

Diamond Resourcing Plc

Better Healthcare Services (Brighton)

Inspection report

Bostel House, 37 West Street,
Brighton BN1 2RE
Tel: 01273 203999
Website: www.betterhealthcare.co.uk

Date of inspection visit: 11 & 12 November 2015
Date of publication: 08/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We undertook an announced inspection of Better Healthcare Services (Brighton) on 11 & 12 November 2015. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in.

Better Healthcare Services (Brighton) is registered to support people in their own homes with personal care and domestic duties. At the time of our inspection forty

nine people were receiving a personal care service. People were able to tell us about the care and support that they received. Some people were living with illness associated with advancing age or other long-term health related condition. Some people lived reasonably independent lives but required support to maintain this independence.

There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 was last inspected on 26 June 2013 and since then it has grown so that they now provide many more hours of care to more people. As the service had developed further staff had been employed. Although systems were in place to support and protect people these needed to be established and embedded into practice to ensure the service can continue to develop and support people appropriately.

The provider had policies and procedures in place for the recruitment of new staff but these were not consistently followed. All the relevant safety checks were completed but we heard about how a staff member was permitted to attend calls before their DBS confirmation was received. The registered manager took action to address this.

Staff knew about people and the medicines they required. However, systems were not yet established to ensure the administration of medicines were always recorded in a safe and consistent way.

Though formal feedback was obtained from people and their relatives it was not collected and collated to provide an analysis of the responses and take learning from it. This meant the provider did not have full oversight of where the service could develop and improve.

All staff were committed to providing a service that met people's individual needs and preferences. People were complimentary of the staff and the care they received from them.

Staff knew people and they had a good understanding of how to support them. Staff understood people's specific needs. Staff had built up relationships with people and were familiar with their wishes and preferences. Continuity of support had resulted in the building of people's confidence in their care staff. One member of staff said, "I work with a regular client group on a daily basis. That's what makes the job so rewarding, it's how I build trust into my work with people."

Potential risks to people in their everyday lives had been identified and had been assessed in relation to the impact it had on people.

People received care and support from dedicated staff who were appropriately trained, confident and motivated to meet their individual needs. A person told us, "They [staff] are trained and experienced and the organisation is much better than some others in that regard, they're very good indeed."

Staff had a good understanding of safeguarding procedures and what steps they would take if someone was at risk of abuse or harm.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the principles of the MCA and how this might affect the care they provided to people. People had their capacity assessed and they were asked to provide their consent to the support being provided.

Staff were aware of their responsibilities regarding reporting any accidents and incidents. A system was in place to record accidents and incidents.

People's health was monitored and when it was necessary, health care professionals were involved to make sure people remained as healthy as possible. People were encouraged and supported to have a nutritious and healthy diet.

Positive and caring relationships had been developed between staff and people who used the agency. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. A member of said told us, "If I have a problem I speak to the office who listen and do something. For example, I had a client who wanted some help and advice accessing a day centre. I spoke with the care manager and they followed it up with others, including the key family members." People were treated with dignity and respect by staff who understood the importance of this.

People were provided with care that was responsive to their changing needs and staff were aware of people's individual care needs. People felt able to make a complaint if they wanted to and knew how to do so.

There was an established management team and staff had clear roles and responsibilities. Staff and people were supported by a registered manager who was committed to providing a high quality service that met people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Better Healthcare Services (Brighton) was not consistently safe.

The provider had not followed their own medicines policy consistently.

Recruitment procedures were in place but were not fully adhered to before new staff started to work with people.

Care workers were confident about what they should do if they had any concerns or suspected someone was at risk of abuse.

Requires improvement



Is the service effective?

Better Healthcare Services (Brighton) was effective.

Staff had received training and were aware of their responsibilities in relation to the Mental Capacity Act 2005. People gave consent to the care they received.

People's health was monitored and medical support was sought when required.

People were supported to maintain their hydration and nutritional needs.

Good



Is the service caring?

Better Healthcare Services (Brighton) was caring.

People were cared for by staff who had developed positive and caring relationships with them.

People were treated with dignity and respect by staff who took the time to listen and communicate.

