Jorada Limited

Hamilton House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 19 and 21 April 2016. The inspection was announced.

Hamilton House is a domiciliary care agency providing personal care to people living 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 in the Medway local authority area, but also to some people who live in the Kent local authority area. There were approximately 60 people receiving support to meet their personal care needs on the days we inspected.

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.

The providers of the service, one of whom was also the registered manager and the other was the principal, were fully involved in the day to day running and management of the service. The registered manager and the principal supported two supervisors who supported two care coordinators and two support supervisors who in turn supported the care staff. An administration staff structure was in place to support the management and care teams using time efficiently for the benefit of people using the service.

People and their relatives told us they felt safe when receiving support from the service. Staff knew their responsibilities in keeping people safe, they had a good understanding of what constitutes abuse and how to safeguard vulnerable adults from abuse. They were clear about the reporting mechanisms for any suspicions they may have and who they could report to outside of Hamilton House if necessary.

The registered manager made sure risks were identified and managed by having risk assessments in place. People had clear individual risk assessments that were easy for staff to follow when supporting each person. Addressing people's own vulnerable situations and how best to manage risks in their particular circumstances. Environmental risks were identified inside and outside people's homes, protecting people and staff while support was being provided.

The provider followed safe recruitment procedures to make sure the staff they employed were suitable to carry out their role. Enough staff were available to be able to run an effective service, responsive to people's needs. Staff had the training and supervision required to be able to perform well in their role. Their personal development needs were identified and supported within a supervision and annual appraisal system. Staff told us they felt supported by the training and the process for one to one supervision and observation.

Not everyone needed support with taking their medicines, and those that did often had family members to take most of the responsibility for their medicines. Where staff were asked to support people with taking

medicines, safe processes were in place to safeguard people and staff.

People or their family members would usually contact health care professionals for appointments and advice. When this was not the case, staff supported people with their health care needs. When staff had concerns about a person they reported to senior members of staff for support and advice.

People and their relatives were clear that staff were very good and had a kind and caring approach. Staff told us how they loved their job and enjoyed having good conversations with people. People and their family members were involved in assessing and planning their support, having the opportunity to say how they liked things done and to change things when they wished. Staff knew how important it was to treat people with dignity and respect, and gave examples of this. Confidentiality was understood by staff and all records were stored securely, making sure people's privacy was respected.

A complaints procedure was in place and people and their relatives knew how to make a complaint. However, some people thought the provider did not always respond quickly enough to complaints or concerns. We have made a recommendation about this.

People were asked their views of the service they received every six months and people were generally happy with their support. Staff had the opportunity to give their views by being invited to complete an annual survey as well as taking part in a 360° appraisal of the providers' performance. Feedback from staff was primarily good when looking at both the survey and the appraisal results for 2015.

Staff said the managers were approachable and they would have no problems going to any of them if they had concerns they wished to report and were confident action would be taken. The registered manager and the principal, as providers, were involved in the day to day running of the service. They were available on a daily basis so had a good knowledge of what was going on and able to respond to issues if needed. Staff meetings were regular, keeping staff up to date and aiding communication and learning.

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 had a good understanding of how to safeguard vulnerable people and knew their own responsibilities in reporting suspicions.

Risks were assessed well keeping people and staff safe.

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

Is the service effective?

Good

The service was effective.

Staff had regular supervision within their role and had suitable training to develop their skills appropriately.

People were able to exercise choice and control in decision making.

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

Is the service caring?

Good

The service was caring.

People said the staff had a good approach and nothing was too much trouble for them.

People often had the same staff to support them in their home so they were able to get to know each other.

People's privacy and dignity was respected. Confidentiality was maintained by staff who understood the importance of protecting people's privacy

Is the service responsive?

Good

The service was responsive.

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

Complaints were investigated but not always responded to appropriately

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

Is the service well-led?

Good

The service was well led.

The management team were visible and available on a daily 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.

