback and complaints, and acted to improve their services.

Is the service well-led?

Good 

The service was well-led

People were satisfied with the service and said the manager and staff were approachable.

People, stakeholders and staff were encouraged to provide feedback to the management team, and raise any areas of concerns.

The manager provided good leadership and regularly reviewed the quality of service provided.

Quality assurance audits were undertaken to improve the service.

Olive Leaf Health & Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 18 July 2017 and was announced. The inspection was carried out by one inspector.

The provider supplied information relating to the people using the service and staff employed at the service. Prior to the inspection we reviewed this information, and we looked at the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We visited two people in their homes in order to gain their views of the service. We spoke with three care staff, and the registered manager. We also spoke with four people who used the service, one relative and two social work professionals by telephone.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with staff. One person said, "They make me comfortable and safe. They do what they have to do". Another person said, "The staff are well trained in care. They are able to take care of me. They are very gentle and understand what they have to do for me ".Other comments included "No I don't feel unsafe with the staff. They are very professional; they know what they are doing." And "they are responsible, reliable and gentle. They lock the door and put the key away before they leave".

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff had attended safeguarding training to enable them know how to protect people from harm and abuse. This training included information on how staff could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse. They said they would not hesitate to inform the manager if they had any concerns about anyone's safety. Comments included "I will definitely report any concerns to the manager. If the boss is not listening I will go further and report it to the local authority or the CQC." The provider had a procedure in place to notify us when they made referrals to the local authority safeguarding team when an investigation was required.

The provider's recruitment process ensured risks to people's safety were minimised. The recruitment procedures reviewed the character and values of staff, to ensure they were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move in bed risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home. One person said, "They turn me as stated in the care plan. They know they have to clean my skin and apply cream so I don't develop pressure sores. They are very good". A relative told us, "[Name] can be unsteady on their feet so they make sure things are not lying around to prevent them from having a fall."

In one person's care records we saw they were at risk of developing damage to their skin, because of their health and mobility. Risk assessments were in place to guide staff on how they should monitor the person's skin, and when referrals should be made to health professionals. We spoke with one member of staff who provided support to the person they explained the records detailed the information they needed. They had also received specialist training in how to recognise skin damage to help manage the risks.

The provider had contingency plans for managing unforeseen circumstances which might impact on the delivery of the service. For example, emergencies such as fire or flood and fuel shortages were planned for.

There was also a daily procedure to backup records and files on the computer, so any disruption to people's care and support was minimised.

All of the people we spoke with told us staff always arrived on time and stayed for the correct amount of time. People told us there were enough staff to meet their needs as staff always attended their scheduled calls. Some of the comments we received included, "They are never late. They know time is important to me so make every effort to arrive on time. I appreciate all their efforts to keep to time. They would let us know anyway if they are running late but it has never happened". Other comments included "They always finish what they have to do and much more" and "Yes with the traffic and the road works I can't fault them. They do their best to arrive on time. I am happy".

The registered manager, who was responsible for scheduling calls, confirmed there were enough staff to cover all the calls people required. No temporary staff were used at the agency to cover staff sickness or vacancies, as there were sufficient staff to cover extra calls in emergencies. The registered manager told us their focus was to ensure that people who used the service were provided with good quality care. One social care professional told us "The agency is very proactive and won't take on people's care packages they are not able to manage or have the confidence that they have the right resources in place to support them."

The registered manager operated a call monitoring system which meant care staff logged in when they arrived at people's home, and logged out when they left. This system alerted the registered manager when staff had not arrived at a person's home within their agreed call time. The registered manager was therefore able to monitor where staff were, and arrange alternative care staff to attend people's homes if staff were running late. The registered manager scheduled travelling time between calls to minimise the risk of staff arriving late to attend calls.