Good



Is the service responsive?

Better Healthcare Services (Brighton) was effective.

People were complimentary about staff and the level of care they received.

People's changing healthcare needs were responded to and staff worked with health and social care professionals effectively to meet people's needs.

People and their relatives knew how to make a complaint

Good



Is the service well-led?

Better Healthcare Services (Brighton) was not consistently well-led.

Requires improvement



Summary of findings

We received some feedback that not everyone felt listened to. Team meetings were not held to gain staff feedback.

Questionnaires and surveys were in place but were not used to monitor the service.

Staff were able to demonstrate the service's values base for caring for people as individuals.

Better Healthcare Services (Brighton)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Better Healthcare Services (Brighton) took place on 11 & 12 November 2015 and was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in.

Before our inspection we reviewed the information we held about the service. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we went to the office and spoke to the registered manager, care manager, field care supervisors and seven care staff members. We reviewed the care records of four people that used the service.

We looked at three staff recruitment files, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

During the inspection visit we made phone calls to six people that used the service and their relatives. We used these calls to get their feedback about what it was like to receive care from the staff. We also spoke with two health and social care professionals to get their views on the service.

We last inspected this service on 26/06/2014. There were no concerns identified at this inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR), this was because the inspection was carried out at short notice. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People told us they were safely looked after by the staff. One person's relative said the service gave them peace of mind that their loved one was being cared for. However, we found the service was not consistently safe.

Staff had a good understanding of people and the medicines they required and people told us they were supported to take their medicines. One person told us, "They take their time helping me with my pills so I get it right." Staff had received training in managing medicines. However, medicine administration record (MAR) charts were not always fully completed to show people had taken their medicines as prescribed. Some people required prompting and reminding to take their medicines. However staff had not consistently signed the MAR chart which indicated they had administered the medicine. Consequently, staff could not always be sure people had taken their medicines. The provider had not followed their own medicines policy consistently for the safe recording of medicine administration.

We spoke with the registered manager and staff about medicines. They had a good understanding of the medicines people had been prescribed and why they were taking them. The registered manager was not able to tell us why the MAR charts had not been fully completed. We raised this with them as an area that needed to be improved. While people were not at risk because staff knew people and understood their needs well, as a growing and developing service, systems must be in place to ensure best practice is followed.

We recommend the provider should take into account The handling of medicines in social care by The Royal Pharmaceutical Society of Great Britain.

Some medicines had been prescribed to be taken 'as required' (PRN), for example pain killers. Guidance was in place, for example how many tablets the person could take in 24 hours and the frequency these could be taken. There was information in place about why the medicines were required and what actions staff should take if the medicine was not effective. Some people required skin creams. There was guidance, including body maps, in place about where these creams should be applied.

The registered manager had undertaken management safeguarding training provided by the Local Authority and

care staff had completed safeguarding training before beginning work directly with people. The registered manager confirmed that this was an area covered with staff at their induction and also included compulsory topics such as safe lone working. Care staff were able to identify their own responsibilities to keep people safe from harm or abuse and able to identify the different types of abuse. This included ensuring people were safe in their own homes and were not for example, at risk of self-neglect. One care staff member told us, "I know I can raise any concern with the team leader and they take it to the office." Care staff told us if they were not satisfied with the response from the provider they would refer concerns to the local authority or the Care Quality Commission to ensure people were safeguarded.

The registered manager was aware of their responsibilities to report concerns to the local authority if a person was at risk of abuse. We tracked safeguarding concerns that were notified to the Commission. For example, we saw that one concern was raised to a person's social worker directly and an email trail and enquiry to the Local Authority confirmed the steps taken to ensure the continued protection of people.

Risk assessments were in place and these identified both personal and environmental risks. For example, where some people were at risk there were assessments in place to reduce the risk. The risk assessments around people's mobility included information about how people mobilised, for example whether they required the support of another person or were independent. Environmental risk assessments identified any aspect of the person's home which may present a hazard to them or staff, for example areas which may be cluttered or present a trip hazard. Staff were aware of risks to individuals and what actions they took to mitigate these risks. The registered manager and staff were aware of individual risks and what actions were required to manage the risks to people safely.

