Homelife Care Limited

Homelife Care Limited Crowborough

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

The inspection took place on 21 November 2016. The inspection was announced.

Homelife Care Limited Crowborough is registered as a domiciliary care agency, providing personal care to people in their own homes in the community. They provide services to any people who need care and support. The agency provides care services mainly to people living within a ten mile radius of their office in Crowborough. There were approximately 114 people receiving support to meet their personal care needs on the day we inspected.

There was a registered manager based at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was run by two providers who were fully involved in the day to day running of the service. The registered manager was also one of the providers.

People felt safe when receiving their support from Homelife Care Limited and knew who to contact if they had any worries about their safety. Staff had a good knowledge of how to safeguard vulnerable adults from abuse and knew what their responsibilities were within their role. They knew who to report their concerns to both inside and outside of the organisation.

Risks to individual people and their circumstances had been identified, with actions put in place to reduce the risk and maintain people's safety. People's home environment, inside and outside, had been checked for hazards before their support commenced, helping to keep people and staff safe. Most people did not need help from staff to take their medicines, as they managed this themselves or family and friends helped, however some people did. Staff had the training necessary to equip them with the skills to safely administer medicines to people.

The providers had robust recruitment processes in place to make sure new staff were suitable to work with vulnerable people in their own homes. Enough staff were available to be able to run an effective service, responsive to people's needs. People told us that staff were always on time when visiting and always stayed to support them for the whole time they were allocated. Staff had suitable training at induction when they were new as well as regular updates. Most of the training was by DVD's although the registered manager allocated time on the rota for groups of staff to go into the office to undertake their training. Additional training was available to make sure staff were skilled and confident to cater for specialist needs, such as to support people living with dementia. Staff had 'spot checks' to make sure their practice continued to be safe and of good quality as well as one to one supervision.

Although most people looked after their own health care needs or had a family member who helped with

this, staff supported people who needed assistance when requiring health care appointments or advice.

People told us they made their own decisions and choices and staff were clear that people were in control of their care and support. Mental capacity assessments had been undertaken where appropriate following the principles of the Mental Capacity Act 2005. People's families were often involved if their loved ones needed support to make decisions and family members told us this.

The caring approach of staff was evidenced, people were very positive about the staff who supported them, some describing them as friends they looked forward to seeing. Most people had regular staff providing their care and support who had got to know them well, creating confidence and trust. People were given a service user guide at the commencement of their care and support with the information they would need about the service they should expect.

A member of the management team undertook an initial assessment of people's personal care needs so the registered manager could be sure they had the resources available to support people. People had a care plan that detailed the individual support people required as a guide for staff. People, and their families if appropriate, were involved in the process to ensure the support in the care plan expressed how they wanted their care and support to be undertaken. Regular reviews of the care plan took place with the involvement of people and their family members.

How to make a complaint was included in the service user guide, and the people we spoke to knew how to make a complaint if they needed to. The provider asked people for their views of the service by asking them to complete a questionnaire once a year. The registered manager also checked that people were happy with their support when they regularly visited to undertake reviews.

All the people we spoke to and their relatives thought the service was well run. People and their relatives knew the provider and registered manager by name and were very complimentary about them both, saying they were happy to speak to them and always got a response.

Staff were happy with the support available for them and said that suggestions or concerns were responded to quickly. They found the registered manager and provider very approachable and would be happy to raise any concerns with them, confident they would be acted upon.

The provider had a quality monitoring system in place to make sure the service provided remained safe and of good quality. They were looking to improve their system to suit their needs better in order to ensure they were responsive to making necessary improvements in the future. A range of auditing processes were undertaken at various intervals. People were asked their views of the service and the registered manager acted on the feedback provided to improve the quality of support to people.

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.

Staff knew how to keep people safe by following the safeguarding procedure and reporting any concerns they had.

Individual risks were assessed without impacting on people's independence. Risks to the environment were checked to help keep people and staff safe.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Accidents and incidents were reported and investigated.

Is the service effective?

Good

The service was effective.

Staff had one to one supervision and assessments while carrying out their role. Suitable training was provided to develop staffs skills appropriately.

People had control over the choices and decisions they wished to make.

Staff contacted health professionals when necessary to get the appropriate support for people.

Is the service caring?

Good

The service was caring.

People said they always had the same staff to support them so they knew each other well.

People were given information about the support they received and the standards they could expect from the staff.