We looked at how medicines were managed. Most people we spoke with administered their own medicines or their relatives helped them with this. People who received support with medicines told us they received their prescribed medicines safely. Staff told us they administered medicines to people as prescribed. They received training in the effective administration of medicines. This included regular checks by the registered manager on staff's competency to give medicines safely. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by staff during visits and by registered manager during spot checks. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

All the people we spoke with told us staff had the skills they needed to support them effectively. One person said, "I have no doubt that staff have very good skills to look after me properly and are well trained. I wish every provider train their staff like Olive Leaf Health care" Another person said, "I think they are well trained. I am happy with what they do". One person told us that staff having the right training made them feel safe, "The girls make me feel so safe and comfortable when they are moving me, they tell me exactly what they are doing, that reduces any anxiety I may feel every time we have to move me."

Staff told us they were offered an induction programme and training to ensure they had the skills they needed to support people. Staff told us their induction included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. The induction training was based on the 'Skills for Care' standards. Skills for Care are an organisation that sets standards for the training of care staff in the UK. The 'Care Certificate' offers staff a recognised qualification at the end of their induction programme. The registered manager told us that all staff were trained in the 'Care Certificate'. The records we looked at confirmed this. Staff told us they benefited from this training, as it includes observations of their practice and provides reflection time on their performance as part of the induction.

The agency had an on-site training room. The registered manager told us there were also on-line training modules to support staff with their learning. The registered manager told us staff were not only given classroom training when they started work at the agency, but were offered training to use specialist equipment for each person they supported in their homes. Staff told us they were also encouraged to complete a nationally recognised qualification in care to enhance their personal development. Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills and attitudes required to support people. Probationary periods were usually for six months and continued until staff were competent in their role. Checks on staff's competency were completed regularly to ensure they continued to have the right skills and attitudes.

Staff received management support to make sure they carried out their role competently and effectively. Staff told us they had regular meetings with the registered manager to make sure they understood their role. Regular checks on staff competency were discussed at these meetings, and staff had an opportunity to raise any issues of concern. Staff had not had annual appraisals. This was because none of the staff members had completed 12 months in their role. The registered manager told us that staff would have an annual appraisal to review their performance, discuss their objectives and plan any personal development requirements. All these processes ensured that staff performed their roles effectively.

The registered manager kept a record of staff training which alerted them when refresher training was due to be renewed. Records confirmed staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. Staff also received training in specific conditions such as multiple sclerosis and Parkinson's disease, pressure ulcer care and death, dying and bereavement. This was to ensure people received care from staff that understood their medical conditions and their needs.

We checked whether the registered manager who is also the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. No one had a DoLS in place at the time of our inspection visit. The registered manager understood their responsibility to ensure anyone being deprived of their liberty should be referred to the Court of protection to ensure their rights were protected.

The registered manager understood their responsibilities under the MCA. They told us there was no one using the service at the time of our visit that lacked the capacity to make all of their own decisions. Some people lacked capacity to make certain complex decisions, for example how they managed their finances. Those people had somebody who could support them to make decisions in their best interest, for example a relative or an advocate. Some people had set up a power of attorney authorisation for their relatives to make certain decisions on their behalf. The manager worked with health professionals and people's representatives to make decisions in their 'best interests'.

All staff had completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. One staff said "it means that you cannot assume that someone has no capacity to make their own decisions unless they are assessed by the doctor". Staff knew they should seek people's consent before providing care and support. Staff said the people they supported could generally make everyday decisions for themselves. We asked people if staff asked for their consent before they provided care, they said they did. One person told us, "My carers will always ask me for my consent especially when they are washing my hair, they ask me if they should put the shampoo. It is very important to me".

People had choice and flexibility about the meals they ate. Some people received support from staff to do their shopping, according to their wishes. People told us this enabled them to make choices about what they wanted to eat, one person said, "My carer supports me to go and do my food shopping each week. They help me to make a list so it easy for me to get all I need and they help me bring back the shopping and put them away. They are very trustworthy and reliable. I make my own choices about what I need and what I eat." This was reflective of all the feedback people gave us about staff support with nutrition.

