Here to Care Limited

Here2Care (Medway)

Inspection report

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Date of inspection visit: 24 and 26 February 2015
Date of publication: 27/04/2015

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

Overall summary

The inspection was announced and was carried out on 24 and 26 February 2015 by two inspectors and supported by an expert by experience.

Here2Care (Medway) is a domiciliary care agency providing personal care to people in their own homes in and around Rochester Kent. The service focuses on enabling adults to regain their independence during a period of recovery as well as helping people who need longer term care in the community. Some people using the service live with Dementia, or had learning and/or physical disabilities.

At the last inspection on 09 December 2013, we asked the provider to take action to make improvements to staffing levels and late calls; the management and recording of the administration of medicines; and the monitoring system to assess the quality of service people received.

Summary of findings

We received an action plan stating that all remedial action would be completed by 31 March 2014. During this inspection we found that this action had been completed.

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

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of re-occurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs. There was a new call monitoring system in place that monitored staff's time keeping and travel time was taken into account. The manager followed safe recruitment practices.

Staff were trained in the safe administration of medicines. Records relevant to the administration of medicines were monitored to ensure they were accurately kept and medicines were administered safely to people according to their needs.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before care was provided and were continually reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff had completed the training they needed to care for people in a safe way. They had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs.

All care staff and management were trained in the principles of the Mental Capacity Act 2005 (MCA) and were knowledgeable about the requirements of the legislation. People's mental capacity was assessed and meetings were held in their best interest when appropriate.

Staff sought and obtained people's consent before they provided care. When people declined, their wishes were respected and staff reported this to the manager so that people's refusals were recorded and monitored.

Staff provided meals when appropriate and ensured they were well balanced to promote people's health. Staff knew about people's dietary preferences and restrictions.

People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their care and treatment was delivered.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs when they had visual impairment.

People's privacy was respected and people were assisted with their personal care needs in a way that respected their dignity.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual plans of care, likes and dislikes and preferred activities. The staff promoted people's independence and recovery. They encouraged people to do as much as possible for themselves.

People's individual assessments and care plans were reviewed regularly with their participation or their representatives' involvement. A relative told us, " We are invited to participate in the reviews of our Mum's care so our opinion can be taken into account". People's care plans were updated when their needs changed to make sure they received the care and support they needed.

The provider took account of people's complaints, comments and suggestions. People's views were sought

Summary of findings

and acted upon. The provider sent questionnaires regularly to people, their legal representatives and stakeholders. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued and supported under the manager's leadership. There was honesty and transparency from staff and management when mistakes occurred. The manager notified the Care Quality Commission of any significant events that affected people or the service. Comprehensive quality assurance audits were carried out to identify how the service could improve and the manager had an action plan for making the improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse. Staff knew about and used policies and guidance to minimise the risks associated with people's care.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice. Medicines were administered safely.

Is the service effective?

Good

The service was effective.

All staff had completed essential training to maintain their knowledge and skills. Additional training was provided so staff were knowledgeable about people's individual requirements.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when required.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Information was provided to people about the service and how to complain. People were involved in the planning of their care and support and staff provided clear explanations to support people's decisions.

Staff respected people's privacy and dignity.

The staff promoted people's independence and encouraged people to do as much for themselves as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into the service. People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted on.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focussed on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

Staff had confidence in the registered manager's response when they had any concerns.

There was a system of quality assurance in place. The registered manager and senior staff carried out audits of every aspect of the service to identify where improvements to the service could be made.

Here2Care (Medway)

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 was carried out on 24 and 26 February 2015 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the managers and staff we needed to speak to were available.

The inspection was carried out by one inspector on the first day and two inspectors on the second day. An expert by experience supported the findings of the inspection by contacting a number of people who received care from the agency to gather their feedback. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise included neurology, mental health and supported living. 158 people received care from the agency at the time of our inspection.

Before our inspection we looked at records that were sent to us by the registered manager or social services to inform us of any significant changes and events. We reviewed our previous inspection reports and the service's improvement plan. We consulted a G.P., an occupational therapist and two local authority case managers who oversaw people's welfare while they received support from the service. We obtained their feedback about their experience of the service.

We spoke with 25 people and eight of their relatives to gather their feedback. We also spoke with the registered manager, a director who had the responsibility for supervising the management of the regulated activity, and seven members of staff.

We looked at records that included nine people's care plans and reviews, risk assessments and medicines administration records. We consulted six staff files, staff rotas, staff training records, satisfaction surveys, quality assurance checks, audits and sampled eight policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt safe when staff provided care and support. People told us, "I feel quite safe when the staff are here as I know I am in good hands", "They give me my meds as they should be given and they take good care of me" and, "The staff are very safety conscious".

