Candlelight Homecare Services Limited

Candlelight Homecare Sherborne Area Office

Inspection report

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20 April 2016

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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

The inspection was announced and took place on 13, 14 and 20 April 2016.

Candlelight Homecare Sherborne area office is registered to provide personal care to people living in their own homes. At the time of our inspection, the service was providing support to 100 people. The service was run out of a central office in Sherborne.

The service had a registered manager. 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 and relatives told us that they felt the service was safe. One person told us that carers kept them safe when supporting them to move and that "they are very helpful". Relatives also felt that their loved one was safe with the support from the carers. Care records also identified risks and how to manage these.

Staff had received safeguarding training and knew about the possible signs of abuse. We saw the safeguarding records for the service which showed that allegations were recorded and investigated appropriately.

Visits to people were generally on time and there was only one missed call recorded in the past year. One person told us that they had "never known them to be late" and another said that staff "kept to the nearest time they can".

The registered manager told us that staff recruitment and retention had been difficult. The service had spoken to recruitment consultants and offered incentives to existing staff who recruited new staff to the service. We looked at the recruitment files for staff and saw that the service had carried out appropriate pre-employment checks on staff prior to them commencing in post.

People were supported to manage their medicines safely. We observed staff administering medication and they knew what medicine people took and when this was required. The registered manager told us that they completed ad hoc observations of staff, they looked at administration of medicines as part of these checks and staff we spoke to confirmed that these observations took place.

The service was effective. Staff understood people's needs and had received appropriate training to carry out their roles. We looked at the training matrix which confirmed that staff had received training in related topics including Safeguarding, manual handling, dementia and medication. Staff also spoke positively about their experiences of induction when they started in their roles.

Staff told us that they received regular supervision, an annual appraisal and that the service also completed

observational spot checks of staff practice.

The service was working within the principles of the MCA and were able to explain how they sought peoples consent. We saw that records supported the principles of the MCA. Records we looked at included details such as "wait for an answer to ascertain understanding" and "after you have gained permission". We saw that staff had received training in MCA and saw evidence that refresher training for staff was also planned. We also observed staff supporting people to make choices about their meals.

People told us that staff were kind and caring. One person said " I don't know what I would do without them". Staff knew the people they were supporting and were able to tell us about their preferences and how they liked to be supported.

People told us that they were not always included in planning their care or what was included in their care records. . The registered manager told us that people and relative were involved in planning their care and would look into this further.

Staff respected peoples' privacy and dignity. We observed staff knocking and seeking consent before entering peoples' bedrooms and closing the door when providing intimate care. Staff also encouraged people to remain independent.

People received support which was focussed on their individual needs. We spoke with staff who were able to tell us about how people liked to be supported and what their individual preferences were. We observed that staff knew the people they supported well and there was a comfortable atmosphere in the person's home. We saw that care records also included details about people's preferences.

All the people we spoke with told us that they knew who would be visiting them and were told about any changes to their visits. People received a weekly rota which told them who would be visiting them at each visit.

People and relatives told us that they were involved in reviews of the support they received. The registered manager told us that some peoples' reviews were overdue, they were aware of this and had identified which people needed reviews and were scheduling them in.

Compliments and Complaints were recorded and managed robustly at the service. Compliments were used to highlight learning and good practice and the comments were fed back to the staff. We saw complaints records which showed the complaint and identified what actions had been taken and any learning points.

Feedback at the service was primarily gathered by questionnaires. We looked at the audit for the latest client satisfaction and employee engagement report and saw that both people and staff were positive overall about the service. We saw evidence that issues highlighted in the responses were being addressed.

People, relatives and staff told us that they felt the service was well managed. One person told us that the office "do their job well". Staff felt supported in their role. One staff member said that they really liked working for the service and others told us that they felt the registered manager had turned the service around and spoke highly of the management team.

Staff told us that they communicated with their smart phones and also in staff meetings. The registered manager told us that they invited staff to add items for the agendas at staff meetings and used the forum to discuss complex situations and invite ideas. The registered manager had an open door policy and staff were

encouraged to drop into the office.

Quality assurance systems at the service were good. The registered manager explained that they spot checked records when they came back into the office from people's homes.

We looked at peoples care reviews, paperwork included an audit section which was not always completed.The registered manager was aware of this and advised that they were already looking to ensure that these audits were more robust.

