HomeCare Plus Limited

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Inspection report

Patrick House, Gosforth Park Avenue
Gosforth Business Park
Newcastle upon Tyne
NE12 8EG
Tel: 0191 216 9090
Website: www.**homecare-plus**.co.uk

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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

Overall summary

Home Care Plus is a domiciliary care service providing personal care and support to people living in their own homes, in the North Tyneside and Newcastle areas. The service provides general care but also specialises in supporting people with complex health needs and end of life care. At the time of our inspection there were 62 people using the service. The service has a mix of local authority and privately funded people.

This inspection took place on the 2 and 3 December and was announced. This was our first inspection of the service since it was registered in October 2014.

The service had 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.

People spoke highly of the registered manager, office staff and the care workers who supported them to live at home. People told us they felt safe and comfortable with the care workers who visited their homes and that they

Summary of findings

trusted the provider to deliver a good service. Policies and procedures were in place to safeguard people from harm or abuse and staff understood their responsibilities. Records were kept regarding safeguarding concerns and investigations had taken place in a timely manner. The registered manager had reported all incidents of a safeguarding nature to the local authority safeguarding adult's team.

Staff supported people to manage health and safety in their home and care records showed that risks associated with individual care needs had been assessed and were monitored. There was evidence to demonstrate that regular reviews were carried out and the information was passed onto the care workers and other agencies when necessary.

Staff told us they felt there was enough people employed by the service to manage it effectively and to meet people's needs. People told us that they didn't feel rushed and that staff sometimes have time for a cup of tea and a chat before they had to leave. Staff files showed the recruitment process was robust and staff had been safely recruited. Training was up to date, and care workers had a mix of skills and experience. Some staff had qualifications in health and social care and opportunities were available for them to progress and further their knowledge in a wide variety of topics such as palliative care and challenging behaviour.

The registered manager and coordinators carried out regular staff supervision and appraisal meetings which were documented. Staff meetings were also held regularly and minutes were recorded. This demonstrated an open culture of communication where staff had the opportunity to speak to the management. Competency checks were undertaken by senior care workers to assess the staff's suitability for their role. Checks relating to handling medicines showed care workers were competent with this task and people told us they received their medicines in a safe and timely manner.

There was evidence to show the staff understood their responsibility and they assessed people's capacity when their care commenced and reviewed it as necessary. Decisions that were made in people's best interests' had been appropriately taken with other professionals and relatives involved.

People were supported by staff to maintain a balanced diet. People told us the staff made good meals and always offer them a choice. One person told us "My care worker is exceptional – she is fantastic." Staff had undertaken equality and diversity training and people told us that they were treated as an individual and staff took time to understand their likes and dislikes.

Staff displayed caring and compassionate attitudes and people told us the office staff and care workers go above and beyond what is expected of them. All the people we spoke with said they were treated with dignity and respect and that staff were pleasant and friendly towards them and their families. A relative told us "It's a good service, it makes life easier. X (relative) has complex needs; it's hard getting used to people coming into your home so much – but everything is fine now."

The registered manager held information relating to complaints, accidents and incidents. There was a complaints policy in place and evidence showed complaints had been dealt with appropriately and in a timely manner. Management action had been taken to resolve issues and in some cases disciplinary action had taken place. People told us they knew how to make a complaint and they would have no hesitation in contacting the registered manager or the coordinator should they need to. One person said, "There was one care worker I didn't gel with, but I told them (office staff) and they sorted it straight away." Another said, "I've had a couple (care workers) who weren't suited to the job; they don't come anymore though."

The service was proactively monitoring the quality of the service. Senior care workers carried out spot checks of care workers and the office staff regularly courtesy called their 'customers'. Feedback letters are sent out in the post as well as an annual 'customer' satisfaction survey. We reviewed some of the returned questionnaires. Comments made included, "I look forward to them visiting; they get me up and have lots of chat, which I love" and "Keep up the good work."

The registered manager had a wealth of experience managing domiciliary care services and the staff told us they found her supportive and approachable. Office staff told us there was an open office culture and care workers regularly called in, which we observed happening. The service had the benefit of a large back office team who supported the daily operations with recruitment, payroll

Summary of findings

and finances. The registered manager had a clear vision for the service and wanted it to remain small in size and specialise in complex healthcare and nursing needs as well as supporting people at the end of their life.