At the last inspection on 9 December 2013 we found that people were not protected against the risks of receiving care later than was planned; people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage and monitor the administration of medicines.

Appropriate action had been taken to remedy this and ensured the provider achieved compliance with the Regulation 9 of the Health and Social Care Act 2008.

There were sufficient staff on duty to meet people's needs. There were 63 care workers and seven office staff deployed. A manager from a sister service acted as a deputy manager to cover the registered manager during holidays. The manager told us, "We have enough staff to cover all calls and numbers are planned in accordance with people's needs". Travelling time was taken into account when staff's visits were scheduled. A care worker told us, "There are enough of us especially now that the calls are planned more geographically taking account of travel time". A new 'call monitoring system' had been installed by the provider. This system indicated when care workers were late in reaching people's home. A care coordinator monitored the system and responded with calling people and/or sending additional care workers when care workers were late.

The manager and the care advisor reviewed the care needs for people whenever their needs changed to determine the staffing levels needed and increased staffing levels accordingly. People told us that when they needed two care workers this was provided. This ensured there were enough staff to meet people's needs.

People's medicines were managed so that they received them safely. The service held a policy for the administration of medicines that was regularly reviewed and current. Staff had received appropriate training and competence checks in the recording, handling, safe keeping, administration and disposal of medicines. People 's needs relevant to their medicines were assessed at three levels to determine the staff that were allocated to support them to make sure they had the right skills and training. Level support was provided for people who self-medicated and who may need prompting. At another level staff assisted or administered the medicines. At a further level, staff who had received specialist training administered medicines for people who were unable to take medicines orally. People had a 'medication plan of care' that included clear guidance for staff to follow. This included how and when to administer medicines that were prescribed to be taken 'as required'.

Staff signed individual Medication Administration Records (MAR) to evidence the medicine had been taken. Appropriate coding was used to indicate when people refused, were absent or too ill to take their medicines. MAR sheets were returned to the office every four weeks and were audited by the manager to check that they were accurately completed. Checks had highlighted an omission and prompt action had been taken to remedy this. The manager had informed the person's G.P. and legal representative, and had ensured the member of staff attended a refresher course in the administration of medicines.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff had made appropriate referrals to the local authorities when they had been concerned about people's safety. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. Additional training for safeguarding children was also provided. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse and they knew how to use the whistle blowing policy should they have any concerns. One member of staff said, "I would not hesitate to report any concerns as people's safety comes before anything else". They told us that they had confidence in the manager's response. They said, "I know I will be listened to" and, "The manager takes notice and takes action".

We checked six staff files to ensure safe recruitment procedures were followed. Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with vulnerable people. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a

Good

Is the service safe?

satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks and appropriate guidance for staff. For example, risk assessments had been carried out for a person who was at risk of slipping out of their wheelchair. Staff followed the relevant guidance and checked that their seat belt was securely fastened. A further example was a risk assessment for a person who was at risk of malnutrition. Additional staff had been provided to escort the person shopping and ensure that a sufficient amount of groceries was purchased.

Accidents and incidents were recorded and monitored daily by the manager. If people had experienced a fall, their environment and care package were re-assessed to ensure hazards were identified and reduced. A health and safety officer audited all accidents and incidents every two months to check whether there were any common triggers that could be further avoided.

The manager ensured that the office premises were secure. Access to the premises was secured with an alarm system and a close circuit camera. Fire drills were practised twice yearly and all fire protection equipment was regularly serviced and maintained. Evacuation plans were clearly displayed in the office. All staff were trained in first aid and fire awareness. Staff had responded promptly and appropriately when a fire had started in a person's home.

Assessments of people's environment were carried out in their homes before the staff started to provide care. These included checking the access and exit of properties, and identifying potential hazards such as stairs, floorings and kitchen appliances. People were referred to the fire service if they wished to have a fire detector device installed. People were referred to appropriate services when they wished to have a safe keeping system for their keys. All equipment that assisted people in their home was checked each time people's care was reviewed. This included checking that hoists were in good working order, serviced regularly and that the correct size of slings was used.

The provider had an appropriate business contingency plan that addressed possible emergencies such as extreme weather and epidemics. This plan was specific to the service and included current details of people's individual needs in case of evacuation.

When people has expressed their wishes regarding resuscitation, staff were made aware of where to locate the relevant document in people's homes in case of emergency. There was an out of hour's system to respond to people. This had been used efficiently when out of hour's staff had called emergency services appropriately on a person's behalf.

