Home Life Carers Limited

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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

This inspection took place on 15 and 20 December 2016 and was announced. The provider was given notice of the inspection on 13 December because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the first inspection since the provider registered at this location on 11 September 2015.

HomeLife Carers Limited is a domiciliary care agency that provides personal care and support to about 250 people living in their own homes in Tiverton, Crediton and Cullompton areas of Devon and the surrounding villages.

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

Staff knew about the signs of abuse and where concerns about suspected abuse were identified, they reported them to the local authority safeguarding team. The service worked closely with health and social care professionals to implement measures to safeguard people.

Risk assessments were carried out for each person, which identified steps staff needed to take to promote their safety and welfare. Staff were aware of risks and were taking action to minimise risks and keep each person safe. People received their medicines on time and in a safe way. The agency had robust recruitment procedures in place for recruiting new staff and checks were made to ensure new staff were suitable to work in people's homes.

People and relatives thought staff had the appropriate skills and training to carry out their role. The provider had a comprehensive training programme. Staff gave us positive feedback about the training and development opportunities at the agency. A range of new training relevant to individual needs of people they supported was arranged over the next few months, for example, supporting people with a learning disability,those living with dementia and with mental health needs.

People confirmed staff sought their consent before providing any care and where people lacked capacity, staff demonstrated a good understanding of the Mental Capacity Act (MCA) (2005) and how this applied to their practice.

Staff developed positive and caring relationships with people. People confirmed staff respected their privacy and treated them with dignity and respect. People's care was individualised to their needs. People were consulted and involved in their care plans and signed them to confirm they agreed with their content. Care records had detailed information about each person, their needs and preferences and what mattered to them. Care plans were reviewed and updated regularly as people's needs changed.

People knew how to raise any concerns or complaints and felt confident to do so. Where concerns were raised these were investigated and remedial action taken to make improvements. The provider was open and honest where mistakes had happened, and offered apologies and outlined improvements made.

The culture of the service was open. Care and office staff worked well together as a team. The provider promoted good standards of care by praising and recognising good practice and continuing to develop the staff team. People and staff were very positive about the leadership of the agency and the improvements made over the past year. The provider had a range of quality monitoring systems which included spot checks, regular review meetings, and a range of audits, annual survey and provider visits at the branch office. The service made continuous improvements in response to their 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.

People's individual risks were assessed and actions identified for staff to reduce them as much as possible.

People were protected because staff understood signs of abuse, and how to report any concerns. Where concerns were raised they were reported to the local authority safeguarding team for further action.

People were supported by enough staff that arrived on time and stayed for the required time.

People received their medicines on time and in a safe way.

People were protected because staff recruitment procedures were robust.

Risks for people were assessed and actions taken to reduce them.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received training and supervision which enabled them to have the skills and confidence to meet people's needs.

People were supported with their nutrition and hydration needs. Staff recognised changes in people's health, sought professional advice appropriately and followed that advice.

People were supported to maintain their physical and mental health. Staff arranged health appointments for people and helped some people obtain their medicines and other supplies.

Staff offered people choices and supported them with their preferences. Where people lacked capacity, their legal rights were protected because staff understood the requirements of the Mental Capacity Act (MCA) 2005 and acted in accordance

with them.

Is the service caring?

Good

The service was caring

People and relatives said staff were caring and compassionate and treated them with dignity and respect.

People were able to express their views and be actively involved in decisions about their care.

People were supported by staff they knew and had developed good relationships with.

Staff protected people's privacy and supported them sensitively with their personal care needs.

Is the service responsive?

Good

The service was responsive.

People's individual needs were assessed and their care records accurately reflected their care and support needs.

People received individualised care and support that met their needs and promoted their independence.

People knew how to raise concerns and complaints, and were provided with information about how to do so. Any concerns raised were investigated and improvements made in response.

Is the service well-led?

Good

The service was well led.

The culture was open and honest and focused on each person as an individual and the service was tailored to their needs.

The leadership team set high expectations of staff and staff worked well as a team and felt well supported.

The service used a range of quality monitoring systems to monitor the quality and safety of people's care.

People's views and suggestions were taken into account to improve the service.