The registered manager had introduced a staff recognition scheme and was rewarding care workers (voted for by their colleagues) with vouchers of their choice. The staff told us they felt like a valued member of the team. One staff member told us, "I love my job, it's like a big happy family, everyone gets on well together."

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.

Safeguarding procedures were being followed correctly as safeguarding concerns, incidents and accidents were investigated and reported to the relevant local authorities.

Risk assessments were in place and individual needs had been thoroughly assessed with control measures put in place. Actions for the staff to follow were clearly documented.

Staff recruitment was robust and potential employees were appropriately vetted before starting work. Staffing levels were effectively managed.

People told us they felt safe living at home with the support of their care workers and they received their medicines in a safe and timely manner.

Is the service effective?

Good

The service was effective.

Consent to care and treatment was sought in relation to people's care and treatment. People and their relatives had involvement in care planning.

Staff were knowledgeable and suitably qualified and were supported by the registered manager through supervision, appraisal and team meetings. Training was available in a variety of topics to meet people's needs.

Where necessary people were supported to eat and drink to ensure their well-being.

People's general healthcare needs were met and the service involved other health professionals when appropriate.

Is the service caring?

Good

The service was caring.

People told us staff were compassionate and friendly with caring attitudes. They understood people's needs and responded to these. Relatives were also happy with the service their relative was receiving.

People told us that all staff treated them with dignity and respect and treated them as an individual. They also told us that care workers respected their home and their belongings.

People were involved in making decisions about their daily care and support and were offered choices and given control over their own lives. Staff encouraged independence whenever possible.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and people's needs were assessed and regularly reviewed. People told us the service was flexible and they could cancel calls or change their service call if they had an appointment.

Summary of findings

People told us they had consistent care workers who were punctual. The office staff contacted people to inform them when care workers were running late.

A complaints policy was in place and people were aware of how to complain. People felt comfortable raising any issues with the registered manager or any of the staff team.

Is the service well-led?

Good

The service was well led.

The atmosphere in the office was positive and everyone worked well together. The office staff have a variety of different skills and experience to ensure the smooth operation of the service.

The registered manager held a comprehensive set of records which showed the monitoring of quality and safety of the service. Audits took place to ensure staff were undertaking their job competently and professionally. Feedback was sought from people and their relatives to ensure satisfaction.

The registered manager had clear visions and values, and had communicated them to the staff team through staff meetings. Staff told us they felt supported and valued in their role.

Homecare Plus Limited

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.

This inspection took place on the 2 and 3 December 2015 and was announced. We gave 48 hours notice of the inspection because we needed to seek permission of people who use the service and let them know that we would be visiting them in their own homes. We needed to be sure people would be in to access records. One inspector conducted this inspection at the provider's office and visited people who were receiving services in their own homes.

Prior to the inspection we reviewed all of the information we held about Home Care Plus, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

In addition, we contacted North Tyneside and Newcastle local authority contract monitoring teams and adult safeguarding teams to obtain their feedback about the service. All of this information informed our planning of the inspection. On this occasion, we did not ask for a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we visited four people in their own homes. We also spoke with three people's relatives to gather their views about the service, two members of the care staff team, the administrator, a co-ordinator, the clinical nurse lead and the registered manager. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at seven people's care records, six staff files, the electronic rostering system and records relating to the quality monitoring of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable with the care workers who visited their homes. A relative told us, "At first I was quite nervous leaving X (person) with a care worker, but I'm quite comfortable with it now, it gives me some quality time." Another relative said, "X (person) feels safe through the night knowing they (care worker) are there. The staff are brilliant; if X (person) wakes up and can't settle, they are there and can make conversation."

Incidents of a safeguarding nature were monitored. A file held information about the local authority procedures and the provider's own policy. This provided guidance to staff on the actions to take should a concern be raised. Incidents were logged on a specific form with investigation notes and outcomes clearly documented. Where incidents had involved staff, appropriate disciplinary action had been taken if necessary. Information about relevant incidents were passed to the local authority safeguarding teams and, where appropriate, a notification had been sent to us. The registered manager and the clinical nurse lead were booked to attend a local authority safeguarding training (refresher) session and staff files showed that all care workers had received safeguarding awareness training during their induction. The records showed that staff had highlighted concerns to the registered manager, which demonstrated an understanding of their role in protecting people from harm or improper treatment.