Good

Is the service effective?

Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. Two people told us, "The staff come every day and do exactly what we agreed" and, "The girls are good on the whole, they seem to be well trained". Two relative said, "They get the job done even though our family member needs a lot of coaxing" and, "The girls are efficient at getting the job done. Everything is recorded in the care plan, and they do what is in it".

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific to the needs of the people they supported. This included dementia and diabetes awareness, dignity and equality, learning disability, managing behaviours that challenge and stoma care. The staff we spoke with were knowledgeable of the specific needs of people who lived with dementia. The staff who had not yet received this training were scheduled to attend within the next two months. The manager told us staff were subject to disciplinary procedures if they did not attend their training or refresher courses. A member of staff told us, "If we visit a person who lives with dementia, we may need to provide extra reassurance and make sure they are oriented and feeling safe". Staff were supported to gain qualifications in health and social care. One member of staff told us, "I have been encouraged to study for a diploma in health and social care and offered extra support as I have a learning difficulty".

All members of care staff received one to one supervision sessions every three months and were scheduled for an annual appraisal. Two members of staff told us, "I love my job; I love the people, being part of a good team, the training and the support" and, "We get all the support we need to do our work and we can study to get more qualified".

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the manager and they demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. A system was in place to assess people's mental capacity for decisions, for example whether or not to accept assistance with personal care or the administration of medicines. Such assessments were followed by best interest meetings to make decisions on people's behalf when appropriate. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. A local authority case manager told us, "When a best interest meeting was held for a person who was assessed as not having mental capacity for a particular decision, the person's main care worker was advocating on their behalf and represented their views efficiently".

Staff sought and obtained people's consent before they helped them. One person told us, "The staff are respectful, they always check with me before they do anything". People's refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes. On-going refusals for support with care needs were monitored by the registered manager.

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about

what to eat and drink as staff offered options. For example a member of staff told us they checked the contents of a person's fridge, offered different options of meals for the week and ensured relevant ingredients were purchased. One relative said, "My Mother is given choice for breakfast and lunch; the staff help Mum select her evening hot meal from the freezer for the following day". The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

Staff were given written instructions to carry out additional checks during hot weather to ensure people were not at risk of dehydration. A person whose appetite had declined was encouraged to eat by staff and was provided with fortified drinks. The staff had notified their G.P and the person had been referred to a dietician. People were supported to have a balanced diet that promoted healthy eating, for example staff made recommendations about purchasing 'five a day' when they escorted people shopping for groceries.

People were involved in the regular monitoring of their health. Some people were recovering from an illness or

Good

Is the service effective?

injury and received short term care and support while they were rehabilitated. The progress of their recovery was closely monitored and recorded. When staff had concerns about people's health this was reported to the office, documented and acted upon. A person who experienced dizziness and a fall had been referred to their GP for a review of their medicines. An increase of their support had been discussed with them. They told us, "There was a full review and I was asked if I would mind having two care workers for a while to operate the equipment that was needed". Another person had requested an urgent review of their care plan as they wished to have more support and this had been promptly facilitated. This ensured the delivery of people's care and support responded to their health needs and wishes.

Good

Is the service caring?

Our findings

All the people we spoke with told us they were satisfied with the way staff supported them. Comments included, "They are very good; couldn't be better; I can't fault them", "The staff are cheerful, friendly and pleasant", They are lovely girls; All do that little but extra when needed" and, "They are kind and polite, respectful and dedicated".

Positive caring relationships were developed with people. Two people told us "I have had the same care worker for a year" and, "My care worker makes me feel really special – always has time to include my wife and grandson in our chats". Staff told us they valued the people they visited and spent time talking with them while they provided care and support. One member of staff said, "I build a relationship with them and I do get attached as we get to know them well; they are part of our lives". Another told us, "People can feel lonely at times in their home and we can bridge this gap and bring a little joy as well as support".

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. A person's care plan included the fact that they preferred to eat with people. The staff were aware of this and remained chatting with them while they ate.

Information was provided to people about the services available, the cost and how to complain. A leaflet, a brochure and a service user guide were available in a larger format to assist people with visual impairment. Surveys included a pictorial format to help people express their levels of satisfaction. Explanations were provided by staff to people appropriately. For example a meeting with a case manager, a person and their care worker had been organised to explain to them how they could be supported with the management of their finances. A care advisor visited people in their homes before support was provided. This ensured people were involved in planning their care and support and that explanations were provided. One person told us, "All my questions were answered and all was very clear".