The service had an operational business plan and the registered manager had quarterly meetings with other area managers to feed into this. The registered manager spoke with us about development at the service and explained that the main focus was recruitment and retention of staff. They spoke with us about plans to improve these areas.

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

People and relatives felt safe with the support provided.

Risk assessments were detailed and personalised. However old risk assessments were not always removed from the care files in people's homes.

People told us that they received visits when they should. The service had an electronic system in place to monitor that calls were attended and to support staff that were lone working.

Medicines were given as prescribed and there were regular audits of medicine records.

Is the service effective?

Good

Staff had completed appropriate training for their role and delays in updates had already been identified by the registered manager and a plan put in place.

Staff understood the principles of the MCA and how to seek consent from people.

People were supported appropriately to maintain a healthy diet.

Referrals to healthcare services were made promptly by staff and relatives were advised about any referrals.

Is the service caring?

Good

Staff knew the people they were supporting and their individual preferences

People and relatives were involved in planning their care, however this was not consistent and the registered manager was investigating this further to ensure this was robust.

Staff were observed respecting people's dignity and privacy when providing them with support

People were encouraged to maintain their independence

Is the service responsive?

Good

People received a weekly rota of their planned visits and were informed about any changes to this.

People and relatives were involved in reviews about their support.

Compliments and complaints were robustly recorded and used to reward good practice and to identify learning points.

Feedback was gathered in a number of ways and the information collated to show patterns and trends.

Is the service well-led?

Good

People, relatives and staff felt that the service was well managed and spoke highly about the registered manager.

Staff were motivated and felt valued in their role.

People were able to speak to someone in the office quickly when needed

Audits were generally good and the registered manager was considering how to ensure information from people's reviews was consistently sought and used.

Candlelight Homecare Sherborne Area Office

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 took place on 13, 14 and 20 April 2016. Further phone calls were completed on 15 and 19 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection team was made up of two inspectors and an expert by experience (ExE). The inspection was carried out by two inspectors on the first day, and one inspector for the rest of the inspection. An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we requested and received a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We reviewed this information and in addition looked at notifications which the service had sent us and spoke with the local authority quality improvement team to obtain their views about the service.

We spoke with five people in their own homes. We spoke with seven people and four relatives on the telephone. We spoke with five members of staff and two district nurses. We also spoke with the registered manager and quality assurance manager.

We looked at eight care records and three staff files. We also looked at a range of information about the service including quality audits, staff training, policies and risk assessments.

Good

Is the service safe?

Our findings

People and relatives told us that they felt the service was safe. One person told us that carers kept them safe when supporting them to move and that "they are very helpful". Relatives also felt that their loved one was safe with the support from the carers. Staff were able to tell us how they managed risk and gave details about the risks facing people they support and their role in managing these. One explained how they supported a client to mobilise safely using their frame and another told us about how they used equipment to hoist someone safely from their bed to chair.

Care records identified risks and how to manage these. For example a risk assessment to manage asthma outlined that staff were to "allow time to do each task and not rush" and included signs and symptoms for carers to be aware of. A risk assessment for diabetes included clear guidance about how to support the person and a factsheet about symptoms and action to take. The member of staff was able to explain where this information was kept and how to keep the person safe. Another member of staff told us about the falls risk for one person and explained that they made sure the person was wearing appropriate footwear and that their mobility aid was within reach to reduce this risk.

We looked at risk assessments in people's homes and saw that information was accurate and current. However there was an out of date risk assessment in the file of one person which detailed the risk of falls, this person was no longer able to walk and this information was therefore out of date. We made the registered manager aware of this and they said that this would be removed.

The registered manager showed us how they planned for emergency situations including severe weather conditions and pandemic outbreaks including Flu. The records showed that people had been consulted about these situations as part of their initial assessment, however there were no systems in place to review these records. The registered manager and quality assurance manager advised that they would ensure that this information was included as part of the review process.

Staff had received safeguarding training and knew about the possible signs of abuse. Allegations of abuse were recorded and investigated appropriately. The safeguarding policy was reviewed annually and outlined warning signs of abuse and a clear procedure for staff to follow.

Visits to people were generally on time and there was only one missed call recorded in the past year. One person told us that they had "never known them to be late" and another said that staff "kept to the nearest time they can". Another told us staff "get here every time when they are supposed to". Relatives told us that there had not been any missed visits and that they checked the care logs which showed them if visits were missed.