The service assessed risks to people, including in connection with physical health, mental health, mobility and behavioural risks. The risk assessments explained what action care workers should take to reduce risk and who they should report concerns to. Daily notes showed that care workers were recognising risks and reporting them to the registered manager. There was evidence that senior care workers were regularly reviewing risks, updating documentation and cascading information to care workers. This meant care workers provided suitable care to meet people's current needs.

The registered manager and office staff told us they were able to respond quite quickly to care packages as they had enough staff employed to cover their existing service and take on additional care packages. The service used an electronic rostering system to allocate shifts evenly to the care workers which minimised missed visits and late calls. It also ensures care workers have appropriate hours and suitable breaks.

Accidents and incidents were recorded. Accidents involving staff were documented and thoroughly investigated. Where necessary recommendations had been made in order to prevent further accidents of a similar nature. The file contained information surrounding the provider's accreditation of ISO18001. This accreditation demonstrated the provider's commitment towards occupational health and safety. The certificate was on display in the registered manager's office.

The office staff managed an 'on-call' service which operated outside of normal business opening hours. There was a coordinator available to support staff and for people to contact at any time. Hand written logs were kept of incoming and outgoing calls during 'out of hours' to ensure that issues and concerns were reported to the relevant people. On-call information included details of all the people using the service and their relatives, in case of an emergency. Staff details were also contained so they could be called upon 'out of hours' if needed to work in an emergency situation. In the event of an electronic system failure brief care plan details and personal profiles for all people requiring support were available. When care workers were running late, a coordinator had contacted a person and informed them of the delay. Records showed that people had also been contacted when their care worker was absent and a different care worker had been allocated.

Wherever possible people were supported to take their own medicines. Care workers were trained in safe handling of medicines and some had more suitable knowledge and experience of dealing with complicated administration techniques for example, the use of **percutaneous endoscopic gastrostomy** (**PEG**) **feeding** tubes. Care workers completed Medicines Administration Records (MARs) to show when a medication had been administered and senior carers ensured these were kept up to date when changes to medicines occurred. People and their relatives told us that their medicines were managed safely and they were confident that the staff knew what they were doing. One person said, "They know me well, they understand me

Good

Is the service safe?

– they come at night to give me my medication – they've made no mistakes." In some cases, staff were involved in ordering repeat prescriptions and disposing of medicines appropriately, by returning them to the pharmacy.

People told us they didn't feel rushed and their care workers had enough time to safely complete all of the tasks they required assistance with. One relative told us, "X (person) gets an hour with two care workers; it's enough time to get everything done. Sometimes they stay and have a cup of tea and a chat if there is time." Another person told us, "They always turn up on time and they've never missed a one (visit), they always phone to let us know if they are running late."

Recruitment procedures were robust and the staff files contained sufficient information to show that staff were recruited safely. There was evidence of employment history, pre-employment vetting checks including references from previous employers, interview documentation and enhanced Disclosure and Barring Service (DBS) checks. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. All staff had completed a health questionnaire to ensure their fitness to fulfil the role. The files contained evidence of an induction process, shadowing of more experienced staff and on-going training. This demonstrated that the service was proactively recruiting suitable people with a mix of skills, knowledge and experience to meet the needs of vulnerable people. The staff we spoke with confirmed that the provider had carried out the appropriate checks prior to them commencing employment.

The service demonstrated evidence of following a clear disciplinary process when unsafe practice had occurred. There was documented evidence that where unsafe practice had been identified and investigated, staff had received appropriate disciplinary action. This included on-going monitoring such as enhanced supervision and regular competency checks.

Good

Is the service effective?

Our findings

People told us they were confident their care workers were well trained. One person said, "I don't know much about their training, but they appear well trained and experienced" and "I was shocked to learn that a care worker was new because they were so good and competent."