The service held information about advocacy services and followed guidance that was provided by the local authority. A system for referring people to advocates was in place. An advocate can help people express their views when no one else is available to assist them.

People's privacy was respected and people were assisted with their personal care needs in a way that respected their dignity. The staff had received training in respecting people's privacy, dignity and confidentiality. People described to us how staff ensured their privacy and dignity were respected. One person told us, "They are respectful when they washing me and respect the boundaries I have set". Another said, "They are very respectful and close the door and cover my body with a towel without delay". The service held policies on dignity and respect, confidentiality, social media and networking that had been updated in January 2015. Staff were reminded of the importance of protecting people's information at team meetings.

The staff promoted people's independence and encouraged people to do as much as possible for themselves. People who recovered from illness or injury received care and support for a period of up to six weeks. This specific support aimed to assist people in regaining their confidence and skills so they could remain independent in their own homes. Some people received support when they went out to do their shopping and when doing their laundry. A relative told us, "The support is useful as it gives me a break and allows my husband to get out and be independent". A person's care plan was written by the person who was supported and included "Assist me with the shopping bags when I arrive home and I will do the rest". The person confirmed these instructions were followed by staff. They told us, "My care worker encourages my independence. She goes by my lead".

Good

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. People told us, "They do what is needed after I explained what I needed to be done" and "The last review of my care was particularly thorough, we went through it together; they seem to be improving a lot". Two relatives told us, "We are invited to participate in the reviews of our Mum's care so our opinion can be taken into account" and, "They know our Mum well and manage to do what she wants them to do the way she likes things done".

A care advisor and a care quality officer carried out people's needs and risk assessments before the care began. This included needs relevant to their mobility, health, communication, likes and dislikes and social activities. The staff were made aware of these assessments to ensure they were knowledgeable about people's particular needs before they provided care and support. Within three days, these assessments were developed into individualised care plans that were re-submitted to people for them to make amendments if they wished.

People's care was planned taking account of their preferences and what was important to them, such as the goals they wished to achieve. Care plans were developed with people's involvement and included specific requests from people about how they wished to have their care provided. A person had expressed the wish for a particular ritual to be followed regarding their cutlery; another person requested only female care workers; another had requested a change of care workers. These requests had been responded to without delay.

People's individual assessments and care plans were reviewed every three months or sooner by a care quality officer. They were updated appropriately when their needs had changed. People or their legal representatives were involved with these reviews and were informed in advance when the reviews were scheduled. This ensured people were able to think in advance about any changes they may wish to implement. Three care plans had been updated when a person had progressed in their recovery to recommend a reduction of support. Two other care plans had been updated to reflect an increase of care for people who needed longer term support. A review of a person's care highlighted their need for increased support and equipment. Daily reports showed these recommendations were followed in practice as staff were providing this support.

People's care was reviewed when sudden changes occurred in people's needs. For example, after a fall or when people returned home after a period of hospitalisation. Updates concerning people's welfare were appropriately and promptly communicated to staff. This showed that people's care plans were updated and people's health needs were met in practice responding to people's changing needs.

The provider had a complaints policy and procedure that had been updated in January 2015. People were aware of the complaint procedures to follow. One person told us, "I know who to complain to in writing although it is quicker to just call the office". Three complaints had been lodged with the service over the last twelve months. The complaints had been addressed promptly and appropriately as per the service's policy and procedure.

People's views were sought and acted upon. Surveys about people's satisfaction about their care and treatment was carried out each time their care was reviewed. People were assisted with expressing their views in writing when they requested it. Additional comprehensive questionnaires were sent to people that sought people's views on specific aspect of the service's delivery of support. Questions included, "Are your human rights respected and upheld?; are you involved in making decisions about the care?; are your views taken into account?". Further survey questionnaires about the overall quality of the service were sent annually to people, their legal representatives, and stakeholders such as health care professionals and case managers from the local authority. The last surveys had been carried out in September and October 2014. We noted that people were satisfied with the quality of care provided, although several people had expressed their dissatisfaction about the lack of regular care workers at weekends and punctuality. The manager had responded to the people who were dissatisfied and explained to us that weekend cover presented difficulties although this was in the process of being remedied. A new system to monitor staff's times of arrival and departure had been introduced

Good

Is the service responsive?

as a response to people's surveys. The manager told us, "This has made a real difference for the better as we can now monitor staff and arrange cover if they are running late".

Two case managers told us they were dissatisfied with the office staff's lack of timely response when they needed to discuss care packages. This was discussed with the manager who took responsive action to drive improvements and who chaired a meeting with the office staff to remedy this.