The registered manager showed us the call records which evidenced that there had been one missed call in the past 12 months, they also showed us that staff had smart phones on which they logged when they arrived at a visit, and also when they left. This provided a clear audit trail for people's visits. The smart phones were also used to safeguard staff that were often lone working in the community.

The registered manager showed us that a traffic light system showed when staff hadn't arrived at a visit or hadn't logged that they had left. This enabled office staff to monitor and check on staff safety. A member of staff told us that the smart phones were "a form of looking after you, it's supportive". We observed staff using these devices to log into and out of visits and they told us that they felt it was a good system.

People were told if visit times changed. One told us "if (they are) late, they will ring ahead and let me know". Staff told us that they had travel time allocated between visits. One said that travel time "depends on distance, but they are pretty good" and another told us "most of the time it's enough" .

People told us that they knew the staff that supported them. One told us that they "know all the carers on the rota" another said they knew "most of the carers who come in". A relative commented that their loved one "had their regulars that they know" and another told us the service "do their best to ensure that there are only four to five carers each week, every week".

The registered manager told us that staff recruitment and retention had been difficult. The service had spoken to recruitment consultants and offered incentives to existing staff who recruited new staff to the service. The registered manager also explained that they had considered the option of an apprenticeship and currently had an apprentice working at the service. Staff told us that they were not pressured to pick up extra shifts. One told us they don't "get pressured to do more, but (I)offer to do so", another commented that shifts were "not too much to manage".

We looked at the recruitment files for staff and saw that the service had carried out appropriate pre-employment checks on staff prior to them commencing in post, the records included references from previous employers, applications forms and interview records. Checks with the Disclosure and Barring Service(DBS) were in place before staff started any lone working in the community.

People were supported to manage their medicines safely. We observed staff administering medication and they knew what medicine people took and when this was required. People and relatives felt that medicines were given on time. One relative told us that they checked the Medicine Administration record(MAR) for their loved and it was "always correct". We observed a member of staff checking a person's prescription to see whether a medicine was required before or after food. Where people had pain medicines which were prescribed to be taken when needed(PRN) we observed staff asking people whether they wanted pain relief during their visit and recording this accurately in the MAR.

The registered manager told us that they completed ad hoc observations of staff, they looked at administration of medicines as part of these checks and staff we spoke to confirmed that these observations took place. The observations were recorded by the registered manager and any learning points or errors were recorded and then discussed with the member of staff. The registered manager also told us that they carried out monthly audits of MAR records which highlighted any gaps or errors. These were then discussed with staff to reduce repeat errors.

The MAR also included the use of creams and staff were able to tell us what creams were required and where they needed to be applied. Care records indicated that staff should record when creams were administered in the '1-50' daily care notes. This recording was not evident. However people told us that they had their creams as prescribed. The registered manager said that they would review how the use of creams was recorded.

Good

Is the service effective?

Our findings

The service was effective. Staff understood people's needs and had received appropriate training to carry out their roles. Staff had received training in related topics including Safeguarding, manual handling, dementia and medication. The service provided mandatory training in eight areas including those mentioned, the training matrix evidenced that newer staff were booked on for all mandatory training. Some staff files indicated that some mandatory training was out of date. The registered manager told us that they were already aware of this and now scanned the information to head office who co-ordinated the training, this ensured refresher training was scheduled in when required.

One staff member told us that the service was "proactive and tell me if I have refresher training due". Two other staff member spoke positively about the external training they had received and another told us that they had found the recent manual handling training useful to update them about changes in practice.

Staff also spoke positively about their experiences of induction when they started in their roles. One told us that they had received a "brilliant induction, accessible and easy to ask questions". Another commented that they were not rushed to go out into the community and shadowed until they felt confident. New staff received a week of induction training which covered several topics including Fire safety, Mental Capacity Act and equality and diversity. Staff induction records clearly documented the training undertaken and the certificates for these were in the records.

Staff told us that they received regular supervision, an annual appraisal and that the service also completed observational spot checks of staff practice. The registered manager said that they looked at several areas including whether they respected peoples choices, how they interacted with people, that they had their uniform and identity card and followed correct infection control procedures. Feedback on these visits was then given verbally and any areas for development discussed, these visits were recorded and we saw evidence of these in staff records. The registered manager also told us that they were considering introducing observations focussing on medication only to ensure robust practice.