An electronic rostering system was used in the office to effectively manage the way visits were allocated to care workers. The office staff demonstrated how this worked and told us about the built in monitoring tools which identified things such as, when supervisions were due and how many hours care workers had worked each week. This was an example of a robust system and people benefitted from this because it also ensured continuity and compliance with training and the monitoring of staff competency.

The office administrator showed us a training matrix which they maintained to ensure staff had up to date training and used it to plan future courses. The administrator told us that as well as the induction process and annual refresher courses with the in-house training officer, all the care workers were signed up to an account with Social Care TV (an online training provider). This enabled them to complete additional training courses via the internet such as Mental Capacity Act awareness and training around the care certificate. We observed evidence of qualifications and training in the care worker files.

Senior care workers received a list every week of which care workers required supervision and competency checks. Records showed that regular supervision and appraisal was taking place and probationary reviews and spot checks were being carried out with new staff. People confirmed that senior care workers had visited their home to spot check the staff who were supporting them. There was also evidence that staff who had been absent from work had received a 'back to work' supervision to ensure they were fit before returning to their duties.

We observed and listened to the office staff making and receiving telephone calls. Communication was good and we witnessed people being informed about visits and when care workers were running late. People told us, "X (coordinator) is on the phone all the time, either to ask me if everything is going okay or to apologise if carers are running late" and "They phone if they're running late or changing shifts."

People told us that their care workers always knock on their door before entering and always asked for consent before carrying out any tasks. Care plans showed that where possible people had been involved in and consented to their care and treatment.

The registered manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation. We observed that the service assessed people's capacity upon initial referral and used local authority assessments to support this. Decisions that were made in people's best interests were recorded, including who had been involved in making the decision. For example, healthcare professionals or people's relatives.

People told us their care worker ensured they had enough to eat and drink. People said staff prepared a meal for them or made something for them to have at a later time. People also told us their care worker asked what they would like to eat, and prepared their choice. Staff told us they would always ensure people had 'essentials' like bread and milk in their home. Entries in the daily notes indicated care workers had visited the local shops to purchase food items and financial transactions were recorded appropriately.

The service supported people to maintain their health and wellbeing. Daily notes showed that care workers had reported concerns to the office staff regarding people's general healthcare needs. In addition, we saw records which showed when office staff had contacted a GP or district nurse on someone's behalf. One person told us, "They got me a district nurse when my feet swelled up." Care records also showed that the service was involving and referring people to other external healthcare professionals; such as occupational therapists and speech and language therapists.

Good

Is the service caring?

Our findings

People told us their care workers were always nice and caring. One person said their care worker knew them very well and commented, "X (care worker) knew straight away something was wrong with me – my face was red and I was hot – she knew that wasn't usual for me." This person went on to tell us that their care worker reported this to the office staff and they checked that these were normal side effects after a flu jab (which the person had just recently had).

A relative told us the carer workers speak to their relative with dignity and respect. They said, "They (care workers) always knock on arrival, even though I'm expecting them – they all respect our home". We also saw evidence in a person's care records that staff had researched online, about a rare disease in order to better understand the person's condition.

A senior member of staff told us, "The service is caring and it fulfils the functions we are commissioned to do – we believe in safety first and treating people with dignity and respect." All the people we spoke with who used the service, and their relatives, reflected this as an accurate statement.

We observed interaction between two care workers and a person being supported by the service during a visit to the person's home. The interaction was caring and friendly and the care workers displayed professionalism throughout the visit. We saw them offering reassurance and encouragement whilst supporting the person with personal care. Staff told us no one they worked with had any specific cultural or religious needs, but they were able to tell us about the equality and diversity training they had received and how they would respect someone's wishes.

Most of the people and the relatives we spoke with told us they had involvement with the planning and delivery of their care. Where people were able, they had signed the documentation themselves or a relative had signed it on their behalf. One person told us they signed the care workers timesheets to evidence that visits had been carried out. They said, "I sign timesheets, I'm as involved as I can be – I was involved when X (the registered manager) first came out too". Staff were aware of advocacy services but told us people were all supported by relatives or a care manager from the local authority.

People's information was kept confidential. We observed records containing people's personal information was kept in a lockable cupboard and the computer system was password protected. Staff confirmed that they were aware of the need to keep information about people safe and secure, such as addresses and key code entry numbers which allowed them to access people's homes.