HomeLife Carers Ltd

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 checked 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 announced inspection took place on 15 and 20 December 2016. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of an inspector and two experts by experience.

The provider completed a Provider Information Return (PIR). This 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. We reviewed the information included in the PIR along with information we held about the home, such as the provider's action plan, and feedback we received from health and social care professionals.

We spoke with sixteen people using the service, and with eight relatives. We looked at eight people's care records.

We spoke with the provider, operations director, and registered manager and with 12 office and care staff. We looked at five staff files, which included recruitment records for two new staff. We also looked at systems for assessing staffing needs, staff rotas, and staff training and supervision records. We also looked at quality monitoring systems the provider used such as audits, spot checks and visits by the operations manager. We sought feedback from commissioners, and health and social care professionals who regularly worked with the agency and received a response from five of them.

Good

Is the service safe?

Our findings

When we asked people if they felt safe being cared for by staff from the agency their responses included; "Yes I do. They're very good"; "I can't fault them at all, They are excellent" and "I'm very happy with them." People said they felt safe being looked after by staff from the agency and knew who to contact in the service if they had concerns. Contact details for the agency were kept in the folder in each person's home. A relative said "We have two carers for each visit and they always come." Written feedback to the agency from family members included; 'We very much appreciate how you made her feel happy and cared for' and 'She was able to stay safe and comfortable in her own home.'

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies. They were encouraged to be open about concerns and monitor one another to ensure people were protected from harm at all times. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. All staff said they could report any concerns to the registered manager, deputy manager or clinical lead and were confident they would be dealt with. Where concerns about suspected abuse had been identified, they had been appropriately reported to the local authority safeguarding team and actions taken to protect people and keep them safe. For example, the registered manager had reported concerns about people at risk due to poor housing and heating and about a person at risk of self-neglect. They worked closely with the person, families, social services and healthcare staff to reduce those risks and improve people's safety.

However, some of those concerns should also have been reported to the Care Quality Commission via the statutory notifications process but hadn't been. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. When we asked the registered manager about this, they explained they had forgotten about this aspect of their role. So, we reminded them of the process and asked for some retrospective notifications of recent safeguarding concerns, and we are now receiving regular notifications. Where staff did errands or shopping for people, there were arrangements for people to monitor and sign to confirm they received the correct change and receipts for purchases made. This helped protect them from financial abuse.

People and relatives said the service was very reliable. They received a rota each week which showed them details of staff due to visit. The agency aimed to arrive within 15 minutes of the visit time stated on the rota. One person said, "I get a list on a Friday of who is coming and it is very rare that it changes and they do tend to ring if it does." Another person said, "The girls are nearly always on time, they always apologise even if they are a few minutes late, which you can't help sometimes." One relative of a person who needed hoisting said this was done safely and competently and where people needed two care staff, people and relatives confirmed two staff were always provided.

The provider information return said new care staff were introduced to people by a community team leader or another care staff member before they visited alone. A person said, "We tend to have regular carers" and another said, "Sometimes there is a new one that I haven't met before but I know they are coming because it is on the list, but most times I have met them before."

A 24 hour on call system provided people and staff with support and advice by the management team out of hours. Where people were vulnerable because they might not have the cognitive ability to contact the agency, they were given information about a pendant alarm service they could use if they needed help.

A robust recruitment process was used to recruit new staff and included assessing knowledge, skills and attitudes of applicants before care workers began to work for the agency. Checks included undertaking checks of identity, qualifications, seeking references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The agency assessed their staffing needs and only took on new packages of care, where they were confident they had the staff and skills to provide the care required, without disrupting people with existing packages of care. The service used a red, amber, green system to identify and prioritise people at greatest risk. For example, a person might be identified as a 'red' risk because of complex health needs or because they lived alone and were reliant on care staff to meet their daily living needs. This meant where there was any staffing difficulties, for example short term sickness or weather related problems, they prioritised those people for visits to maintain their safety and health.

The registered manager said some rural areas were more difficult to recruit staff to work in than others. To encourage staff to work for the agency, they employed staff who could cycle and walk to work. The provider had also introduced a company lease car scheme which enabled staff to lease a car at an affordable price, which they said had proved very popular at keeping staff.