People told us that staff had the right skills and training to support them. One said "They know what they are doing" and another told us that if they "have a new carer, they will be shadowing someone". A relative told us that carers "understand how to approach them and encourage them". Another commented that the carers were brilliant with their relative and spent extra time with them when needed. The registered manager told us that they had a system to record if a person had a preference for a particular carer and highlighted when staff and people were well matched. People's records contained information about their preferences. For example, one said that a person preferred a female carer and another stated a preference for a quiet, unassuming member of staff. The registered manager told us that these preferences were taken into account when visits were booked for people.

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 service was working within the principles of the MCA and were able to explain how they sought peoples consent. One staff member explained that if a person was not able to make a decision, they would "see if anything can help the person to make the decision, or anyone who can help". They told us that they took their time seeking consent and were patient so the person did not feel rushed or under pressure.

Another understood that capacity can fluctuate and to support people to make choice they "asked the right questions, sometimes giving yes and no choices" if this was what the person was able to understand. Another explained that they sometimes used closed ended questions to make choices easier for the person.

We saw that records supported the principles of the MCA. Records we looked at included details such as "wait for an answer to ascertain understanding" and "after you have gained permission". Records outlined the need for consent before using equipment to support people and consent for staff to support with medicines. For example, one stated "always give time to process the information they have bene given so they can make their own decision".

Staff had received training in MCA and refresher training for staff was also planned. The registered manager told us that they were considering consent about medication as part of their reviews now, but that they would look at older, historic records of consent for people who were already in receipt of a service to ensure that this was consistent.

People told us how staff supported them to eat and drink. One said that staff "always make me a drink if I need one". Another told us that "they do breakfast and lunch every day and make and leave drinks". A relative explained that they had asked staff to ensure that the person drunk regularly and the staff had been good in responding to their request.

A staff member commented that they went over to buy fish and chips for people because this was what they had wanted and they had enjoyed them. Another explained that they "ask what they want and get to know what they like. Give a choice of what they have". Another told us that they gave choices, but also discussed if this was not the best option. For example, if someone had problems swallowing or needed a diabetic diet. We observed staff supporting people to make choices about their meals. For example one member of staff asked "What would you like for breakfast today?". Another explained that they offered visual choices of meals for one person as they were then able to make a decision about what they wanted to eat.

Staff supported people to access healthcare services when needed. One person told us that if they needed the GP, "the carers just pick up the phone and get the GP or nurse". A relative explained that staff had recognised a person was not their normal self and contacted the GP promptly. Another told us that staff had alerted them promptly when their relative needed a podiatrist and also when they were concerned that they may have an infection so that the GP could be contacted.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said " I don't know what I would do without them" and another said that they liked the carers and had never been upset by any of them. A relative told us that staff were all lovely with their parent and had appropriate rapport and humour. Another relative said that they had met all of the carers that visited the person and they were very caring people. A member of staff told us that they enjoyed domiciliary care because the person was in charge of directing their own care," they are individual and no-one is the same".

Staff knew the people they were supporting and were able to tell us about their preferences and how they liked to be supported. One member of staff said that "as long as my clients are happy, I'm happy. I spend time with them whenever possible". Another said that they really enjoyed getting to know the people they were supporting. One told us " I ask them to let me know if something isn't done right".
A member of staff explained that they had taken a person for a walk around their garden because this was something that they enjoyed. Another told us about the interests and previous occupations of one person and explained that the person liked to talk about their previous work. We looked at people's records and saw that they included brief details about the person, their preferences and interests. For example, one said that a person "can become upset due to feeling lonely so carers are to reassure them".

People told us that they were not always included in planning their care or what was included in their care records. One person told us that they had not been involved or seen their care plan. Another person wasn't sure what was in their care record but said that they had been verbally asked if they were happy with it. A relative told us that they had an initial meeting with the service and their relative where they discussed and agreed the care plan. The registered manager told us that people and relative were involved in planning their care and would look into this further.

Advocacy information was sent to people as part of their care folders when they started to receive a service and we saw information about advocacy displayed in the office. The registered manager told us about how an advocate had been sourced and was supporting one person who used the service. They also told us that they would make sure that the information on advocacy was also sent to people who were already in receipt of support.

We observed staff supporting people in a caring way. Staff supported someone to be hoisted and guided them by saying "we're going up now, watch your arms for me". We observed staff supporting someone to walk and providing encouragement and reassurance to them and also checking whether someone was comfortable after supporting them to sit down.