People experienced care from staff who respected their privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People and / or their family members were involved in the whole care planning process and had the opportunity to change things.

People knew how to make a complaint and felt they would be listened to and action would be taken, although no complaints had been made.

People's views of the service were sought on a regular basis.

Is the service well-led?

Good

The service was well led.

The providers were fully involved in the running of the service on a day to day basis.

Staff felt supported and listened to. They felt their concerns would be acted upon.

Monitoring processes were in place to check the safety and quality of the service

Homelife Care Limited Crowborough

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 21 November 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of two inspectors, one of whom also made telephone calls to people and their relatives after the inspection. One other inspector made telephone calls to some staff following the inspection.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with five people who received personal care from the service, and four relatives, to gain their views and experience of the service provided. We also spoke to the registered manager, the provider and four care staff. After the inspection we gained feedback from one health and social care professional.

We looked at seven people's care files and six staff records as well as staff training records, the staff rota and

staff meeting minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems, medicine administration records and quality assurance records.

Good

Is the service safe?

Our findings

All the people we spoke to and their relatives said they were provided with a safe service and felt safe when staff were supporting them in their own homes. One person told us, "I feel very safe and secure, no problems ever", and another person said, "I need to use a hoist to move around. I definitely always feel safe with staff. I have never felt unsafe". A relative told us, "I think the staff are absolutely safe and my(relative) definitely feels safe, I would know if she didn't", and another relative said, "I definitely feel my(relative) is very safe. I have no concerns at all".

The provider helped to keep people safe by having a safeguarding procedure in place for staff to follow if they had concerns or suspicions of abuse. Staff received appropriate training to make sure they had the knowledge required to fulfil their responsibilities in keeping people safe. Staff were confident that the management team would deal with any issues quickly. They knew how to report and who to as well as which bodies outside of their own organisation they could go to if they needed to.

All the people we spoke to knew who they would contact if they had concerns and did not feel safe. People said they would speak to one of the two providers who they all knew by their names. Everyone, including relatives, were confident they would be listened to and their concerns would be acted upon.

An initial risk assessment was completed at the same time as the initial assessment. Individual risk assessments were carried out to identify risks and put measures in place to help prevent people coming to harm and to keep them safe. The types of risks identified included nutrition or hydration needs, declining mobility, behavioural issues, specific health conditions or risks associated with medical history.

Environmental risk assessments of people's homes were undertaken to identify any risks to staff when attending the property. The outside of the property was checked for hazards such as steps or slopes to the property, poor street lighting and where the nearest parking was. The inside of the property was looked at to check it was free from obstacles or the risks associated with rugs and mats, electrical installations or if the person had any pets. The registered manager paid attention to fire risks in the property, checking that people had smoke alarms for example. The registered manager told us they had good links with the fire service to help support people to keep safe. The registered manager told us they contacted the fire service to request a visit when people did not have smoke alarms in their homes. People would then receive the support necessary to install smoke alarms in order to help keep them safe within their home. The registered manager also kept a list of reputable contractors in the local area that she made available to people if they needed it to support with repairs and maintenance. A health and social care professional told us, "(The registered manager name) has been in touch with me, voicing concern about clients' home environments and she has referred clients and their families to me for an assessment of their situation".

The providers had an on call service available for people and staff outside of normal office hours, including weekends, if they needed to seek advice or impart information. An emergency plan was in place to make sure they were prepared for most circumstances that would have an impact on their ability to run the service. Such as adverse weather conditions, for example, heavy snow or flooding. Those people who were

the most vulnerable were prioritised as requiring priority support if an emergency did take place. For example, people who lived alone with no relatives living nearby and required personal care.

Personal protective equipment was available for staff to pick up from the office base whenever they needed to replenish their supply. We saw a stock of supplies and staff calling in during the inspection to collect disposable gloves etc.

Accidents and incidents had been recorded, capturing the actual incident and the appropriate action taken. Accidents and incidents were followed up by the registered manager as necessary.