The service was supporting people who were receiving end of life care. The people we spoke with who were receiving palliative support spoke highly of their care workers, stating, "They couldn't do any better". One person said, "I've discussed emergencies with them, they know if I can't tell them what to do or what's wrong to call 999. I trust they will do what's best for me." We noted that where appropriate, people's care plans contained information about advanced decisions and preferences around emergency treatment and resuscitation. In other care plans we saw people had declined to document their preferences at the time of the assessment but staff told us, this would be revisited at each review.

Good

Is the service responsive?

Our findings

The registered manager told us that initial assessments were carried out by them or the clinical nurse lead prior to services commencing and people using the service confirmed this. Comments from people included, "I've met X (registered manager), she came out and did the initial assessment" and "X (registered manager) came first and did the paperwork." There had been occasions when people being discharged from hospital were assessed the same day to ensure a prompt, but safe discharge home was made. We observed this happen during the inspection.

Care needs assessments were person-centred and included detailed information about people's health and medical conditions. The records contained pre-assessment documents from hospitals or social services and showed involvement from a range of healthcare professionals including social workers, GP's, occupational therapist's and speech and language therapists.

Care needs assessments included information about the persons' lifestyle, past history, hobbies and interests. This enabled the service to match the individual with a suitable care worker. One person told us they could choose to have a male care worker if they preferred and said they enjoyed talking to them about sport and news articles. A relative told us how the care worker spent time painting their family member's nails, which they were happy about as it reflected the person's individuality and lifestyle. Everyone we spoke with confirmed that they, or a relative had been involved in devising their care plan and had agreed to the package of care they received.

People told us that the agency was flexible and able to re-arrange visits at short notice. One person said, "We work together because sometimes we want to change things." A relative told us their family member had quite a big care package to start with but they didn't like care workers coming to their house so many times each day. They said, "It just didn't work for us, so they started by reducing it gradually to see what worked best." Another relative said "They are quite happy to change the days for showering etc.; they meet all our needs if we have appointments".

People told us that the care workers usually arrived when expected and if they were delayed then the office staff contacted them to advise of any changes. A relative said, "If they are late, I get a call – if there has been sickness they always send an experienced person who knows X (person)." Care staff told us that there were systems in place to deal with emergencies and they could ring the office staff at any time for assistance. The service had a small fleet of company cars to ensure minimum disruption on service delivery and they were able to get care workers around the community quickly in the event of any sickness absence. The senior care staff and office staff also used the cars to attend emergency or unplanned visits.

The registered manager told us that in general, people's care records were reviewed every three months; however, people with more complex nursing needs had their care records reviewed monthly and care packages were increased or decreased to meet people's changing needs. A relative told us that the care workers were given time to spend meeting up with nurse's and other healthcare professionals to ensure they were following correct procedures and instructions; such as physio exercises. Care workers told us that they updated the office staff with feedback and this sometimes instigated changes to care packages before reviews were scheduled. For example, if a person was becoming more independent and less reliant on the care workers completing tasks, the service would reassess the need and reduce the care package to reflect this. Similarly, if an individual requires more assistance, additional services would be put into place to meet those needs.

Some people told us they had never had cause to complain whilst others told us that the service had responded quickly to issues so they didn't escalate to formal complaints. Comments were made such as, "I have nothing but positives to say" and "They couldn't do any better." One person said, "I had to complain about weekends, I was getting every Tom, Dick and Harry – but they sorted it out straight away, I have five regulars (care workers) now and I like them. They are a good bunch."

A relative told us they have never had to complain but said they did once ring the office about a care worker who hadn't quite 'clicked' with their family member. They said, "There was one carer that I felt didn't click with X (person) and I asked them (coordinator) to change, which they did immediately." Everyone we spoke with said they knew how to complain and would feel comfortable and have no hesitation to do so.