Individual risk assessments were completed and care plans written for any needs identified. For example, people at risk of malnutrition, dehydration, with choking/swallowing risks or of developing pressure ulcers. Risks assessments and care plans were reviewed regularly. People assessed as at 'red' (high risk) had weekly visits to review risks, check their care was effective and update records with any changes needed.

Environmental risk assessments were also undertaken. For example, in relation to slips/trips/falls and moving and handling risks for To promote fire safety, staff worked closely with their local fire prevention officer and encouraged people to have a free visit by their local officer who offered advice and help with reducing fire risks, for example, by fitting or checking fire alarms. The fire prevention officer also trained agency staff, to manage fire safety risks proactively.

People received their medicines safely and on time. Where a person's medical condition required them to receive their medicines at set times, staff made sure this happened. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. This meant the person was able to gain the maximum benefit from their medicine. The agency provided people with three levels of support, level one involved general support with obtaining people's medicines for them or occasional reminders, level two involved administering a person's medicines to them. Level three involved more specialist medicine administration training, such as administering medicines via a feeding tube or insulin by injection.

There were good systems in place to ensure each person received the right medicine at the right time by the correct route. Medicines administered were well documented in people's Medicine Administration Records (MAR), and MAR sheets were audited regularly with actions taken to follow up any discrepancies or gaps in documentation. For example, missing signatures, any gaps in entries.

Accidents and incidents were reported and the registered manager reviewed all completed forms to ensure

all appropriate steps were taken to minimise risks. Where a person sustained a bruise or a wound, these were documented on a body map, so they could be monitored, which is good practice. Where any incidents were reported, the registered manager undertook a full investigation to identify any improvements needed.

Staff had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. 'Spot checks' of care in people's homes included checking staff practice was in accordance with the agency's infection control policy and procedures. One person commented, "The aprons go on as soon as they come in the house."

Good

Is the service effective?

Our findings

People received effective care from staff with the knowledge, skills and training to meet each person's care needs. One person said, "The girls who come seem very well trained and most obliging." Other comments included; "They are very good" and "They have clear boundaries around what they can and cannot do."

Staff gave us positive feedback about the training and development and confirmed they received relevant training to enable them to carry out their role. The registered manager said, "We get lots of positive feedback about training." Staff praised and appreciated the amount of face to face training offered. Feedback comments included; "Great training, the trainer is passionate about her work," "Brilliant at explaining things" and "Absolutely amazing, in-depth, covers so much." The training officer explained how they encouraged staff to share experiences and ask questions during training days, and gave staff opportunity to see and use equipment they might use in people's homes to gain confidence. For example, urinary catheters and other continence products.

New staff received a thorough induction and completed the national Skills for Care Certificate training. This is a set of standards that social care and health workers are expected to adhere to in their daily working life. Speaking about new staff, one person said, "If there is a new (carer) starting they come in three's (person normally had two carers) shadowing they call it, until they know the job." Training records showed that staff had received training regularly in safe moving and handling, medicine administration, safeguarding vulnerable adults, first aid, food hygiene, infection control and health and safety. In addition, some staff had done other training courses to support people's particular needs including wound care, stoma care, providing food/drink via a tube feed and continence care.

Staff received regular three monthly supervision through one to one meetings with community team leaders and 'spot checks' undertaken in people's homes. All staff had opportunities to undertake qualifications in care. For example, the provider information showed 12 staff completed diplomas and another 12 were planning to do so. Staff also did self-assessment appraisals through which the agency identified further staff training and development needs. For example, in the provider information return the registered manager outlined plans to provide training in more specialist areas for staff supporting people with learning disabilities and with people with drug and alcohol addictions in 2017. There were also plans to undertake staff training to increase staff knowledge and confidence on managing challenging behaviours and mental health needs.

