

Calverton Supreme Home Care 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

We carried out an announced inspection of the service on 10 January 2018.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults. Not everyone using Calverton Supreme Home Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Calverton Supreme Home Care supports people with a variety of needs to live independently in the community. At the time of our inspection 66 people were receiving personal care as part of their care package.

At the previous inspection in July 2016 we identified some improvements were required in two key areas we inspected; 'Responsive' and 'Well-led'. This resulted in the service having an overall rating of 'Requires Improvement'. At this inspection we found the registered provider had made the required improvements.

People received safe care because the registered provider had processes in place to reduce the risk of people experiencing avoidable harm. Staff had received appropriate safeguarding training and had up to date information, to support them to manage any known risks. Staff were aware of the action required to respond to any new risks. The majority of people who used the service reported they received visits by staff at the agreed time and staff stayed for the duration of the call. Equally, people told us they were on the whole informed if staff were running late.

The registered provider had safe staff recruitment processes in place and these were used effectively to ensure as far as possible, staff recruited were appropriate to provide care and support. There were sufficient staff employed and deployed appropriately to meet people's needs. Where people required support with their prescribed medicines there were safe medicine management processes in place. Staff had received training in how to reduce the risk of the spread of infection. Any accidents and incidents were recorded, reported and investigated and action was taken to reduce further reoccurrence.

Staff received a planned and structured induction on commencement of their employment and ongoing training and opportunities to discuss their work and development needs.

People were treated equally and were not discriminated against as a result of their health or social care

needs. People's health related needs had been assessed and were monitored; staff took appropriate and supportive action if people were unwell.

The principles of the Mental Capacity Act (2005) were understood by staff. People were supported to have maximum choice and control of their lives and staff supported them in the less restrictive way possible.

People who used the service were supported by staff that treated them with care and compassion, people's privacy and dignity were maintained and respected. The registered provider had processes in place to regularly discuss and review's people's care package with them.

People's diverse needs were respected. People were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates.

People who used the service and their relative or representative where appropriate, were involved in the pre-assessment and development of their care package and ongoing reviews. People who used the service received a weekly staff rota to inform them what staff were scheduled to visit. In the main the management team tried to ensure people received consistent staff but acknowledged some people preferred to have different staff to support them.

People's individual needs, routines and how they wished to be supported had been assessed and planned for. Staff had clear information and instruction of how to meet people's needs to support them to provide a person centred approach to the service they provided.

People had a service user guide that provided information of what they could expect from the service. This included information of how to make a complaint.

People received opportunities to share their experience of the service they received from the registered provider. Systems and processes were in place that checked on quality and safety issues and these were managed well. Staff were clear about the registered provider's aims and values and spoke positively about their work and leadership of the service. People who used the service on the whole were happy and satisfied with the service they received.

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 using the service. Staff had received safeguarding training and had processes in place to manage any potential risk of abuse or harm.

Risks associated to people's needs including the environment had been assessed and planned for.

People were supported by a sufficient number of staff to meet their planned needs. Safe staff recruitment procedures were in place and used.

Safe medicines management systems was in place for those people who required support with their prescribed medicines.

Staff were had received training in infection control measures.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who had received an induction, ongoing training and support to effectively meet their needs.

The principles of the Mental Capacity Act (2005) were understood by staff.

People received support to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

Staff had a person centred approach and were kind, caring and compassionate.

Staff treated people with dignity and respect with some people enjoying positive, friendly relationships with staff.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

Is the service responsive?

Good ●

The service was responsive.

Improvements had been made to the documentation used to record people's needs, routines and preferences. Information was regularly reviewed and detailed.

People's communication needs had been assessed and planned for.

People had access to the provider's complaint procedure.

Is the service well-led?

Good ●

The service was well-led.

Improvements had been made to the systems used to monitor the quality and safety of the service.

The majority of people who used the service were positive they received a good service and would recommend the service to others.

Staff were positive about their work and complimentary of the leadership of the service.

Calverton Supreme Home Care

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 comprehensive inspection took place on the 10 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and their staff would be available.