Hamilton House

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 19 and 21 April and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one inspector. An expert experience was used to contact people who used the service and their relatives to give their views by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we 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 the registered manager, the principal and four staff members at the time of inspection. We also spoke to 11 people who used the service and two relatives of people who used the service.

We spent time looking at five people's care records and six staff records together with their rota's, training plans and records. We also looked at policies and procedures, complaints, accident and incident recordings and quality assurance audits.

This was the first comprehensive ratings inspection for this service since it completed a new registration with CQC on 12 January 2015.

Good

Is the service safe?

Our findings

People told us they felt perfectly safe when being supported by the staff employed by Hamilton House. Two people said things had improved recently and they were quite happy now. One person's relative said, "The carer comes in after I have left in the morning and I feel fairly confident that they will help my husband with personal care and his breakfast and make sure he is safe before they leave".

The providers had a clear safeguarding procedure that had all the relevant and up to date guidance staff would need to follow if required. The safeguarding procedure included all the appropriate contact details for external organisations such as the local authority and a whistleblowing helpline. Staff had a good understanding of the signs of abuse and what to look for. They were able to tell us what they would do if they had concerns about a person or situation and who they would report this to. Staff were also aware of who to take concerns to outside of the organisation should they need to and said they would have no hesitation in doing this. One staff member told us, "I would report concerns in an instant. If it was my family member I would want the same done". Another said, "I would have no qualms going higher if necessary, or going outside of the organisation". Staff had the knowledge to be able to protect people from abuse and harm.

The risks involved in delivering people's care had been assessed to keep people safe. Staff were aware of risk assessments and their responsibility to understand them and follow the guidance to support people in the correct way. The senior staff wrote individual risk assessments. However care assistants would inform them if there were changes to people's needs or circumstances that would affect the assessed risk or create new risks. Individual risk assessments included how staff kept people safe from falls or how to care for and manage people's frail skin. If people were thought to be at high risk, this would be highlighted in red throughout the care plan to easily draw the attention of staff. For example, a person who had very sensitive skin, their plan stated that their legs must be pat dried - this was highlighted in red guiding the staff to the appropriate risk assessment. Guidance was given within the risk assessment of what to do in various circumstances, for example when health care professionals or emergency services would need to be contacted. People were kept safe by detailed individual risk assessments for staff to follow.

Individual moving and handling assessments were carried out for those who required it. These included for instance, how people were supported to walk or get out of bed if they needed to be assisted by equipment such as a hoist. Comprehensive and clear, they provided the detailed guidance required. People we spoke to who required the use of a hoist told us that staff had been trained and were able to use the hoist safely. Equipment was inspected by staff to ensure its safety and to make sure any servicing had been carried out before being used. For example stair lifts or mobile hoists. Risks connected with moving people who had limited or no movement had been considered and plans put in place to make sure people and staff were safe from harm.

The provider had a business continuity plan to make sure they could respond to emergency situations such as adverse weather conditions affecting staff availability and services. People who used the service were prioritised according to need by colour coding, as red, amber or green. For example, those who did not have

family members to help them would be classed as a priority and be coded as red. An on call service was in operation for out of hour's concerns, issues or emergency situations, manned by senior members of staff. The vulnerability of people was considered and assessed to make sure they were safe in situations that affected the care and support they needed.

The registered manager made sure environmental risk assessments were undertaken to identify risks to people or staff by hazards inside or outside of people's homes. For instance, by checking electric sockets, water stopcocks or smoke alarms inside of the home. Potential risks from poor lighting, slippery pathways or steps up or down to the property were looked at outside of the home.

Accidents and incidents involving people or staff were recorded with the detail needed for the registered manager to assess the severity. Further investigation was carried out on accidents and incidents that required it, such as those that were preventable. Visits missed by staff were recorded as people would not have received the care and support they had been assessed as needing. One such incident had been recorded, where a person's family member made contact to say the visit had been missed but they had carried out the care required. Accidents and incidents were recorded, followed by investigation, to keep people safe from the same circumstances re occurring.