The service was run from an office site in Crowborough. A structure was in place in the office that could meet the support needs of staff and manage the delivery of care and support to people. The providers had enough staff available to be able to provide people with their assessed support needs. People told us they usually had the same staff supporting them and we saw this was the case from the staff rotas. One person told us, "Yes I always have the same staff, sometimes others but that is when she is on holiday". Another person said, "Yes I do have the same carers, I have two carers twice a day and I have mainly the same eight staff". People's relatives had observed the same thing. One relative said, "They try to keep the same staff on the same days each week so my (relative) know who comes on what days". People and their relatives also told us that staff were never late and always stayed for their full allocated time. One person said, "They are always on time, they are very good. If they were a bit late they would let me know". A relative told us, "They are always on time, no problems whatsoever, they are never late and always stay for the whole time". This was important to people as it meant they always got the amount of support they required to meet their assessed care needs.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. Checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Application forms were completed by potential new staff which included a full employment history. The registered manager made sure that references were checked before new staff could commence employment.

We saw evidence that the registered manager had used the disciplinary procedure when staff were not carrying out their duties to the standard expected by the providers. One member of staff had received a verbal warning when it had come to the attention of the registered manager that they had sometimes not stayed the full amount of time when supporting people in their home. People were kept safe by the provider making sure they did not tolerate conduct from staff that was not up to the standard expected.

Most people either took care of their own medicines or a family member or friend assisted with this. However, some people did need the assistance of staff. Risk assessments were undertaken when people needed the assistance of staff to administer their medicines or to remind them to take them. Mental capacity assessments had been undertaken appropriately when people who may lack capacity required the support of staff to administer their medicines. Staff received training to make sure they were competent to take on the role of administering medicines. Medicines competency assessments were carried out with staff. Medicines administration records (MAR) were collected from people's homes every month by the registered manager who checked through them for poor practice such as frequent errors or poor recording. We found good documentation of the MAR sheets with no gaps in recording.

Good

Is the service effective?

Our findings

People told us that the staff knew what they were doing and they felt confident when staff were supporting them. One person said, "Yes they (staff) definitely know what they are doing". Another person we spoke to said, "They (staff) know what they are doing, they are absolutely spot on". The relatives we spoke to were also complimentary about the skills of staff. One relative told us, "They are all very efficient".

Staff told us they received the training they required to fulfil their role providing support to people. One member of staff said, "We are constantly doing training trying to keep up to date with the latest knowledge and understanding." Another told us there was an 'on-going' training programme which they completed. The providers had purchased a new training package from a training company in October 2015 which was in the form of a range of DVD's. Written knowledge tests were carried out following each training course. The registered manager told us they had taken the decision to include all training within staff's working hours. Time was allocated on the rota for staff to go in to the office to complete their training which meant they could discuss the training between themselves to enhance the training experience. Moving and handling training during induction and refreshers were carried out through the local authority training. This was to ensure all staff had the knowledge and skills to meet people's needs. Staff received training to meet people's specialist needs such as dementia and continence promotion. Not all the staff we spoke to felt the DVD's suited their individual needs and would prefer more face to face training.

We recommend the registered manager seeks advice and guidance about other forms of coaching and / or training to better suit the needs of all staff's learning styles.

The registered manager ensured new staff were equipped with the knowledge and confidence to carry out their role before they were able to support people fully on their own. New staff completed an induction which included working alongside existing staff to shadow them and meet the people they would be supporting. People told us they were always introduced to new staff before they supported them. One person said, "New staff are always introduced first before they come". A second person, who always had two staff to support them at a time, told us, "I am always introduced to anyone new. I never have two new staff together". One of the providers carried out the induction, making sure new staff knew what their responsibilities were and the standards expected of them in their role. Information needed to make sure new staff were kept safe and supported was also included, such as the lone working procedure and the numbers they could call out of office hours. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Staff were given the opportunity to develop and progress within their career by completing additional qualifications to further their knowledge. For example vocational qualifications in Health and Social Care.

Staff told us they felt supported in their role by the registered manager and the management team. One member of staff said, "I feel quite able to come in and talk to the management team about any issues or if I require any additional support." Another member of staff said when talking about the management team, "They are always on the end of the phone out of hours on call." Staff told us and records confirmed that staff

had received supervision and guidance, including spot checks, with a member of the management team. Supervision sessions involved observational assessments within people's houses and one to one meetings at the registered office. These meetings provided opportunities for staff to discuss their performance, development, any concerns they had and to receive direct feedback from the observation checks. Staff received an annual appraisal with the registered manager which gave them an opportunity to reflect on their practice and performance, and, then receive feedback from their line manager. Targets and goals were then set for the next year which included any training needs or areas for development.