The inspection team consisted of one inspector and two Expert-by-Experiences (EXE). These are people who have had personal experience of using or caring for someone who uses this type of care service. The ExEs attempted contact with 51 people and spoke with a total of 16 people who used the service and eight relatives before and during the inspection to gain their views.

Before the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had submitted their PIR in August 2016 and had not been requested to complete another before this inspection.

We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. Prior to the provider's office visit we contacted some staff via telephone to gain their feedback about the service. We spoke with two senior care staff and three care workers.

At the provider's office we spoke with the provider's representative, the registered manager, the care manager / trainer, care coordinator, care quality administrator and three care staff. We also reviewed the

care records for six people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits, policies and procedures, complaints and a sample of staff files and staff training.

Is the service safe?

Our findings

People who used the service reported it as being consistently safe. People told us they felt safe using the service and raised no concerns of how staff supported them with any safety issues. One person told us, "The care I receive is safe and I don't ever feel at risk in any way." Another person said, "They (staff) are very good on the whole. They keep me safe." A third person said, "I feel that my premises and property are safe too."

Staff demonstrated they understood their role and responsibility in protecting people from abuse and avoidable harm. One staff member gave an example of a situation that caused them concern and told us of the action they had taken to report this to the management team. Staff also told us they had received safeguarding training and had a policy and procedure that provided guidance and instruction. Records confirmed what we were told. Before our inspection we were aware of safeguarding incidents that had occurred and the action the service had taken in response to this. This assured us the management team acted upon concerns and followed the multi-agency safeguarding procedures correctly.

Risks associated to people's needs, including the environment had been assessed and planned for. People gave examples of how risks were managed and told us they felt involved in decisions about the management of risks. One person said, "They (staff) keep an eye on me when I am moving about. They watch me on the stair lift. They even check my smoke alarms each week." Another person said, "I use a rotunda (mobility aid) due to reduced mobility and they (staff) are very good and safe with how they use it for me."

People's care records gave examples of risk assessments that had been completed in areas such as; mobility needs, skin care, nutritional and eating needs and health conditions such as the safe management of diabetes. Risk plans advised staff of the protective measures in place to mitigate against these risks. This information was regularly reviewed to ensure staff had up to date information. The management team gave examples of how they had worked with external professionals such as physiotherapists and occupational therapists to support them in providing safe care and support.

Environmental risk assessments provided staff with essential information of how to manage any risks that may present within the home. These checks also identified any potential risks or concerns posed to the person using the service and were therefore an additional safety support.

People were supported to lead their lives as they wished and there were no unnecessary restrictions placed on their freedom. Some people due to their particular health conditions experienced an increase in anxiety at times that affected their mood and behaviour. Whilst staff had some guidance of the support required at these times, we noted this was limited in detail for one person. The management team agreed and told us they would review this information as a priority.

People could be assured safe staff recruitment practices were followed. Staff told us about the checks that were completed before they commenced their role. From viewing staff files this confirmed what staff had told us. A criminal record check, proof of identity and reference checks had all been completed. This meant

as far as possible, people were protected from staff who were unsuitable to provide care and support.

Staff were positive about staffing levels and said they felt sufficient staff were employed to meet the demand of the service. The care coordinator said the management team had continued oversight of the service and that they would not accept new care packages, if they did not have capacity to provide the staff required.

The majority of people were positive that staff arrived on time and stayed for the duration of the call. The management team told us that calls could vary by 15 minutes and that this was explained to people when they started with the service. Staff told us if they were running late due to an emergency or unavoidable event, they called the office staff who then informed the person due to receive the next call. The majority of people confirmed this to be correct, however, two people said they were not advised and several others said on the whole they were informed. One person said, "They are usually on time but may have problem and would let us know." Another person said, "They usually arrive early but there was one occasion when they were late but we had been informed that they would be late." A third person said, "Yes, they always stay the length of time they should, they never go early."

The management team and staff told us new staff completed a shadow shift usually with a senior member of staff before they provided care independently. On the whole people confirmed this to be correct. However, two people said this did not always happen and that they got frustrated at these times because they had to explain the care they required which they found tiring.