We heard about one new care member of staff who was allowed to work 'shadowing' another member of staff on single staff calls, that is home visits that required a single member of staff. The new member of staff had not yet received their completed disclosure and barring service (DBS) check. The registered manager told us, "We allowed [staff member] to work with a senior carer. We recently changed our DBS process to an online provider who did not automatically include adult first checks. I was under the

Is the service safe?

impression the worker had got their adult first check when their DBS application reached the last stage of the application and was allowed to shadow. When this was brought to my attention, they were stopped immediately until her DBS arrived. This was learning for me." This area was identified to the registered manager for improvement.

There were enough staff who had been safely recruited to meet people's needs. We were told that the service was expanding and as a result staff had been employed to ensure people's needs could be met. The registered manager told us about the balance they tried to maintain between accepting new people to use the service and ensuring there were enough suitably qualified and experienced staff to meet their needs. They were honest in their assessment of the social care market and their position within it locally. They pointed out that they had recruited their first carer on a permanent contract. Up to

that point all care staff were employed on zero hours contracts which could make recruitment less attractive to potential staff. They told us, "I can honestly say the attrition rate [of staff leaving] is low. We've retained more staff than have left and some have been with us since day one."

We found people were protected as far as possible by comprehensive recruitment practices. The office manager was responsible for staff recruitment and followed the organisations recruitment policy. Staff files included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. Staff files contained information on staff employment including terms and conditions of employment.

Is the service effective?

Our findings

People told us they liked the staff that looked after them, they felt they knew how to look after them and took account of their choices and preferences. People told us it was important to them that they saw the same regular staff who they knew. A relative commented, “We’ve had the same team for a year now, some minor changes but most of the time the same people. They know [my relative] well and know what they like and dislike and respect this.” People told us they felt the staff supporting them were well trained and practiced in the way they provided care. One person said, “They [staff] are trained and experienced and the organisation is much better than some others in that regard, they’re very good indeed.” Staff training ensured staff had the required skills and competencies to look after people effectively.

Records confirmed staff completed the providers required training and this included practical training that had been completed to support staff in safe practice. Staff confirmed that they undertook training that was required and this was through eLearning. Practical training underpins best practice for staff and allows staff to practice their skills and demonstrate competency. This included care of medicines, dementia, first aid, fire safety, health and safety, equality and diversity, infection control, safeguarding, food hygiene and safe moving and handling.

The registered manager told us that an induction programme was in place for new staff. They told us they recognised and worked to the Care Certificate based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. Staff told us they completed an induction that included working with senior staff who provided support and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can

only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff were able to demonstrate examples of the need to gain consent for care. One member of care staff said, “When someone can make their own decisions, that has to be respected.” Another member of staff told us, “Care plans are drawn up with consent issues in mind. I wouldn’t give personal care or medication if they didn’t consent. For example, one lady declined their medication. I spoke to the office and they spent some time talking on the phone with her and she changed her mind on that occasion.” Care and support plans contained a signed agreement which identified what care and services they had consented to and would receive.

Staff told us they had the skills to look after people and were not sent to look after someone that they could not attend to. Staff told us if they had any questions about the care they contacted the office to speak with the registered or care manager or team leader. One member of the office team said, “Staff can always speak to us about anything. We are always here to help.”

Staff told us they had regular people to look after and this allowed them to provide a good level of care to people they knew and understood. One member of staff said, “I work with a regular client group on a daily basis. That’s what makes the job so rewarding, it’s how I build trust into my work with people.” There were individual care plans that identified what care was required and care instructions for care staff to follow. Comments from people included, “They [staff] always ask me what I want help with, I have the same group of carers, I know them and they know me. They know where everything is and how I like it and just knuckle down and do it. If there is anything extra I need they’ll just do it. If my hair takes longer to dry or if I want another cup of coffee they’ll do this before they go”. Any changes in people’s needs were reported back to the team leaders by staff for a re-assessment of need. This ensured any changing needs of people were responded to. One staff member said, “If I have a problem I speak to the office who listen and do something. For example, I had a client who wanted some help and advice accessing a day centre. I spoke with the care manager and they followed it up with others, including the key family members.”