The provider employed enough staff to be able to provide the care and support people had been assessed as needing. Staff covered visits in the case of their colleague's absence, such as sickness, and they reported that this worked well. A person's relative told us, "There are changes in staff, sometimes quite a lot, but there has usually been a reason behind it, like illness. For example, in the winter when everyone has colds". A structure was in place that could meet the support needs of the staff and manage the delivery of care and support to people. The registered manager and the principal had a team of senior care staff including two supervisors, two care coordinators and two support supervisors. The care staff were supported by the senior team. Administration staff were employed to support the management and care teams to enable them to access support with administrative tasks.

A staff rota provided staff with the details of the hours they were working and the people they were supporting for a four week period. Staff were paid for the time they spent travelling between visits. This meant that people always received their full allotted support time. Staff did not have to leave early to be able to get to their next visit. Staff said there was plenty of time to travel from one visit to another. One staff member said, "There are no problems with travel time between visits". Staff told us if they felt the time given between calls on their rota wasn't enough they would ring the office and get it adjusted.

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 an employment history. Any gaps in new staff's employment history had been explored at interview. The registered manager made sure that references were checked before new staff could commence employment.

People were supported to manage their medicines safely and to take them at the time they needed them. Staff had medicines administration training and this was updated regularly. Senior staff observed the care staff administering medicines as part of the supervision process. Spot checks were also carried out. Senior staff arrived unannounced to check the practice of administering medicines as another way of ensuring that people received their medicines safely. Only prescribed medicines in the original packaging from the pharmacist could be administered by staff. A medicines administration record (MAR) itemised the medicines

to be administered. Staff signed to verify they had given the prescribed dose at the correct time. The care plan recorded where the medicines were stored within the home and how medicines were ordered and disposed of. This would often be the responsibility of a family member and this was clearly stated.

People able to administer their own medicines made it clear this was their decision and choice and it was recorded in their care plan. Each medicines care plan gave guidance to staff what to do in the event of an error with people's medicines. For example, if a staff member noticed that the previous dose had not been signed for. Processes were in place to safeguard people and staff when medicines were being administered.

Good

Is the service effective?

Our findings

People told us they were happy with the way their support needs were met by staff. The people we spoke to thought staff had the skills and knowledge they needed to do their job.

Staff who were newly employed were supported to learn about their new role by a comprehensive induction process to make sure they were able to support people correctly. New staff were expected to engage in online training before starting their formal induction. This included safeguarding vulnerable adults, medicines administration and health and safety. Following this, induction training was carried out face to face followed by further training such as Mental Capacity Act, food hygiene, and dementia. The new staff member shadowed more experienced members of staff until they felt confident. The period of shadowing varied from six to ten days, dependant on the previous experience of the new staff member and how quickly they gained confidence. New staff were not signed off to support people alone until it had been agreed by a senior member of staff. One member of staff told us that following her induction training, "I felt equipped to go out".

Experienced members of staff had the opportunity to become care mentors to support new staff in their first weeks of employment. Care mentors kept in regular contact with the new staff member, offering support and advice. The care mentors were rewarded with a higher hourly rate and the opportunity to gain skills and experience. The role had two advantages, it meant new staff felt supported and had someone to turn to for advice and support. The care mentor themselves felt valued and rewarded for their experience and skills.

The registered manager made sure that all staff had regular refreshers of all the training that was necessary to carry out their role to a good standard. Records were kept for each member of staff to show which training they had taken part in and which were due for updating. New staff were supported to complete care certificate workbooks. They were assessed by a care supervisor, and reviewed and signed off by the registered manager. Extra training was made available if needed, for instance if a member of staff lacked confidence using hoisting equipment. Specialist training was available or sought out by the registered manager if it was required. For example, if people had been prescribed controlled drugs and they needed to be administered by staff. Training would be available to ensure the medicines were administered safely and within the specific guidelines required.