Where people received support with their prescribed medicines staff did this safely. One person said, "They (staff) give me my tablets when they are here. They wear gloves and pop them out of the blister pack into my hand. Then they sign something." Another person said, "I need a lot of medication and the staff help me with it. They push it out of the pack for me into an egg cup then I can take them myself. They sign to say they have done it."

From viewing people's care records we found staff had the required information to safely support people with their prescribed medicines. Medication administration records (MARs) viewed confirmed people had received their medicines. These records were checked weekly by the management team as part of the quality assurance checks which was good practice. We noted that medicines such as antibiotics that were hand written onto the MARs, were not signed by a second person to confirm the information was correct. We discussed this with the management team who advised they would change their practice with immediate effect. Staff had received training on the safe administration of medicines and received on-going assessment of their competency. Staff told us and records confirmed this to be correct.

Staff had received training on infection control along with food hygiene. They explained how the risks associated cross contamination was managed. This included wearing personal protective clothing such as aprons and gloves that they had a supply of.

The registered manager had processes in place that ensured if an accident or incident occurred these were investigated and acted on to reduce the risk of reoccurrence. Where amendments to staff practice were required action such as additional training and meetings were arranged.

Is the service effective?

Our findings

The service had a holistic approach in meeting people's needs. Prior to receiving any care and support people's physical, mental health and social needs were discussed with the person and their relative or representative as appropriate. This followed current legislation and best practice guidelines. For example, people's mental capacity to consent to their care was considered, if they had a legal power of attorney that gave another person legal authorisation to make decisions on their behalf and if they had a decision not attempt resuscitation order in place.

People could also be assured their diverse needs had been assessed and planned for to ensure they did not experience any discrimination; consideration had been given of the protected characteristics under the Equality Act. People had a range of support plans that gave staff clear and up to date information of how to effectively support them with their needs and preferences.

People who used the service reported it as being effective. People expressed that their care was comprehensive and consistently good. Whilst people were not aware of the training staff had received, they told us they thought staff had the skills to carry out their role. One person said, "I think they are well trained. They do everything I want doing and they do things well." Another person said, "I think they are trained quite well. They 'double up' when they get new people, so they can learn the ropes." A third person said, "They do seem very well supported for their training needs. They all seem aware of what they need to do."

Staff were positive about the induction, ongoing training and support they received. We spoke to newer members of staff who said they found the induction, "Helpful and supportive." Staff told us about the training they received this included, first aid, fire safety and moving and handling. The management team provided additional one to one training if a need was identified, such as a new piece of equipment had been introduced. Staff also had information booklets and NHS guidance as an additional method to support their knowledge and awareness; this covered different subjects such as the prevention of ulcers, diabetes and epilepsy.

Staff received regular opportunities to discuss their work and development needs. Staff said this was supportive and that they could approach any member of the management team and ask for advice at any time. Records confirmed on the whole staff were up to date with their training and where refresher training was due; there were plans in place to provide this. Records also confirmed staff had received a planned and structured induction and opportunities to discuss their work as explained to us.

Some people required support with the preparation of meals and drinks. People were positive that staff understood their needs and preferences. One person said, "It depends how I'm feeling as sometimes they (staff) will cook or sometimes I have sandwiches. I have prepared meals and they will ask what I would like." Another person said, "They do my breakfast and they always offer me a choice and a drink."

Staff told us how they supported some people to go food shopping or how they did this on behalf of others. They said they checked food dates to ensure people were not at harm of eating unsuitable foods. Some

people had specific nutritional needs and risks associated with their health condition and staff were able to confidently tell us about the support people required. Staff told us how they ensured people had drinks and snacks left within easy reach before they left the visit. As part of the pre-assessment people were asked if they had any dietary needs associated with their religion and cultural needs.

People were positive their health needs were monitored and were confident staff would take action if they were unwell. One person said, "They (staff) have a chat and will notice things, like one of them is concerned about my legs at the moment. Apparently, I have a blister and they have noted it down for the staff to look at it. They are all very good."

Staff gave examples of action they had taken when a person was found to be unwell. One staff member said, "I arrived and found the person to be breathless and looking very poorly, I called the ambulance, the relative and stayed with them, making them comfortable and gave reassurance."