Staff escorted people when they went out shopping and when they wished to partake in activities. Staff provided transport to ensure people had access to garden centres, parks, tea rooms and shopping malls and accompanied them. Staff had checked the suitability of a bowling facility to ensure a person's wheelchair would be accommodated and escorted people. A member of staff told us, "We try and think of outings they would like to do, taking in consideration their preference, their ability and circumstances; then we suggest options and plan it well to make sure all will go smoothly and that they will have a good time". This ensured people's social isolation was reduced in the community.

Good

Is the service well-led?

Our findings

Our discussions with people, their relatives, the registered manager and staff showed us that there was an open and positive culture that focussed on people. People told us, "I have noticed improvement in the management, they are more efficient than they were six months ago" and "The staff are obviously trained to value us and respect us". The staff we spoke with told us, "We are part of a team that places people at the centre of what we do" and "There is a positive atmosphere about making a difference for people".

At the last inspection on 9 December 2013 we found that there were not sufficient effective systems in place to regularly assess and monitor the quality of service that people received.

We found that appropriate action had been taken to remedy this and ensured the provider achieved compliance with the Regulation 10 of the Health and Social Care Act 2008.

Members of staff were welcome to come into the office to speak with the management team at any time and we saw that they approached them in the office several times during the day. Members of staff confirmed that they had confidence in the management. Staff told us, "We have a fantastic manager, she is very approachable" and, "We are invited to contribute at team meetings and make suggestions about how the service could improve".

Staff had easy access to the provider's policies and procedures that had been reviewed and updated in January 2015. Attention was paid to changes ahead of new legislation that could affect the service. All staff had been informed when updates had taken place. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

Staff were encouraged to make suggestions about how to improve the service. There was a staff suggestions and comments box that was emptied by the registered manager every month. However the staff told us they preferred to talk and discuss practice issues during team meetings.

The registered manager held several meetings with staff. These included a meeting with all office staff every three months, a meeting with the coordination team every six weeks, and a meeting with the client service department every six weeks. Senior care workers held a monthly team meeting with care staff and reported to the registered manager. New information was promptly distributed to staff by post, emails and text messages on their mobile phones. Records about a team meeting showed us that issues such as improvement of communication, travelling time and weekend calls had been discussed as a response to people's satisfaction surveys.

A system of quality assurance checks was in place and implemented. Staff's practice was monitored through regular unannounced 'spot checks' that recorded staff's timeliness and performance. When shortfalls were identified, action was taken. For example, a spot check had highlighted a lack of personal protective equipment being worn by a member of staff. The member of staff was subject to additional monitoring and supervision. Staff were subject to disciplinary action should they not attend the training that was scheduled for them. This action ensured that people were supported by staff who maintained their knowledge and skills.

Audits were carried out to monitor the quality of the service and identify how the service could improve. These included audits of documentation were regularly carried out to ensure that all care plans and risk assessments were appropriately completed and maintained. Daily monitoring of the call system was ensured by an allocated member of staff. Regular audits relevant to health and safety in the office and audits of accidents and incidents were carried out every two months by an internal health and safety officer. They reported their findings to the manager so they could identify common triggers and minimise further risks. Audits of equipment checks in people's home were carried out to ensure they were serviced regularly. All satisfaction surveys and people's complaints were audited by the manager to identify how the service could improve.

The registered manager had implemented changes in the service as a result of these audit checks. This included a new call monitoring system to minimise occurrence of staff lateness, a new monitoring system regarding the administration and recording of medicines and a new system to gather people's feedback in order to identify how the service could improve. The registered manager told us,

Good

Is the service well-led?

"We continually strive to improve as this is an on-going process". The registered manager had organised meetings with staff and local authority case managers to discuss further improvements in communication.

The provider spoke to us about their philosophy of care for the service. They told us, "We want to provide really good quality care to people, the same level of care that we would like to see our relatives receive". The manager told us, "Everybody deserves to be treated like they were our own family members and I wish I could get to know all our service users personally". The staff we spoke with told us they found the manager "Really understanding of the problems staff and service users face", "Tuned in" and "Responsive to the staff".

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept people's families involved in decisions concerning their family members' safety and welfare.

There was honesty and transparency from staff and management when mistakes occurred. For example staff had promptly reported an omission regarding the administration of medicines. Action had been taken by the registered manager who notified the person, their relative, their G.P. and the local authority. Additional training had been provided to the member of staff. The registered manager told us, "We learn from any mistakes so we can make sure they do not happen again".

People's records were kept securely. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.