Most people were able to cook and prepared their own food, however some people required staff to assist them with this. Everyone who had assistance from staff to prepare their meals were satisfied with the service they received. One person told us, "My carers make all my meals for me. They spend an hour with me at breakfast, dinner and tea time. It means that within reason I can have whatever I really fancy to eat. My regular carer would prepare what I like and if ask them". Another person said "The carers prepare my breakfast after asking me what I would like first. It is normally cornflakes. They come back at lunch time and dinner time put my choice of pre-cooked meals in the microwave for me. They always leave the kitchen very clean before they leave." Another person said "They make my breakfast in the morning and do some snacks for me in the afternoon. I have the rest of my meals from the meal service". We observed care staff prepare breakfast for the person we visited. They asked them what they wanted and ensured they left a jug of juice and water for them. The care staff told us this was a routine for the person to make sure they were well hydrated during the day.

Staff and people told us the service worked well with other health and social care professionals to support people. Referrals were made to health professionals such as doctors and the district nursing team where a need was identified. We spoke with a member of staff who told us of an example regarding one person's care, as they sometimes developed pressure sores. The staff member said " One person had a small chair and was prone to pressure sores, our manager contacted the district nurses, the occupational therapist and the GP. They all worked together to provide all the person needed to support and care for them properly". Another staff member told us, "We liaise with the district nurses if there are any issues with people's skin or dressings. We also phone the district nurses for advice if there are issues with someone's catheter .We have been trained on how to recognise skin damage so we know when we should refer people to health professionals." Another member of staff commented, "We have a good relationship with district nurses and St Peter's Hospice, we share information with them to make sure that people's health needs are kept up to date."

Is the service caring?

Our findings

All the people we spoke with and their relatives told us that staff had a kind and caring attitude. Comments from people included; "Staff treat me like their mum or grandmother. They are kind, caring to me and always ask if there is anything else they can do for me before they leave. I am really glad I have such wonderful carers looking after me." Other comments included "Staff are very helpful, they do the best for you. On the whole they are pretty good. They are amazing especially on of the ones that visit me regularly".

People were cared for by a consistent team of care staff and who they preferred. Comments from people which were all positive included "Yes I have regular and consistent carers and that makes it easier for me. It makes me feel more confident. They get to know me well and what my likes and dislikes are." Other comments included "Yes so far so good. it is early days yet but the manager reassured us that the girls will be my regulars for consistency". One relative told us "I know that social care has a lot of bad press these days but I can honestly say hand on my heart that these carers are good. The minute they worked in and started to support [Name] they changed everything for us. I felt they are consistent in the way they care for [Name].I feel that if every provider will be like them all the older people will be well cared for".

The manager told us people were matched with care staff, according to people's preferences, personalities, life experiences and ages. The matching process meant each person was supported by a regular team of staff who were well suited to them. Staff had a good understanding of people's care and support needs, because they usually supported the same people and got to know them well. One relative told us about how they the registered manager made sure they matched the right staff with their relative. They said, "The manager met us with [Name]. They asked lots of questions and we agreed it was important for my relative to have regular staff, to get to know them and develop confidence in them as some times they get forgetful. We also talked about the timing of visits and whether [Name] would prefer male or female carers."

All of the people we spoke with said staff treated them with respect and dignity. People also told us staff maintained their privacy when supporting them with personal care. This included staff knocking on people's doors before entering, and respecting when people needed time alone. One person told us, "They cover my private areas while supporting me with personal care and close the windows and shut the door". Another person said "Yes they draw the curtains and close the door. They ring the bell before they come in". Other comments included "Yes, they cover me before doing anything ,doors always closed. They change my continence products discretely. One relative said "Even when we are there, they request politely that we give them some privacy when they are helping [name] with a wash".

Staff we spoke with told us they ensured people's dignity was always respected and their privacy was maintained at all time whilst supporting them with personal care. comments included "I always knock on the door of buzz before going in. Close the curtains and always give them the opportunity to tell me what they want me to do" and "I make sure they are covered with towel first and give them the opportunity if possible to wash their private arears". This meant that people's privacy and dignity were respected.

People told us service helped them to maintain independence whilst living in their own homes. They explained this was important to them, as they wanted to live their own lives. One person said, "Yes, they let

me do as much as I can do for myself. Another person said "Yes I do as much as I can do and where I can't reach they do it for me". Other comments included "They always take me for a walk so I can maintain my mobility which is very important to me". Other comments included "Yes they help me as much as possible but I like to remain independent to do things I want to do as much as possible." Staff told us how they enabled people to maintain their independence. One staff told us "We encourage them to do as much as they can do for themselves and not to take over. It helps people to regain their confidence".