Staff had information to inform them of people's health needs and the action required to manage these. Staff gave example of how they had supported people to attend community health services. If a person was required to be admitted to hospital, their care plans went with them. This ensured healthcare professionals had relevant and useful information to assist them in the care and treatment of the person.

People told us they were asked to give consent before care and support was provided. One person said, "I've signed documents to confirm I agree and give consent and the staff always ask before they assist in anyway, they never take anything for granted or assume."

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.

The registered provider's pre-assessment considered if the person had mental capacity to consent to their care and support. Some examples of MCA were viewed but best interest decisions needed further detail to show who had been involved in the decision and how the decision had been reached. This was discussed with the registered manager who agreed to review these documents to ensure they included all the required information.

Staff understood the principles of MCA. One staff member said, "Most people we support can make day to day decisions, some people have a lasting power of attorney which depending what it's for, care or welfare can give consent." Staff told us they had received MCA training and training records confirmed this.

Is the service caring?

Our findings

People who used the service spoke positively about the staff that supported them, they said they had a caring approach and many people told us they had developed positive relationship with them. One person said, "They (staff) are nice with me we have set up friendships." Another person said, "The staff are very good and always ask if I need anything else. They don't rush and have time for me. I feel comfortable with them all. They are respectful and polite and always ask permission before they do anything."

People gave examples of how staff went above and beyond what was expected and how they were sensitive and were empathic. A person who used the service said, "They are all very nice and treat me with dignity. I don't get at all embarrassed even when they are showering me; they seem to have a knack of making you feel at ease. We have a laugh at times well, you have to. They do anything I ask of them." Another person said, "The staff are very pleasant and polite and they always check that I have everything that I need. I would have no problem talking to them if I had any concerns." A third person said, "The staff are very pleasant and polite. They asked how to address me."

A relative said, "They are great with [relative] they are really helping them stay as independent as they can. They get on really well in fact I think they have more fun with the carers than me." This relative added, "[Relative] loves chatting to the staff, they really know how to treat them well and make [relative] smile. I can't fault them."

Staff demonstrated they knew people they supported very well; they spoke in a caring and sensitive manner showing compassion and kindness. One staff member said, "That could be me or my family that required support, I treat people as I would expect for myself or my family." Staff told us about people's diverse needs and how they ensured they understood what was important to people and how they respected people's lifestyle preferences. One staff member said, "We accept people's differences and wouldn't discriminate in any way." Staff were positive they had sufficient and detailed information about people's support needs and how they wished to receive their care and support. This told us that people could be assured their individual needs and preferences were known, understood and respected. People were supported to have total choice and control in how they lived their life.

People who used the service told us how staff supported them to remain independent. One person said, "They are supporting my independence. They are all very helpful. I have a wood burning stove and they will riddle it for me and take the ash out. This is a great help as it is very heavy." Another person said, "They are all lovely, having them come is helping me to stay as independent as I can." A third person said, "They have really helped with my independence and taught me or shown me little things which help me to manage better. They are willing to do little extras which I struggle to do, which has surprised me. It really makes a difference to day to day life." We noted in the provider's statement of purpose there was information described as, 'Your charter of rights'. This stated that the service respected the right of each person to lead as independent and fulfilling life as possible.

Some people told us they had very limited social contact with others and therefore their contact with staff

was extremely important and reduced feelings of isolation. One person said, "It's nice to see them, it's a bit of company and they will do anything I ask." Another person said, "They always chat to me and sometimes they have a bit of time to spare so they will sit down and we talk. I like that very much as sometimes you get a bit lonely."

People told us they felt involved and were consulted about how they received their care and support. One person said, "Once they have been here a couple of times they know exactly what needs to be done. They get on the with job and then write it all down in my care plan." Another person said, "I have a care plan and I was involved in setting it up. They write in it every day. The supervisor comes as a carer sometimes, so we can update anything then."

People had been given a copy of the provider's service user guide that included helpful information such as the contact details for advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There are different types of advocates which the management team were aware of. This meant if people required this support information had been available to them.