Staff were supported by a supervision procedure that worked well in practice. For the first 12 weeks after a new member of staff was employed, they received one to one supervision every week. Following this, one to one supervision was carried out every month. Staff received three different types of supervision. One was a face to face meeting where topics such as workload, personal issues, dress code and standards of care were discussed. The other two types were observation assessments while they were performing their role in people's homes. One observation was task orientated and the other a medicines assessment. The different one to one supervisions were alternated so that staff had a mixture of individual support, skill building and development. Staff felt supported by the supervision process and one member of staff told us, "I don't have to wait for supervision to discuss things, I can ring the office and speak to someone".

The provider made sure all staff had an annual appraisal. Staff had the opportunity to discuss their own development so far and their manager gave their assessment of the previous year's work. Staff and their manager planned and discussed their personal development for the following year. Each member of staff received a letter from their line manager following their appraisal outlining their discussions. Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

The staff had a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people to make decisions and choices. People's capacity was considered when the initial assessment of their support needs was undertaken. Families were involved in decision making, supporting people to make choices and decisions about the care they received. Where a family member had been given permission to deal with their affairs through a Lasting Power of Attorney (LPA) this was recorded in people's care plans. This helped to inform people's planning and support arrangements by staff involved being aware of the legal situation regarding important issues. Records showed that staff had considered people's capacity to make decisions and knew what support was needed to be able to make their own decisions.

Some people were supported with their meals, in some instances staff made a whole meal and at other times pre prepared meals, dependant on the wishes of people and their families. In the main, family carers were responsible for providing people's food and the care plan gave guidance and instruction for staff to follow. When people's circumstances changed, staff were responsive to this. The registered manager gave an example of a person living with dementia whose family were finding it difficult to cope. The impact of this was the family were not managing to get to the shops regularly so their relative's diet became less nutritious. Staff agreed to take over the food shopping to ease the situation. Very quickly staff were able to provide more nourishing meals and fresh fruit. By working flexibly, staff reviewed the care plan, working together with family members, adding in extra support tasks that had beneficial results for the person.

People were encouraged and supported to be as independent as possible managing their own health, for example ringing for GP or district nurse appointments. If people were not able to manage their appointments, their family carers would usually do this, with staff supporting where necessary. Staff however recorded any concerns around people's health, and if appointments had been requested or made, in the daily journal. Some people did not have family to help them and in this case, staff would always support when necessary, making sure their health needs were taken care of.

People's medical conditions and how they managed them were thoroughly documented in their care plans. One person's care plan showed they had a tendency to high blood pressure. The medicines they took to control their blood pressure and how it may affect them was recorded as guidance for staff. All staff made contact with health and social care professionals when needed for routine health issues, such as district nurses or the GP. For example staff had liaised with the district nurse so they could arrange to visit a person at the same time to assist when giving treatment for a wound. One staff member said, "We get to know people very well and can tell if they are becoming ill without obvious signs to others, so we can get help quickly before it deteriorates further".

Other areas of concern, for instance the vulnerability of people's skin if they were not independently mobile, were identified within the care plan. One person's daily records showed where care staff had contacted the senior staff in the office to raise concerns about a person's pressure areas. Contact was made with the GP and district nurse to alert them. Care staff had been vigilant in continuing to raise concerns and actions had been accurately recorded in the daily journal. People were supported to maintain their health and access support when required.

Good

Is the service caring?

Our findings

People said that the staff were very caring and nothing was too much trouble for them. One person told us, "They used to look after both myself and my wife until she died, she received excellent care and they still look after me well". A family member said, "It's working well. Some staff are brilliant and stay over their time".

People had mainly the same staff supporting them at each visit so they were able to get to know each other well. When we looked at three visit records for people who had four visits a day we found consistent staff had been allocated to the visits. At times of staff sickness or annual leave different staff would need to attend. One member of staff said, "Although it's good for people to see the same staff most of the time, it is good for people to have a change of face sometimes as they can offer different conversation".