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported to make decisions about their care when this was appropriate, for example, how people liked to have their support and at what times. The people we spoke with told us they made their own decisions and these were always respected. One person told us, "They always ask, make sure they are on the right track. Always checking if I need anything else. They never think about taking over, we are on equal terms". Another person we spoke to said, "We work it out between us. Its what I want".

The registered manager and staff were mostly aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Some staff did not have a clear understanding of the MCA although when asked other questions, they understood people's right to choose and consent. We asked the registered manager to check the content of their training and to ensure staff understood their training. One member of staff said, "We offer people choices and gain their consent before carrying out any personal care tasks." Records showed that when people lacked capacity a mental capacity assessment had been completed. Decisions had been made in the person's 'best interests' with the involvement of the person's relative's and relevant heath care professionals.

People's nutrition and hydration were assessed and recorded by the registered manager as part of their initial assessment. Staff received training in food handling and nutrition and diet which was regularly refreshed. At the time of our inspection the agency was not supporting anyone with their nutrition or hydration. The registered manager told us that they were guided by external health care professionals and had completed fluid charts for people following their advice.

People were supported to remain as healthy as possible if this was part of their care package. The registered manager had a contact document for each individual which recorded any contact the agency had had with each person. Records showed that a member of staff had reported concerns regarding a person's health during a visit. The registered manager contacted the person's doctor and arranged an appointment. The agency offered people a service at an additional cost to transport people to and from health care appointments. A health and social care professional shared with us what they thought the service did well, they said, "They are open to discussion and participating in finding the optimum solution for the client".

Good

Is the service caring?

Our findings

Every person we spoke to was very happy with the service they were receiving and were all complimentary about the staff who supported them. One person told us, "She is absolutely kind and caring. She is a wonderful carer. I wouldn't change her for the world", and another said, "They (staff) are absolutely fantastic. I couldn't do without them now. They cheer me up". A third person was also very pleased with their support and said, "We get on really well. There isn't one staff member I have come across who I haven't liked".

The relatives we spoke with were equally impressed with the staff. One relative told us, "They are all very caring. They are so helpful. On day one I felt at home with them. They have been so kind", and another relative said, "Definitely caring, she is brilliant".

People told us the staff who visited them to deliver their support knew them very well. One person said, "Yes, they definitely know me, we are more like friends now, that's what I like. I have got to know all of them well". Another person told us, "Oh yes, absolutely, they are like old friends now", and yet another person said, "Yes they all know me well and I know them well, we are all on first name terms". A health and social care professional said, "I have known a couple of clients who are or have been very fond of their carer(s). When possible the rota ensures continuity with the same person so that a good relationship can build up between carer and client".

The provider and registered manager knew people well and we heard them answering the telephone to people throughout the day. It was clear they knew people's circumstances and those dear to them. One person rang the office during the inspection as they wanted to change the usual day of their support to go shopping. The provider looked at options and made them clear to the person, making sure they understood what their choices were. Such as if they changed the day it would mean they wouldn't be able to have their usual staff member as they had a day off and which staff would be available instead. The options were considered and more than one telephone call was made and received to make sure the choices made would suit the person and that they were happy. Patience and consideration was given throughout the exchange.

Another exchange was observed between a staff member who visited the office and shared their concern with the registered manager about a person they had just visited. The registered manager immediately contacted health and social care professionals and the GP to share their worry.

The provider and registered manager had very recently wrote to all people who received support from the service asking what their needs and wishes were for their support over the Christmas period. This made sure people were given the opportunity to choose to change their support requirements to suit their needs and fit in with family life.

The registered manager included people in decisions about their support from the beginning. This made sure that staff had the information they needed to start to build good relationships with people. People

were asked how they wanted to be supported, what their preferred times of support were and their likes and dislikes before any support commenced.

Staff made sure people were comfortable and had everything they needed before the end of their visit. People were not rushed and staff always stayed the amount of time they were supposed to, sometimes longer. People told us that staff never made them feel they were rushing off, always checking to see if anything else was needed. One person said, "They always say 'do you want a cup of tea before I go? Is there anything else I can do? Do you need any shopping? They always ask even though they are not down for this". Relatives were also pleased that staff knew how their loved ones liked things done. One relative told us, "Yes, they know exactly what he likes".

The registered manager made sure that people received a list every week of their planned support. The list included the days their support was booked for with the times and which staff member was supporting them on that day. These were hand delivered to people by the staff the week before. Family members who required the information were emailed the list.