Is the service effective?

Where it was required, staff supported people to eat and drink and maintain a healthy diet. People told us they met their own nutritional needs or had help from a family member. However those that required assistance said that the staff were very good at helping and supporting them with this care need. Staff checked they had enough food in their fridges and discussed what they wanted to eat. One person said “I used to live off take-away food and was overweight. [Named carer] and other staff have worked with me to encourage me to eat more healthily. They have been really helpful. I have lost some weight; I now have more variety of food in my diet and enjoy cooking.” Staff said that they recorded what meals were prepared for people and reported to the office if they felt people were not eating well or not receiving sufficient hydration. They said that the office involved other health professionals if concerns were raised.

People were supported to maintain good health and people’s health and wellbeing was monitored on a day to day basis. People and their relatives felt confident that their healthcare needs were effectively managed. A person told us, “I’ve had the doctor out recently. They got the doctor and I’ve got some tablets now. They look out for me.” Staff told us how they monitored people and the signs or symptoms which may indicate someone was unwell. One staff member told us, “We see people on a daily basis. If people are off their food or for instance seem to have a level of confusion, it could indicate a water infection.” Documentation demonstrated that staff sought advice from their supervisor or manager who liaised with their GP, district nursing team and other healthcare professionals. A healthcare professional told us, “We have good liaison and work well together.”

Staff were provided with training that was relevant to their role. Staff who offered support to people in the community had received the training they needed to fulfil their role

safely and effectively. The registered manager ensured certain courses were delivered during their induction. Staff were positive about the training provided to them and said it was delivered in a way that met their needs. The records we saw confirmed that staff received relevant training relevant such as safeguarding and infection control. Staff described the training they had done and how they put this into practice what they learned when caring for and supporting people. The registered manager kept a training record which showed when training had been undertaken and when refresher training was due. Regular training updates were provided in subjects such as, moving and handling, first aid and infection control.

Staff received inductions when they started working at the service. The induction consisted of time spent in the office looking at information they needed to know before starting work with people. As part of the induction period, new staff shadowed existing staff. A member of staff said, “New staff will shadow and watch the call. They then are watched to see how it’s going.” New staff member’s records showed that the induction was signed off at each stage. Goals were set to be completed within key points at the start of employment. Staff explained that they spent time getting to know people and their needs. Staff said they were supported through their induction and were comfortable asking for guidance when needed.

Staff said that they found supervision sessions supportive and helpful. Supervisions also included observations of staff to assess care, punctuality, communication and completion of documentation. When staff had raised concerns this had been acknowledged by the registered manager and plans had been put in place to address this. Annual reviews were in place for staff members. They identified the training completed by staff, reviewed performance and allowed staff to comment on their role and provided an opportunity for them to receive feedback.

Is the service caring?

Our findings

People were supported by staff who for the most part knew them well as individuals. Staff understood the need to talk and communicate with people in a caring and professional manner and in a way people could understand. One person said, “If I feel unwell I’ll tell them, but usually as soon as they come in they know when something is wrong and will ask if I’m okay. They know me well and can tell when I don’t feel well.”

The staff had a good knowledge and understanding of the people they were caring for. People received care and support from staff who knew and understood their history, likes, dislikes preferences, needs, hopes and goals. Staff were able to talk in detail about people. They knew how people preferred to be supported and what worked well for them and what did not. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff explained to us how they made sure people received help with their support in a way which promoted their dignity and privacy. Staff listened to what people said and responded to them appropriately.

People told us care staff treated them with dignity and ensured their privacy was considered. A relative told us, “Very kind and caring. My [relative] needs to have same group of carers to meet their needs for continuity and dignity in care and they try to do this although, of course, it’s not always possible.” People and their relatives commented on how care staff ensured their privacy was considered by, for example, closing doors during personal care. A person said, “Carers always respect my privacy when they are assisting me, always.”

People confirmed that care staff always used their preferred name. If people had specified a gender preference for care staff this was usually respected. However, we also heard about times when a preference for a carer of the same gender could not be met. We spoke with staff, the registered manager and people about the examples we identified. We heard how, in order to address the issue, a member of staff worked on four days of the week but how another member of staff was introduced to the person and their family and had been successfully integrated into the team providing care.