Before the agency started theservice, they undertook an in-depth assessment to ensure they could meet the person's needs. This included reviewing all information about the person's care needs, undertaking a home (or hospital) visit to undertake a thorough assessment of their care needs, identify any risks and develop detailed care plans about how to meet those needs. For example, we saw detailed care plans about how to care for people's skin and prevent pressure ulcers, and detailed moving and handling plans. Where people had particular health conditions such as diabetes or depression, information leaflets about those conditions were provided for staff to help them gain a good understanding of how best to support the person. To ensure evidence based practice, the agency worked closely with external professionals and agencies, and

sought their expertise and guidance. For example, in the past year, staff had received training from a nurse specialist in bladder and bowel conditions, deaf awareness and dementia awareness. This also helped build relationships with those staff.

Staff supported people with their ongoing healthcare needs. For example, by arranging appointments with health professionals for them, ordering and collecting medicines and continence supplies for them. Where any changes in health needs were identified, staff liaised with health professionals and updated care plans with any new treatment decisions. Where people experienced a deterioration in their cognition, staff worked closely with the older people's mental health team to support the person. Any concerns about suspected infections, such as eye or chest infections were reported to the person's GP. Other concerns about skin redness or wounds were reported to the relevant community nursing team who provided support and advice to manage them. Health professionals spoke positively about how staff worked closely with them to meet people's healthcare needs, and let them know when people's needs changed. One professional said, "The carers are fantastic."

Where people had any assistance with food or drink they were happy with the support they received. One person said staff helped them prepare fresh vegetables so they could cook their own food and another said staff made sure they left the person with a drink beside them before they departed. Care plans gave clear directions to staff about the support people needed to eat and drink. For example, encouraging some people to drink during the visit, making a nutritional supplement drink for a person and leaving a sandwich for another person to eat. This helped ensure people remained their health through good nutrition and hydration.

People confirmed staff sought their consent before providing any care and treatment. One person said "They're always on top of the job and make sure we can choose." Where people lacked capacity, staff demonstrated a good understanding of the Mental Capacity Act (MCA) (2005) and how this applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. For example, staff told us how a small team of staff worked with a person who had very specific mental health needs to ensure the person received appropriate care in the accordance with their specific requirements.

The agency had recently done staff training on the Mental Capacity Act and had improved documentation used for assessing capacity and how to support people to make as many choices and decisions as possible. For example, by using prompts for staff such as, 'How have you supported the person to make their own decision?'

Where people lacked capacity, staff worked sensitively with the person, relatives and other professionals in best interest decision making. Where relatives or legal representatives had lasting power of attorney for decisions about the person's financial affairs or about care and welfare, this was recorded. However, no copies of those documents were held by the agency to confirm this, which the registered manager said they would request. For a person subject to a Court of Protection decision about their health needs, staff had a detailed knowledge of those requirements and the circumstances in which they would act in the person's best interest.

Good

Is the service caring?

Our findings

People said staff were caring towards them and developed positive relationships with them. A relative appreciated that the person had regular care staff they had got to know and trust who knew them well and could meet their specific care needs and wishes. They said, "he has nicknames for them all."

People's comments included; "Very nice girls" and "They all have a caring attitude, as time goes on we develop a bit of banter" and "They are kind ….. we get on like a house on fire." Relatives comments included; "The girls are exemplary and we have never had a moments trouble" and "I can't praise them enough, they are excellent."

Staff supported people to express their views and be involved in decisions about their care and support needs. Before the service commenced the agency visited the person to find out what support they needed. All care plans and risks assessments were developed with the person and family members or other relevant people, and signed their care records to confirm they agreed with them. Community team leaders visited people regularly to seek people's views and check the care provided was still meeting their needs. They made any suggested changes, which were communicated to staff.

People's care records included personalised details about how each person wanted to receive their care and support. Staff involved people and families in assessing their needs and developing their care plans. For example, one person wanted staff to call out as they entered to let them know they had arrived. One section in the care records entitled 'What is important to me' highlighted to staff that being at home and having a laugh was important to one person and getting help with breakfast and washing and dressing was important to another person's independence. Care records also included personalised details of people's hobbies, their life and family history. Staff said this information helped them engage in conversations of interest to each person.

Staff demonstrated positive regard for people they supported when they spoke about them. The provider information return showed staff were trained in person centred care. People said staff supported them sensitively with their personal care needs and treated them with dignity and respect. One staff member explained how they covered the person with a towel during bathing and only exposed each body part as needed. Another staff member explained how they prompted another person to wash the areas they could reach themselves, by passing the flannel and prompting them to do so. Where a person was unable to stand, a relative commented, "They always make sure they go down (physically) to his level."