Staff respected peoples' privacy and dignity. We observed staff knocking and seeking consent before entering peoples' bedrooms and closing the door when providing intimate care. A person told us that the staff "use towels to keep me covered and respect my privacy". Staff told us that they tried to put people at ease when completing intimate care and we observed staff seeking consent before supporting people.

Staff encouraged people to remain independent. One person told d us that staff supported them to try to do what they could. A member of staff said that they would "always encourage people to try, some days are better than others but I encourage them to do what they can". Another member of staff explained that they supported someone to retain their independence by providing reassurance and reminding the person not to rush.

Peoples' information was kept confidential. Staff explained that they had individual logons for their phones to protect information and a member of staff said "we don't talk about people to anyone". People told us that staff did not discuss any confidential information whilst providing them with support and were confident that their information was kept confidential.

Good

Is the service responsive?

Our findings

People received support which was focussed on their individual needs. We spoke with staff who were able to tell us about how people liked to be supported and what their individual preferences were. For example, one person liked a hot wheat bag because they hated to be cold. We observed that staff knew the people they supported well and there was a comfortable atmosphere in the person's home. Staff were observed supporting people in the way they liked without being prompted and had good rapport. For example, a member of staff reminded a person several times to stay seated as they often tried to do too much and in turn this impacted on their mobility.

Care records also included details about people's preferences. One advised that staff needed to be quiet on entering and leaving the property so as not to disturb the other people living there. Another advised a person felt safer with sides on their bed, but asked that staff seek consent for this each time. A relative told us that the staff made "clear notes to show how (the person) was when they visited, their feelings and comments. They aren't task focussed".

Staff used peoples care records to guide them about what support was required. One staff member said "we check the book first(when visiting someone new) and see what to do and how to support them". Another staff member told us about a person they had visited for the first time and said the "paperwork told me what I needed to know, everything was there that I needed". Another told us that records were "accurate. The registered manager has set a high standard and does the best they can".

All the people we spoke with told us that they knew who would be visiting them and were told about any changes to their visits. People received a weekly rota which told them who would be visiting them at each visit. A relative told us that they also received a copy of the rota and that the service "try their best to keep the same people and if it's someone new, they shadow someone."

We observed staff in the office contacting people by phone to advise that a member of staff would be later than planned. We also observed a relative being updated that their relative had suffered a fall and what immediate actions the agency had taken. Staff also told us that they updated people if the times of visits changed or rang the office who then did this on their behalf. One commented "I would call in any changes" and another said that they "updated the office with any changes and records were then updated".

People and relatives told us that they were involved in reviews of the support they received. One person said that the service had "checked with me if I was happy" and another told us that they had recently had a review with the service in the office. Relatives told us that they were involved in reviews and that these were regular. One relative told us that they had suggested improvements at the review and these were considered. The registered manager told us that some peoples' reviews were overdue, they were aware of this and had identified which people needed reviews and were scheduling them in.

Compliments and Complaints were recorded and managed robustly at the service. Compliments were used to highlight learning and good practice and the comments were fed back to the staff. We saw complaints

records which showed the complaint and identified what actions had been taken and any learning points. The registered manager told us that complaints were sent to the quality assurance manager who then audited the information to collate the information and identify any trends. People told us that they would feel confident to complain if they needed to. One person said "I would speak to one of the carers and say I'm not happy, can you do something about it". Another person said that they had not needed to complain but "know how to, it's all in the book". One relative told us that they would ring the office with any concerns. Another told us that the complaints policy was in the folder for them to use.

The service completed Critical Incident Reports(CIR). These identified any issues or errors and recorded what was missed, an investigation was then completed. Following this findings were recorded which included any actions required and also identified any learning points to improve practice. We looked at the CIR records and found that they were comprehensive and highlighted good practice and as well as areas for improvement.

Feedback at the service was primarily gathered by questionnaires. These were sent to people and staff and the information was then audited. The registered manager told us that they also completed ad hoc phone calls to gather feedback from people and that there was a box in the office for staff to feedback to head office also. A relative told us that they were asked for feedback as part of the reviews with their relative. We looked at the audit for the latest client satisfaction and employee engagement report and saw that both people and staff were positive overall about the service. We saw evidence that issues highlighted in the responses were being addressed.

Good

Is the service well-led?