There was a caring approach amongst the staff team and they clearly enjoyed their job. They spoke with knowledge and understanding of people and their family members. One member of staff said, "I like to get to know people, I ask them about their photographs for example as it starts a conversation off and helps to find out about people and who is important to them". Staff told us that people always got their allotted time. Staff said they never needed to leave early in order to get to the next visit. Staff told us they often went over people's allocated time as people liked to chat and one member of staff said, "I've got to leave them smiling". Another said, "I have the time to get to know people well". People were supported by staff who knew them well and enjoyed having good conversations together, supporting people's wellbeing.

Staff gave examples of where they had supported each other while giving extra support to people in times of difficulty. One such example was a person whose health was deteriorating quite quickly and their mobility was diminishing. The staff were trying to get support services in place from health and social care services. In the meantime, while this was in progress, staff stayed at the property for an extra four hours make sure the person was safe. The staff member was also readily available when staff turned up for the next visit to be able to help them to get the person out of bed. This made sure the person was able to get out of bed safely for a while and at the same time kept staff safe while moving and handling. A staff member told us,"I thoroughly enjoy it. It is really rewarding".

People and their families were involved in their initial assessment, when they were able to say how they would like their support carried out. Care plans reflected this, the involvement of people was clear. If people wanted to change part of their care plan at any time they told staff who would communicate the change to the senior staff. One member of staff said, "Even when I know people well, I always check how they want things today and tell people to make sure they let us know if they want to make changes". Care plans were sensitive to people's circumstances, for example people whose lives had changed dramatically due to illness or trauma. Their emotional wellbeing was taken into account and considered throughout the care plan. A member of staff said, "It is their body, their property, their life. We can't be going in taking over". People's full involvement in their care plan, stating exactly how they wanted their care to be carried out, helped them to control their care as much as possible, maintaining independence.

People received a customer guide when they were first introduced to Hamilton House. All the information they needed about the service and what to expect was detailed in the guide, including the fees, how to make a complaint and the standards they could expect. People signed to say they had received a copy. People using the service were given the information they needed about what to expect from the provider and from the support service.

Staff understood how important it was to people to maintain their privacy and dignity and could give good examples of this. One staff member said, "Making conversation and keeping eye contact to preserve dignity". Another said, "I keep people covered when helping them to wash". Staff explained how it was the person's own home they were going in to each day and they were very aware of this. One staff member said, "We always respect people as we are in their homes".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

People and their relatives, where appropriate, were involved in the assessment and planning of their care and support. One person's family member said, "Yes, we are involved, she tells me what she wants and I pass it on exactly as she said".

The initial assessment was carried out in detail by a senior member of staff, gathering information from people and their family members to make sure Hamilton House had the skills to support people effectively. Plans were signed by both people and their family member, where appropriate, to say they had been involved.

Family and friends who were important to people were recorded in the care plan. For example different family members such as sons and daughters and grandchildren as well as close friends who played an important role in people's lives. Support networks were clearly set out so that staff knew the relationships and who to contact when.

Staff told us they thought there was enough information in people's care plans to be able to support people well in the way they wanted. A section entitled 'what is important to me' recorded what the person had said was important to them to help the staff to understand their individuality. One person's care plan included detail about their family who lived abroad but their relationship was strong and close. Their loved ones were closely involved in their care plan, attending reviews and keeping in contact with the service by email if they had any concerns or changes to make.

Care plans had comprehensive direction for all the support tasks required for each visit of each day. Things that staff needed to pay attention to on a particular day were clear to make sure that tasks important to people were not missed. For instance, putting the rubbish bags out on the dustbin collection day and where to put them. Some support visits during the day were highlighted as providing companionship to people rather than being task led.

Care plans were detailed and person centred, taking into account people's personal preferences and likes and dislikes. For example, one person's care plan stated, 'I like to have a cup of tea in bed and I like mine strongish with milk'.