People said care staff asked for their consent prior to offering support. One person said, “They check I am happy

and ready.” A relative said, “I often overhear carers asking permission, they support them well.” One member of care staff said, “Even though routines are similar I will always check if they want a change of how things are done.” Another staff member said, “Even though one client likes the same routine I will give them other options.”

People told us they saw the same care staff regularly. Records we reviewed identified some people had the same member of care staff for all their care and support. The registered manager said, “Some clients’ needs are such that keeping the same staff member really benefits them.” One relative told us, “[My relative] usually has the same carers come to him; they will assist him and do anything that he asks them to and wants to do. His likes and dislikes are always taken into account”. Staff told us this consistency helped them build relationships with people.

People told us they got on well with the staff and enjoyed their visits and their company. There were positive relationships between the staff and people. Staff were genuinely caring and had developed positive relationships with people. People told us they chatted with staff and felt they could enjoy social banter with them.

Staff were able to describe the different ways people preferred to be cared for and any likes and dislikes they may have. Staff told us they valued the relationships they had built up with people and enjoyed the time they spent with them. The same staff were assigned to care for people so that relationships could be developed over time.

People were involved in making decisions and planning the care to be provided. One person said, “We [my partner and I] are both involved in this. There’s good communication with [the team leader] and the carers, and we have regular meetings”. Records confirmed that people had been involved in providing information for their care plans. Changes to the care plans had been made based on any feedback people had provided. Staff told us the information in people’s care plans was accurate and helped them to understand the way people wished to be supported for.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff described how they involved people in day to day decisions relating to their support and gave people choices. People were maintained in their independence by carrying out tasks for themselves where they were able to. Staff

Is the service caring?

encouraged people to do things for themselves so that their independence was promoted and maintained as much as it could be. One person told us, “Carers always

offer to help but if I say I want to do something they then let me, I had a shopping delivery from the supermarket yesterday and the carer offered to put it away, I said no I would do it in my own time and she respected this.”

Is the service responsive?

Our findings

People told us they received the support they wanted and this met their needs. One person said, “The staff do all that I need them to do. They would do more if I asked. They provide good care and know what needs doing.”

Before people started to use the service the amount and length of calls they needed was agreed. If people required additional support for any reason we heard about times that staff would stay for the extra amount of time to ensure that people received the support they needed. The registered manager responded to a change in one person’s needs by decreasing the amount of time the staff spent on each call as the person had been supported and guided to become more independent and therefore did not need so much input from staff. Agencies worked together to make sure people got everything they needed. For example, feedback from a healthcare professional said, “We wanted to provide some positive feedback regarding this person’s care package. We, the social worker and service user’s family have found carers to be hard working, enthusiastic and skilled in caring.”

Staff told us they were provided with sufficient information about people’s needs before visiting them for the first time. One member of staff said, “We take the time to read people’s care plans.” Staff also told us that they felt the team leader or registered manager listened to their feedback if they felt a person’s care needs had changed.

People received consistent care and support from committed staff. People were involved in all aspects of their care planning. Staff supported people to be involved in planning their care. They talked through how they wanted their support and care provided. These were reviewed in partnership with people and where appropriate, the funding authority.

People and their relatives said that the care and support was flexible and changes could be made to accommodate people’s wishes and specific needs. The care plans were able to detail how people preferred to be supported with their care, communication, money, medicines, meals and activities. They contained all the information needed to ensure people received support in the way that met their needs and preferences. People’s plans were reviewed regularly or sooner if their needs changed.

People were asked for their consent prior to any care and support being delivered and there were copies of documents had been signed as confirmation of this. The registered manager told us that people were fully involved in deciding what care they wanted and the creation of their care plan. The care plans had been signed by the person to confirm their consent.

People received consistent care that responded to their changing needs. People and staff told us how they completed the care documentation each time they visited. They told us staff made notes at every visit and that other staff read these before they provided care. Care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. If there were any changes in the care senior staff would ring them with any updates. Alternatively, they told us they spoke with the team leader or the office to update the information.