The provider ensured confidential information about people was not accessible to unauthorised individuals. We saw records were kept securely so that personal information about people was protected. People had a copy of their care records in their home and could choose who had access to these.

Is the service responsive?

Our findings

People told us staff were quick to respond to their requests, and often performed additional tasks for them when asked. One person said, "They (staff) go out of their way to do extra jobs for me which is really nice". Another person said "Yes if I have to go to the optician, I let them know a few days in advance and they usually respond quickly and send someone early" One relative said "They always go out of their way to make sure [Name] is well supported and the If we have anything urgent that needs doing to, they will stay for a bit longer. The service is flexible. They allow extra time to take [name] for a walk. They are very good like that".

People told us their support needs had been discussed and agreed with them and their representatives when they started using the service. One person said, "The manager came to visit me before I started using the service to discuss what I need. The registered manager explained what they will do and we agreed the care plan and I signed it. They asked me what times I would like the visits and whether I preferred male or female staff. I said female definitely if this was acted on".

We saw care records were signed by the person, or their representative, where they were unable to sign records themselves to say they agreed on their care. Information in care records detailed people's likes and dislikes and included information about the person's life history and health. We saw the care people received differed from person to person, with each person having an opportunity to express their wishes over how their care was delivered.

Care plans were reviewed when people's needs changed, or on a yearly basis, to ensure care and support continued to meet people's needs. The registered manager visited people in their homes to review all their care needs. This was confirmed by the people we spoke with. One person told us, "Yes the manager visits very often for reviews. We look at the care plan each time to check if anything has changed." Other comments included; "Yes they always review my care plan. Because of my condition, they are always looking for a better way to support me ". Further comments were "We always have a chat about how my care is going and to make sure my care plan has not changed" and "I'm always given the opportunity to discuss any problems if I have any".

Staff told us they had an opportunity to read care records and daily records at the start of each visit to a person's home. One staff member said "Yes we do have opportunity to read records because this is very important so we have information of how they have been before I arrived and if any concerns. We also have plenty of time to do what we are expected to do". The daily records gave them additional information about how the person was being supported. Staff explained the daily records supported them to provide responsive care for people because the information kept them up to date with any changes to people's health or care needs.

People told us their records were always kept up to date by staff. Comments included; "Yes the carers always write in my care plan every time they visit me, they always sit down after they have done everything and write down what they have done. The manager comes quite regularly to check the records". And "The carers always make sure they have time to complete these records at each visit before leaving my house."

People told us they knew who to talk with if they were unhappy or wanted to make a complaint. There was information about how to make a complaint in the service users guide each person had in their home. One person said, "Yes, there is some information in my file at home about how to make a complaint." I know who to speak to if I am not happy but I have no complaint, they are as good as gold".

There were procedures in place to record and analyse complaints and feedback, to see if there were any common trends or patterns, and to enable the provider to learn from the feedback they received. There were no recorded complaints in the last 12 months. The registered manager told us that complaints and concerns would be fully investigated to establish whether improvements to their service needed to be made. They told us that people who raised concerns would be contacted in a timely way by the manager and efforts would be made to resolve things to their satisfaction.

Is the service well-led?

Our findings

People we spoke with told us the service was well-led and the registered manager and team of staff were approachable and helpful. People describe the service as 'Very caring' and 'Very good. They look after me very well'. Other comments included "very good, always listens to me, very nice, always wanting to help me in any way I want. I am happy with them". One person said, "The office staff and the manager are professional." One relative said "The manager is very approachable and the girls do exactly what they are expected to do. When we are not there we have the confidence that [Name] is well looked after. I will definitely recommend them to anyone who requires support."

A social care professional told us about their experience with the service. They said "I find them very professional and efficient. I find the manager open and transparent. From my dealings with the agency, they provided person centred quality care to the people I was involved with. The family were satisfied with the care and supported provided". This also showed that the service was well run.