People's care plans were reviewed regularly. The process of review was set out in the customer guide so that people and their family carers knew what to expect. Initial reviews following commencement of support were held after one week, following that, another review was held one month later. Once settled, people had a formal review of their care plan every six months, however, reviews were held if necessary before then. Senior staff were responsible for keeping the care plans up to date and making sure people had regular reviews to keep their information up to date. Reviews were also an opportunity for people to change their care plan if they wished. However, staff told us people did not have to wait for a review to be able to change things. One member of staff said, "People do have a say in their care plans and just let us know if they want to change things" and another said, "People's care plans are good. Things do change so we update the

plan". People's risk rating in the event of an emergency was updated at each review to ensure they got the required support in a situation such as severe weather meaning limited staff availability.

The complaints procedure was detailed, giving the information needed if people wanted to make a complaint. Guidance was given about where to take their complaint if people were not satisfied with the response, such as the Local Government Ombudsman (LGO).

Complaints were investigated by the registered manager or the principal and action was taken and recorded following each complaint. However, some complaints showed no evidence that the complainant had been responded to appropriately, although others had been. For example, the registered manager had emailed a care coordinator about one complaint, asking them to record it as a complaint and to place a call to the complainant. There were no records to suggest this had happened.

People and their relatives did know how to make a complaint, but some people said their complaints were not always responded to well by managers. One person told us, "I know the drill for making a complaint, but I don't know how it gets received by the management". A relative said, "I raised a few concerns with them three or four times and they didn't respond to me. I then complained about their lack of response and now they are much better".

We recommend the service has a process in place to ensure all complaints and concerns are responded to quickly and appropriately so that anyone making a complaint receives an outcome within an acceptable time frame.

A number of compliments had been received, including a person using the service who wanted to recommend a staff member for the service's 'Carer of the year award'. An extract from the recommendation included, 'She cheers up a down day and I look forward to her coming'.

People were asked to feed back on the quality of the service provided every six months when a formal review of their care plan was held. Questions such as 'Do staff arrive on time and stay for the full support time' and, 'Are you told about changes to the time of your support or to the staff member' and 'are you satisfied overall' were asked. Feedback was generally good, people were satisfied with the service they received.

Good

Is the service well-led?

Our findings

There were mixed views of people and their family members regarding the management of the service. One person told us, "The carers are all very nice and do a good job. The management is not so helpful". One person's relative said, "They never let (my relative) down, they always turn up when they should".

The providers had a statement of purpose which set out their vision and values for the service. This was available to people and staff if they wanted a copy. Staff had a good understanding of the values that were expected of them and agreed that a good quality service was what they all strived for. One member of staff told us, "I don't do it for the money. I love being out supporting people".

A staff briefing, in the form of a newsletter was sent to all staff once a month with information and updates to help keep staff in touch. The briefing was comprehensive and informative, items covered included advertising the 'care mentor' role to care assistants and how to apply, an update from the registered manager and the principal and who the 'carer of the month' was. Good feedback from people using the service about individual staff members were highlighted in the briefing under the heading 'commendations from customers'. Six members of staff had good customer feedback in the month of March 2016. One such commendation, from a person's relative said that the person 'can't communicate verbally but all three staff laugh and joke with him, which makes him feel included in life'. The registered manager had added a well done message and highlighted that this was an example of good practice.

Staff felt they were well supported by the management team. One staff member said, "It's a good support network" and, "everyone supports everyone". The providers had various initiatives to engage staff and to thank them for their hard work and commitment. A 'carer of the month' was announced in the monthly staff briefing. One such announcement stated the staff member had been awarded the 'carer of the month' for her 'consistency, dedication and reliability'. A staff awards ceremony was also held once a year and all who had been nominated were invited out for dinner and to be present for the announcements. Awards included 'employee of the year'.