Our findings

People, relatives and staff told us that they felt the service was well managed. One person told us that the office "do their job well". Another said that there was "nothing that they could do better really". A relative commented that the registered manager was "easy to get hold of and responsive to my requests". Another said that "they answer the phone quite promptly and I'm rarely kept waiting".

Staff felt supported in their role. One told us that the registered manager had encouraged them to ring with any questions. Another told us "If I say something, they listen and are responsive". Another commented that "the support is amazing, any issues call and speak to the registered manager". One staff member said that they really liked working for the service and others told us that they felt the registered manager had turned the service around and spoke highly of the management team. One said that the registered manager was "one of the best managers I've worked for, they do listen". A staff member gave us an example of an idea they had raised with the registered manager about the introduction of key workers, which was now being taken forwards for consideration. Another member of staff told us that that felt supported and if they made a mistake, would feel comfortable telling the registered manager and would get a learning opportunity.

Communication at the service was good and staff felt part of a team. One told us that "communication is most important and they do it well." Another said "(I) think we are open all the time, the culture is good, (we) speak with each other". We were also told by a staff member that they were "grateful for the people I work with". Staff told us that they communicated with their smart phones and also in staff meetings. The registered manager told us that they invited staff to add items for the agendas at staff meetings and used the forum to discuss complex situations and invite ideas. Staff meetings included up to date information about pressures and thank you's received about staff. One member of staff told us that the registered manager was going to arrange a meeting in the local area as some staff didn't live or work near to the office, this would make it easier for those staff to attend.

The registered manager had an open door policy and staff were encouraged to drop into the office. The registered manager explained that staff were given a spare paperwork folder, and when staff dropped in to replenish supplies of forms or personal protective equipment(PPE), they would check in with them. The registered manager told us that they didn't want staff to "let things bottle up and fester and I encourage them to tell us so we can help them". The office regularly communicated with staff by sent out memo's keeping them up to date with pressures and priorities. One member of staff said that the registered manager circulated compliments and feedback to them.

The registered manager also told us about how they recognised staff achievement. The service had certificates of recognition for staff and also a care and support worker of the month award. We saw pictures and evidence of these and saw that they had been awarded for a range of reasons including picking up additional work when there was an emergency situation, offering to pick up work before being asked and for a member of staff who showed empathy, compassion, commitment and dedication in their role. The registered manager told us that staff had been nominated for the Care Focus Awards 2016 and that a staff member was a finalist for the Quality Specialist award. One member of staff told us that the recognition

provided them with motivation. Another spoke to us with pride about their certificate.

The registered manager told us about what the service did well. They said "to the best of our ability, we put clients first, they are important to us". A member of staff said that they felt the communication at the service was good and that the staff were a friendly group. People and relatives praised the continuity of staff and felt that this meant that the care was of a high standard. They also spoke highly about the approach staff used with people they visited.

Quality assurance systems at the service were good. The registered manager explained that they spot checked records when they came back into the office from people's homes. These audits checked that information was factual, included times of visits and also that consent had been obtained. We saw evidence of the audits and that errors were then followed up with staff to improve practice. We also saw other audits of paperwork which focussed on the accuracy of medication administration and picked up any trends in errors which were then followed up with staff. The registered manager told us that they were planning to introduce observations solely on administration of medication to ensure robust practice in this area.

We looked at audits of peoples care reviews and found that the information was not always completed or collated consistently. The registered manager explained that information from people's reviews was checked by the office and then the relevant information updated in peoples care records. Review paperwork included an audit section which was not always completed and this meant that the information could not be used to find common themes or trends. The registered manager was aware of this and advised that they were already looking to ensure that these audits were more robust and discussing at a corporate level, what information needed to be recorded in peoples care records.

The service had an operational business plan and the registered manager had quarterly meetings with other area managers to feed into this. We saw meetings of these minutes and the areas discussed. The registered manager explained that the values and visions for the service were currently in the employee charter, however they had already raised this with the executive team to consider how to embed this at an operational level. The service was clear about its values and these were displayed on their website. They included striving to enable informed choices, to exceed expectations and put clients' needs first.

The registered manager spoke with us about development at the service and explained that the main focus was recruitment and retention of staff. They advised they were considering stay at work interviews to improve retention and possible pre-employment shadow shifts to ensure that people considering the care worker role, understood the requirements of the job. They also explained that they were considering whether they could use volunteers. The quality assurance manager told us that the service was considering ways of the local area offices operating with more control and autonomy due to the differing needs of each area team.