The registered manager was supported by an administrative staff at the time of our visit. The registered manager worked alongside care staff in the field delivering support to people in their homes. This enabled them to check on staff performance, and keep up to date on people's care and support needs.

The registered manager told us that the service had signed up to the Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is a Department of Health initiative that has been developed by the sector, so it is fit for purpose and makes a real difference to those who sign up. The registered manager said "Signing up for social care commitment means that we are committed to providing the employee with the training they require and the staff member will in turn put care values into practice in their daily work". This meant that the agency worked towards providing people with care and support that met their needs.

The registered manager told us that learning from different routes assisted them to keep up to date with the best practice especially in relation to changes to legislation. The registered manager sought feedback from specialists in their field to develop their service. They were members of the UKHCA (United Kingdom Home Care Association) and received regular updates on regulatory and best practice ideas by email and through a monthly magazine. The registered manager told us they had the membership of (NASA (the national skills academy for social care a part of Skills for care.) The academy provided training and knowledge of how to run an organisation. The registered manager also attended workshops and trainings provided by the UKHCA to keep up to date with best practice. They attended network meetings and met with other registered managers to share knowledge. The registered manager told us they received regular bulletins from the CQC which kept them informed on the latest guidance to care provision. They told us the information they learnt through these networks was cascaded to staff to share their learning. Staff told us they enjoyed their role. One member of staff told us, "The agency is well known to provide people with person centred care. I find it rewarding to belong to the team."

The provider's vision and values were understood by staff and put into practice. The values were to provide

consistent, person centred, quality care. The registered manager said "Our ethos is passion for excellence and respect for choice. We want to give good care having a person centred approach to the care that we provide". One staff member said "The values are to provide good care to the people we support always. To put the people first and treat them as individuals". One way in which this was achieved was to ensure people received care in the time they needed from staff. The registered manager told us they only delivered care to people for a minimum of one hour, and did not take on care arrangements for people under an hour. One person said, "Having a whole hour means that staff will not rush to do things for me".

Staff told us they received regular support and advice from managers via the telephone and face to face meetings. Staff were able to access support and information from the registered manager at all times as the service operated an open door policy, and an out of office hours' advice and support telephone line. One staff told us "Yes the manager is available 24/7 and will always call you back if she did not answer the first time". In addition registered manager worked alongside care staff. These procedures supported staff in delivering consistent and safe care to people. One staff member said "Our manager is approachable and accessible and we have a professional relationship with her. I feel that if anything goes wrong I can go to her and I will be supported. There is an open culture within the agency".

Staff were encouraged to provide feedback about how the service was run. The provider encouraged staff through questionnaires to put forward their ideas. We saw questionnaires we being sent out on the day of our visit. One staff member said, "I feel the agency is always trying to improve. Communication is very good here." The provider had developed an online portal for staff to use. The portal gave staff access to training information. Staff were offered access to the portal through an onsite computer which was made available for them to use.

Feedback was also gathered through a number of routes, which included a yearly quality assurance survey, and regular review meetings and telephone calls. The registered manager told us they would put communication book in each service users home where people and their relatives could leave messages and suggestions or raise issues. These could then be analysed to improve the service. The registered manager who is also the provider told us they recognised the valuable contribution staff made to their service. They were offering a reward scheme where by the carer would receive an award for fulfilling their commitment through high performance. Staff we spoke with confirmed this.

The registered manager's role included checking staff monitored and reported on people's care and any incidents that occurred, to make sure appropriate action was taken when necessary. Records showed no accidents had been recorded. However, the registered manager told us accidents and incidents would be recorded about the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis may include referring the person to other health professionals where needed.

There was a system of internal audits and checks completed to ensure the safety and quality of service was maintained. The registered manager conducted regular checks on the quality of the service in a number of areas. For example, they conducted checks in staff timekeeping, medicines administration and care records. The registered manager also performed audits on the care provided by the service We reviewed a recent audit of care records and found there had not been any issues of concern. The registered manager told us that action plan would be put in place and implemented for any concerns identified to improve the service. This ensured that people received care and support that met their needs and improvements could be made.