People were treated with dignity and respect by the staff team. The people we spoke with said that all staff treated their home with respect when they visited. One person told us, "Yes they definitely treat me and my home with respect. I always look forward to them coming". A relative of a person who received support from Homelife Care Limited said, "They always treat my (relative) with respect. I couldn't be happier".

Staff gave examples of how they protected people's privacy and dignity as much as possible, such as supporting people with their personal care in private, covering people up and not speaking about people in front of other people. One member of staff said, "We offer people choices and gain their consent before carrying out any personal care tasks." Another staff member told us, "I like to see how much people can do themselves, once I know this, these are the things I encourage them to do. When I am giving personal care I think how I would feel, I pull the curtains if the room is overlooked, I close the door and I place a towel over them".

Good

Is the service responsive?

Our findings

People and their relatives told us they knew all about their care plan and had been fully involved in putting it together. One person said, "Yes I was involved in it (the care plan). They asked me what I needed. We do have reviews every now and then and I talk to them in the office", and another person told us, "Yes I have a care plan that lists everything I need done. (The registered manager named) comes once a year to review it and rings six months in between. It doesn't need more as little changes".

A relative told us about their loved one's care plan, "I was involved in (person name) care plan. I told them how (person) liked things done and that is what they do. It works very well. It was reviewed after 6 – 8 weeks, then again a few months later". Another relative said, "Yes (the provider and registered manager's names) did the care plan, I met with them. They check that things are still OK regularly".

An initial assessment was completed with people by a member of the management team before the service could commence. This was completed with the person and or the relatives following a referral from various sources including a self-referral, referral from a GP or district nurse or social services. The assessment detailed the specific support which was required from staff, the frequency of visits and the duration. A record of people's emergency contact details and medical history was recorded which included any aids the person used such as a walking frame or a hoist. The assessment process supported the management team to find out people's expectations of the service and to provide what had been requested.

The information from the initial assessment was transferred onto the computer by a member of the management team which produced an electronic care plan. The care plans included detailed information and guidance to inform staff how to meet people's individual needs. Such as how much a person could do themselves and at what point staff needed to assist with a person's personal care. Records showed that people were involved in the development of their care plan by advising staff how and when they would like the service provided. The outcomes required for each support task was clear, such as maintaining independence as much as possible and preserving dignity and respect by taking the person's lead.

Systems were in place to ensure people's care plans were reviewed with them on a regular basis. A rolling programme was in place which included a three monthly, six monthly and yearly care plan review. The registered manager had a system in place to inform the management team when a review was due. More frequent reviews were undertaken if people's needs changed. Records showed people had been involved in the development and review of their care plans. People using the service had a record which was kept within their home documenting the support they had received during their visit.

Feedback was sought from people using the service and or their relatives through quality assurance questionnaires which were sent out annually. These were last sent out in March 2016, 100 questionnaires were sent out with 54 returned. Comments from people included, 'A very good service.' Another read, 'We are very happy with the service. Every single carer we have had is excellent, helpful and courteous.' A third read, 'I am very satisfied with the help I receive.' A fourth read, 'I am so very pleased that your staff are doing such a great job.' Three less positive comments had been made on the questionnaires and these had been

actioned individually by the registered manager. One person had commented that not all staff made their bed, the registered manager sent out a memo to all staff reminding them to make the bed. People's views were acted upon to improve the quality of the service they received.

People knew how to make a complaint although everyone we spoke with said they'd had no need to. People said they would go straight to one of the providers whose names were known by all the people we spoke to and their relatives. They felt confident they would be listened to and action would be taken.

A complaints policy and procedure was in place which included the process that would be followed in the event of a complaint. Information regarding how to make a complaint or compliment about the service people received was recorded within the service user guide. Feedback from the questionnaires which were sent out by the Care Quality Commission showed that a high proportion of people and their relatives knew how to make a complaint and felt that staff responded well to any concerns. The service had not received any formal complaints raised in the 12 months prior to our inspection.

The registered manager kept a record of compliments the agency had received about the service they provided to people. These were in the form of cards and letters from people who had used the agency or a relative of someone who had used the agency. One card from a relative read, 'I would like to thank everyone who cared for my late father', and another read 'Thank you for all your help'. A third read 'We would just like to thank you and your lovely carers for all the kindness shown'.

Good

Is the service well-led?