People who used the service were positive that staff respected their dignity and privacy. A person who used the service said, "They are always respectful of my privacy and will cover me up when tending to personal care." A relative said, "They definitely show respect and courtesy towards [family member]."

Staff demonstrated a good understanding of the importance of maintaining people's dignity and respect at all times. One staff member said, "It can be intrusive having different people in their home we are sensitive to this and show respect." Another staff member said, "It's important to be discreet and sensitive when providing personal care."

People's information was managed safely and in line with the provider's Data Protection Act. Staff demonstrated an understanding of the importance of respecting confidentiality and this was respected by sharing information on a needs to know basis and ensuring personal and sensitive information shared was treated with respect and kept securely.

Is the service responsive?

Our findings

The management team told us how they visited people prior to them receiving their care package to complete an assessment of their needs and to discuss and agree what support people required. People confirmed they and their relative where appropriate had been involved in the development of the care package provided. One person said, "They tell me what they intend to do and my care is all recorded on a care plan which I was fully involved in agreeing." Another person said, "If there are any changes in my care then they do update the care plan. I do feel involved in my care and I also feel listened to." A relative said, "The care plan is a true reflection of my [family member's] needs. I sometimes look at it and what the staff have written. It is updated from time to time."

At our last inspection we found people's care plan lacked specific detail and instruction to inform staff of what people's needs were. This was a concern because this may have impacted on people receiving a personalised service that was not based on their individual needs and wishes. At this inspection we found improvements had been made. The management team said following our last inspection they had introduced new documentation used to record people's needs and preferences. We found from the care plans we reviewed, these were informative, detailed and easy to read and understand. Information gave staff clear instruction of the person's routine and how they wished to receive their support. Staff said the new care plans were an improvement and they had the information required to enable them to provide people with a person centred approach.

People gave examples of how the service was responsive to their needs. One person said, "If I need to change anything because of say a hospital appointment I just ring them (office staff) and they sort it." Another person said how sometimes they were frustrated when there were last minute changes made to the staff rota due to sickness, but this was not communicated as quickly as they would like it to be. However, they added, "I was recently in hospital and required some extra care for a period. The service was very responsive and were able to support us directly. I am very happy with my overall care."

Since our last inspection the management team had also implemented new procedures for reviewing daily records completed by staff. This consisted of a weekly review by a member of the management team to confirm people had received the service they had agreed to and this was provided in an effective, caring and safe manner. We did a sample review of these records and found this was an effective system to ensure people received a consistent and responsive service. Where concerns were identified these were acted upon. For example, one person's daily record did not record that the person was given a choice or independence promoted. Another person's daily record identified an issue with how staff were supporting the person with their mobility needs. Immediate action was taken by the management team in both instances; this involved a discussion and further training for staff.

New procedures had also been introduced in how people's care plans were reviewed. Some people confirmed they received regular opportunities to discuss and review their care package and others could not recall the frequency of these reviews. One person said, "If there are any changes in my care then they do update the care plan." Another person said, "The seniors seem to check the care plan and I have been

involved in agreeing it's content. It has been changed to reflect changes in my care." A third person said, "I have a care plan here which was discussed with me and is reviewed occasionally though I am not sure how often."

The management team told us people's care plans were reviewed with people at six weekly intervals. We saw examples of review meetings completed with people, information was recorded on carbon copied paper that enabled the person to have a copy and the management team of what was discussed and agreed.

The management team told us that they tried to provide people with a core group of staff to provide consistency but respected some people's wishes not to have regular care staff as their preference. The majority of people told us they received a weekly rota advising of the staff that were scheduled to visit. One person said, "I have a pool of eight or nine staff. I've got to know them over the time they have been coming so there is no problem. I do get a list and so know who is coming." Another person said, "I have a variation of staff. I have a list that tells me who and what time they will be coming. There was a hiccup in the past about the times, but it has been sorted out now."

People who used the service and relatives all said they would not have any hesitation to raise any concerns with staff. One person said, "I do feel involved in my care and I also feel listened to. I could talk to any one of them if I had any concerns. I complained once about the scheduling of calls and they did listen and respond to me." A relative said, "I phone every week to pay the bill so if I have anything to bring up I would do it then. I think they would listen. The staff in the office always ask if everything is OK whilst I am on the phone." Another relative said, "There are no complaints but I do feel I could approach the office if I did have any. They always seem friendly when I ring and they seem very keen for feedback about the care too."