Regular staff meetings were held about every three months. At one staff meeting a care assistant gave a presentation to the rest of the group about a good external training course they had attended. This gave the opportunity to not only share their learning but was also a development and confidence building exercise for the staff member. Care mentors met three to four times a year to share their learning and experiences within their role supporting new staff. Senior staff met every week to update each other and keep abreast of what was going on in the service, aiding communication. A staff member said, "It's a great place to work". Staff were supported by a management structure with various ways of gaining feedback and the opportunity to develop.

Staff said they felt able to suggest areas for improvement and felt they would be listened to and ideas would be acted on if possible. A member of staff told us, "They do try to listen to us". The registered manager gave a recent example of a member of staff who made a suggestion. They suggested as well as the other equipment they had to aid practical training such as a bed and a hoist, it would be helpful to have another

piece of equipment, a standing frame, as staff sometimes came across these. This piece of equipment was ordered the next day. The registered manager showed us emails between herself and the care supervisor who had the original conversation with the member of staff.

Staff were clear they found the registered manager and senior staff approachable and easy to talk to. Staff said they would be comfortable to raise concerns and felt confident they would be listened to and acted upon. One member of staff said, "Managers are approachable, I am confident if I raised concerns something would be done about it". Another said, "I would be comfortable raising concerns and I do think I would be listened to".

The providers were involved in the local community in various ways, some of which would have a direct positive impact for the people who used the service. The providers had a particular interest in raising awareness of the impact on people and families of living with dementia. As dementia friends champions, they encouraged people to become 'dementia friends' by giving presentations to local community groups. The Dementia Friends programme is a national initiative to change people's perceptions of dementia. The providers had also set up a 'beating isolation' initiative – fish and chips Friday, held in a local pub. The monthly event was advertised to the people who used the service, their family and friends, and others in the local community who may benefit.

The provider undertook staff surveys once a year. The survey for this year, 2016, had just gone out to staff so had not been returned at the time of our visit. We therefore looked at the analysis completed of the 2015 staff survey. The providers had fed the results into a pie chart format, making it easy to read and understand. Results were fed back to staff through staff meetings and also the monthly briefings. The providers also held annual 360° reviews of themselves, giving staff the opportunity to comment on their personal performance. The ten questions asked included 'Is communication between you and us adequate', 'are you confident that you may speak with us in private' and 'Do you have any ideas which you would feel would benefit the business'. Responses were analysed and divided into three areas, the providers strength areas, their weakness areas and what actions they needed to take as a result. The 360° appraisal for 2015 showed positive feedback about the providers and their performance. The results were documented and available to staff. One member of staff told us, "They are always asking for our input".

There was a registered manager in post who was also one of the providers and had been in the position for many years so knew the organisation and the area very well. They had a sound knowledge of people, their families and staff. They understood their responsibilities as a registered manager and the regulated activities they were providing. The providers were present in the service on a daily basis so knew what was going on and were able to respond quickly if needed to issues or concerns.

A range of policies and procedures were in place and kept up to date, guiding and advising staff in how to respond to any given situation. Such as if they had a grievance they wished to raise, how to raise a concern by whistleblowing, or safety measures when lone working.

The provider made sure the quality and safety of the service was monitored regularly by having robust audit procedures in place. For instance, monthly auditing of care plans and daily records were carried out to ensure the quality and accuracy of recording. A record was kept of issues found and actions taken to make sure errors would not happen again. For example, a red pen had been used and no staff finishing time had been entered in one person's daily record. The action taken was recorded, that the staff member responsible had been briefed regarding the standard expected when writing in people's daily records. Medicines audits were also carried out regularly as part of the quality monitoring process. Where irregularities were found such as staff signatures missing, action was taken and recorded. For example, by

speaking to staff individually in supervision or as a group at staff meetings. Quality visits to people's homes were regularly carried out on an unannounced basis by senior staff members. Checks were made of the quality of care provided. For example, staff were smart and clean and had an id badge, people's medicines were in order if appropriate, personal care was provided to a good standard and manual handling processes were safe and carried out in a respectful manner.