The service had one complaint formally logged in their complaints file. Included in the file, was a copy of the

Good

Is the service responsive?

provider's complaints policy and a monitoring tool called "severity of consequences" which they used to rate the severity and impact of the complaint for both the individual and the service. This involved measuring the seriousness and the likelihood of a repeat event. The registered manager had a complaints tracker in place to monitor trends and record the types of incidents. The one recorded complaint was logged on a specific complaints form, included investigation notes, notes from staff meetings and feedback to the complainant. Preventative action and control measures were also documented.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. The registered manager is also the director of healthcare for the company (the provider). Our records showed she had been formally registered with the Care Quality Commission since October 2014. The registered manager was aware of her responsibilities and had submitted notifications as and when required. The registered manager was present during the inspection and assisted us by liaising with people who were using the service. The registered manager was very knowledgeable about the people who the service supported and was able to tell us about individual's needs.

Staff told us they enjoyed working for the provider. Comments were made including, "I love my job, it's one big happy family"; "I enjoy it, it's a good company, they meet you half way – I enjoy being out and about and meeting different people"; "There is good morale amongst team –I feel supported and valued" and "They are a good bunch of girls."

Staff told us they felt supported by the management structure in place and that they would have no hesitation in reporting any concerns to the management team. One staff member said, "The structure in the company is good – people specialise in all sorts, like finance and payroll." Staff told us they trusted the registered manager and felt confident she would know what to do about their issues. Care staff told us they were supported outside of office hours and could report concerns or get assistance from a supervisor at any time during their shift.

A senior member of staff recently deputised in the absence of the registered manager. They said, "There was support from above when I deputised while X (registered manager) was poorly, I felt thoroughly supported by X (owner/ provider). He has a good idea of what's going on."

Senior care staff carried out reviews and spot checks on the service delivery to ensure it was of a high standard. They also audited the paperwork and replenished the stocks of personal protective equipment kept in people's homes. People using the service confirmed this, making comments like; "The seniors come often to check the paperwork and they do spot checks" and "X (staff) and X (staff) have both popped in."

All of the people we spoke with said they had been asked for feedback either through a courtesy telephone call from office staff or through a postal survey. People who used the service and their relatives told us that they were often given opportunities to provide feedback about their services. Some people had received an annual 'customer' satisfaction survey, whilst others had provided feedback when prompted over the telephone. Some of the returned surveys included comments such as, "I look forward to them visiting; they get me up and have lots of chat, which I love" and "Keep up the good work." Where compliments had been received about care staff, this had been shared with them in a 'well done' letter from the registered manager.

The registered manager and office staff told us they had learned from issues raised by people and it had helped them improve the service. We saw evidence in staff meetings that the registered manager discussed incidents and fedback to the staff about learning opportunities.

Regular staff meetings took place and we saw minutes which confirmed that all staff had an opportunity to raise any issues or concerns with the registered manager and that the registered manager used these meetings to communicate information about the service to the staff.

The registered manager had recently introduced a staff recognition scheme and during staff meetings, staff were asked to nominate their colleagues for the award. The winner was chosen by the registered manager and rewarded with a £25 voucher of their choice. Staff told us this made them feel valued and had boosted morale.

We saw that the service used a range of quality monitoring tools. Audits were in place to monitor records such as, people's care files, staff files, Medicine Administration Records (MARs) and daily notes. The MARs had been measured against a set of criteria demonstrating their quality and actions for improvements were documented along with the registered manager's signature. The administrator showed us an electronic system she updated and maintained to monitor quality assurance.

The registered manager told us about the service having achieved accreditation to ISO9001. This is a certified quality management system for organisations who want to prove

Good

Is the service well-led?

their ability to consistently provide services that meet the needs of their customers. We also saw certificates for accreditation to ISO14001(for environmental impact) and ISO18001(for occupational health and safety).

The provider's vision as described on their website stated, “Our main focus is to provide high quality care, by ensuring that you remain in control of the care that you receive, by placing you at the heart of what we do. We believe in being open, honest and transparent with you at all times, which will hopefully allow you to place your trust in a good quality, family run care company, with strong family values and an ethos that will promote independence, dignity and ensure that you are afforded the utmost respect at all times.” The people we spoke with all had a positive opinion of the service and that the provider is striving to achieve their vision.

The registered manager told us she continually developed herself to keep abreast of current guidance and legislation and she had attended provider forums held by the local authorities. She told us this enabled her to maintain a good working relationship with the local authorities and she had built external links with other providers and external stakeholders. The registered manager planned to attend the next safeguarding adult’s conference which was to be held by one local authority that commissioned services.