Our findings

All the people we spoke to had positive experiences with the providers of Homelife Care Limited. We did not speak to anyone who had negative comments to make about the management of the service. One person told us, "It's very organised, staff always turn up when they should. I get a rota emailed to me every Friday and it is always complete. If I need to change times they always try to accommodate it and usually do". Another person said, "The service is absolutely brilliant. (the registered manager name) comes to check that everything is alright".

People's relatives were equally complimentary about how the service was run. One relative said, "Definitely run well. The owners said if you need anything call us straight away. I am very taken with them. It gives me confidence for the future, if I need care I would be very happy for them to look after me too". Another relative told us, "It is well managed, no problems at all, everything is good. (person name) has been asked Christmas requirements already. We are well informed".

Staff were encouraged to raise concerns if they had them and the providers whistleblowing procedure very clearly encouraged staff to raise concerns outside of the organisation if they needed to. All the information they needed to do this was included. Such as numbers of external organisations to refer to, for example, national whistleblowing helplines and CQC.

The provider and registered manager told us they did not accept business from outside a ten mile radius from their office base. This ensured they continued to provide a good quality service and that their staff were not overstretched by having long distances to travel in between visits.

The providers kept in close contact with all staff members. One member of staff said, "It is such a good company to work for". Staff were expected to call in to the office every week on Friday at a time to suit them. If they were unable to make one week they were expected to attend the following week. Staff rota's for the following week were ready for them to pick up on Friday each week as well as taking the visit lists to deliver these to people before the following week. Staff had the opportunity to speak to either the provider or registered manager if they needed to as they were always available on these days. The provider or registered manager could arrange to speak with individual members of staff on these days if they needed to. One staff member told us,"They are always there when you need them they will always listen to you". Internal memos were written by the registered manager in time for Friday each week to hand to staff. The memo held information and updates to pass on to staff. For example, if people's support times had changed, there were new people to support or if people had been admitted or discharged from hospital. A member of staff told us, "We go to the office every Friday and the managers tell us then if there are any changes we have not already been told about. I would also tell them if I have noticed any changes". The registered manager told us people were also aware of this means of communication with staff and often made contact to ask them to include some information in their memo.

The registered manager told us it was difficult to get all the members of staff together to hold a staff meeting due to the support commitments and staff personal commitments. As they saw all members of staff every

week as well as during supervisions and spot checks, the provider and registered manager had decided that an annual staff meeting was realistic. A staff meeting with all staff members present had been arranged for the week we visited to carry out our inspection and was being held in a local village hall. The providers used the opportunity to show their appreciation to staff at Christmas by either holding a Christmas dinner or purchasing a small gift.

Although the providers did not carry out a staff survey to test staff satisfaction they said they used the annual appraisal for this purpose and had recently redesigned the appraisal format to take this into account. They felt their staff team was small enough to enable them to do this. During the inspection the provider and registered manager decided it would be of benefit to staff and the development of the service to undertake a staff survey that could be anonymous if staff wished. They therefore undertook to carry this out very quickly, using the staff meeting that was due to take place. The providers planned to use the feedback to analyse the results in order to make improvements where necessary.

Quality assurance processes were in place for the provider and registered manager to check the quality and safety of the service provided. Care files and staff recording of their visits to people to provide support in their home were checked regularly for content and accuracy. Medicine administration records were checked to make sure there were no gaps in recording and they were legible and neat to help to prevent errors. People and or their relatives views were sought about the service provided in order to improve where necessary. The registered manager was in the process of formally seeking the views of staff. The provider and registered manager had identified the need to develop their quality assurance systems further in order to analyse the impact of their service on people and to better improve. To this end they told us they had asked an independent consultant for their assistance and they were waiting for a date to begin this work.

The providers had policies and procedures that were easy to follow and suited the needs of their service well. Staff would be able to access and understand the information within them when they needed to refer to them for guidance.

We had good feedback about the provider and registered manager from everyone we spoke to, people and their relatives, staff and health and social care professionals. All the people and relatives we spoke to told us that they would recommend the service to others. One person said, "I would always recommend them. I have said to my friend, you should do it too. The standard is absolutely brilliant. It's a first class service, it couldn't be better". A relative told us, "I would recommend them to anyone. I was apprehensive about having carers in my home but I didn't need to be, they have been so good". One member of staff said, "They are really good bosses".
A health and social care professional said, "(The registered manager and provider names) respond well and it is easy to work with them towards a good outcome".