Staff were aware of their role and responsibility in responding to concerns and complaints. We saw the service user guide provided people with details of the provider's complaint policy and procedure. We reviewed the complaints log and found there were no current complaints. Where complaints had been received these had been responded to in a timely manner and in accordance to the provider's procedure. The complainant had received an apology and details of the investigation and outcome.

Staff gave examples of how they, with the support of external healthcare professionals, cared for people at the end of their life to remain at home. A relative whose family member received a care package before their recent death said, "All of the staff gave [family member] the best care, love and compassion and let them keep her dignity to the very end. I can't recommend them highly enough."

Is the service well-led?

Our findings

In the main people spoke highly about the quality of the service they received with the majority of people saying they would recommend it to others. A person who used the service said, "I would recommend without doubt." A relative said, "I think it's a well-managed and organised company. I would and have recommended it to others."

Not all people knew who the registered manager was but those who did know them by name made positive comments. One person said, "The manager is (name) and I could speak to her and she has always been helpful." Another person said, "I could approach the manager and I am kept up to date by regular phone calls. I am quite happy with everything that they have done so far and I feel generally very well supported. I have no problems at all."

Two people who used the service raised some concerns with us. One person said, "The lateness and not being kept informed is a bit of a worry for me. The carers and the care are very good. I have no idea who the manager is and other than (coordinator). I haven't met any of the office staff but again I have to say that I am very pleased and happy with the care." Another person said, "If you contact the office they are helpful but the day to day running of the service is not good at all. The biggest problem for me is that the scheduled calls vary which means that you can't make any plans. I have to plan around them rather than them plan around me. I am fairly satisfied otherwise with the company." This feedback was shared with the registered manager who agreed to investigate the concerns raised.

Staff were very positive about working for the provider and said the registered manager and management team were very helpful, supportive and approachable. One staff member said, "I've worked for other organisations but would describe this as the best, the management team are all so helpful, always there to answer any queries and will respond straight the way and come out to you if you need help."

Staff told us they experienced no difficulties in contacting the office to raise any concerns, share information or seek advice. They also told us about how the on call system worked; some staff had contacted the on call who they said responded immediately and gave them the information and support that was required.

Staff also told us how the management team completed spot checks. This was to ensure staff were wearing the correct uniform, had their ID badge, arrived at the correct time and provided support as per the person's care plan. Additionally these checks were to assure the management team that staff adhered to the provider's values. Records viewed confirmed what we were told.

As part of the provider's quality assurance checks surveys were sent to people as a method to gain people's feedback about the service they received. People who used the service and relatives confirmed this to be correct. We reviewed the feedback surveys completed for 2017; 85% of people said they received their agreed visits with 58% stating they received their visits within the agreed 15 minutes. This shows there were some improvements required in people receiving their visit at the agreed time. The care coordinator who had responsibility for scheduling visits, said they had and would continue to review staff travel time, to ensure

this was sufficient and not having a negative impact. The survey also showed that 76.5% of people were satisfied with the response from contact made with the office staff and out of office service.

There were effective systems in place to share information with staff and staff confirmed these worked well. Staff also received opportunities to attend regular staff meetings, a review of these records showed any changes to people's needs were discussed and any area of the service that required improvements were discussed. Staff told us they felt valued and that they could raise any concerns and or make suggestions.

The registered manager had substantial experience of managing the service, they told us how they kept their knowledge and awareness of changes in legislation and best practice up to date, to ensure people received a high standard of service. They spoke highly of the management team that supported them and equally of the provider, who visited the service weekly and completed sample checks in different areas of the service. This meant that the registered manager had sufficient support to provide an effective service and the provider had oversight of the service and it's performance and areas that required improvement.

Quality assurance systems were in place to help drive continued improvements at the service. Audits included regular reviews of people's care records and medicines. These audits identified areas that were performing well, but also helped the provider identify areas that required some improvement.