The registered manager, management team and staff were responsive to people’s changing needs. This was supported by systems of daily record keeping that was filled out in the person’s own. We noted the following the feedback from another health care professional, “I was impressed with your care worker [named]. They were, for want of a better word, beautiful and the essence of person centred care.”

People told us they were aware of how to make a complaint and were confident they could express any concerns. A person told us, “I know that I can contact [the care manager] in the office, he has always said to call if there was a problem.” Another person told us about a complaint they made and their experience, “When I phoned to talk about the two carers I didn’t want assisting me, [the registered manager] listened and these weren’t sent to me anymore” A complaints policy was displayed and information was also available to people on how to make a complaint. The registered manager demonstrated how they received and responded to any formal complaints. The registered manager told us, “When we receive any formal complaints, they are investigated and taken seriously.”

Is the service well-led?

Our findings

People and staff we spoke with had varying views of the management of the service. Staff said the registered manager, care manager and filed care supervisors were generally supportive, one staff member said, “If there’s a problem I get on the phone and speak to [the manager] who always listens and does something about it.” However, despite some praise for management, we found the service was not consistently well-led.

There was a clear management structure with identified leadership roles. The registered manager was supported by a care manager and two team leaders and we heard how other staff were being recruited to support the management of the service. Staff told us about their different experience of support they received from the registered manager. Most staff said that they were listened to and were given the support and help that they needed. The following comment was received, “People are nice. I’ve never had a problem. We work together to overcome difficulties and nine times out of ten it works.” However, we also spoke with staff that were more critical. Two staff identified issues around the lack of communication. They told us that they thought they were not always listened to by the registered manager or office staff. They said, “We feel we can’t open up in the office. We go to the team leader and they give us the advice we need.” We saw feedback from the registered manager to staff. For example, we saw feedback that said, ‘I wanted to say well done for the good work you are doing, especially with [person’s name]. Keep up the good work.’ Feedback, when it was received, was welcomed and well received. This was identified to the registered manager as an area for improvement.

There were systems in place for senior staff to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook unannounced spot checks to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks included reviewing the care records kept at the person’s home to ensure they were appropriately completed. People also told us the office staff telephoned them from time to time to ask if they were happy with the service being provided or had any concerns. However,

records for the spot checks of care staff had not in all cases been regularly completed. Regular supervision, including spot checks are vital to review and monitor staff performance. This was identified to the registered manager as an area for improvement.

People were able to comment on the care provided through the completion of quality assurance questionnaires and surveys. The last questionnaire was completed in 2015, the results of which had not been formally collated or discussed to inform the quality of the service provided. People commented they felt able to approach the management team and received the care they needed. This was identified to the registered manager as an area for improvement.

Team meetings with staff were held irregularly and were poorly attended. For example, the last meeting held in August was attended by just two care staff. Staff were not paid to attend the meeting and the disincentive to attend may have been one factor in the poor response. The registered manager acknowledged the missed opportunity to communicate changes and updates to staff. It was seen that staff had the opportunity to discuss and raise concerns or give suggestions when they went to the office. This was identified to the registered manager as an area for improvement.

Accidents and incidents were monitored by the service to ensure any incidents that could be prevented were identified. The registered manager told us they always looked at every incident form completed by staff to evaluate and review. This ensured any actions required were addressed.

The staff and registered manager had a good knowledge and understanding of the people they were caring for. Staff were able to talk in detail about people. They knew how people preferred to be supported and what worked well for them. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff listened to what people said and responded to them appropriately. These positive qualities were reflected in the visions and values articulated by the registered manager. Values such as honesty, fairness and integrity were embedding into the running of the service. Every staff member was aware of the philosophy and visions of the service.

Is the service well-led?

The management team were dedicated to the running of the service. They spoke with compassion about the people they supported and the staff team. Every staff member held in-depth knowledge about people, their likes, dislikes and personality. It was clear time had been spent building a

rapport with people. People told us they felt at ease with staff members. It was clear the provider and staff were committed to a philosophy and vision that valued people and their family members.