To celebrate Christmas staff organised a Christmas coffee morning at the agency's office and invited people and carers. They arranged to transport some people and said people enjoyed the event and opportunity to meetwith staff socially and meet others receiving care.

People were supported at the end of their life to have a comfortable, dignified and pain free death at home because staff worked closely with other health professionals to support this. The registered manager was particularly passionate about end of life care and had expertise in this area of care, and had trained a group

of staff to provide end of life care. Staff worked with the local hospice team, GP's and community nursing staff to provide a high standard of end of life care. To further improve end of life care, the registered manager outlined how they had worked with hospice staff to adapt their care records in areas where more in-depth information was required. Feedback from relatives showed they appreciated the end of life care provided. For example, one relative wrote, 'We very much appreciate your positive sensible attitude, and your kindness and helpfulness to mum during her last few weeks. She was able to stay safe and comfortable in her own home, as was her wish.'

Good

Is the service responsive?

Our findings

People received personalised care which responded to their specific needs and preferences. People and relatives said care records accurately reflected the care and support they needed. For example, that one person needed reminding to use their walking frame when mobilising and another person liked a hot water bottle. Where people were at risk of developing pressure sores due to their frailty or reduced mobility, moving and handling care plans included details of equipment needed to assist the person to change position regularly such as slide sheets and pressure relieving cushions and mattresses.

Where people's care needs changed, care staff let office staff know, who contacted the appropriate professional such as the GP, community nurse or occupational therapist. For example, where a person's moving and handling needs increased, a community team leader arranged a joint visit with the community occupational therapist. This was to assess the person's equipment needs and learn how to use the recommended equipment in order to teach other staff and update the person's moving and handling care plan. Staff arranged for another person to have a height adjustable bed, so they could get in and out of bed more easily. Where a person needed more care hours because of ill health or increasing frailty, staff recognised this and made commissioners aware . This meant the person's care package was reviewed and amended promptly. Staff also worked with other agencies such as housing and social services to improve people's home environment by helping them access housing repairs, and grants. These changes helped improve people's person's physical health and mental wellbeing.

Professional feedback about the agency was very positive. One professional said, "We are in regular contact, they recently referred a person with moving and handling needs, we did a joint visit to problem solve and to address the person's equipment needs." Another health professional said the agency were really responsive about making offers for care packages people needed, even if they couldn't offer exactly what was wanted. They said, "I 'm really impressed with them. They are good at keeping us informed, and bent over backwards to bridge a gap so a lady could come out of hospital."

Care records were well organised, easy to navigate and were updated regularly as people's needs changed. When people first joined the service, their care plans and any risk assessments were discussed, signed and agreed, to confirm they agreed with their content. This ensured people's preferences were listened to and taken into account in planning their care.

The agency were in the process of recruiting more staff so they could set up a new team of 'emergency cover staff' who could provide a two week package of care to people in urgent need of care whilst more permanent care arrangements could be made. For example, when a person was being discharged form hospital and needed care at home.

Most people said they were very happy with the service and had no cause for complaint. One person had raised an issue and said it had been resolved to their satisfaction. The service provided regular opportunities to hear people's feedback and raise concerns through regular visits within the first two weeks of a new care package, regular reviews, and an annual survey. Where they raised issues with us, they were often about the

timing of a visit or the need to minimise the number of care staff visiting a person. For example, a relative said "We have had a few issues about times of visits, they are always trying to bring the evening call earlier but that leaves the person in bed too long." They said when they raised it with the registered manager it was rectified pretty quickly although sometimes it recurred after a while. The provider information return showed the provider received 23 compliments and three complaints in the past 12 months.

People were made aware of the complaints system when they started using the service and had details of how to raise a complaint in their records. They said they would have no hesitation in making a complaint if it was necessary. Where a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure. Where concerns were raised, a member of the management team visited the person to hear about their concerns. For example, about a member of staff who didn't stay for the full visit. Staff investigated concerns in full and where care fell below expected standards, apologies were offered with details of improvements being taken in response.

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was focused on the needs of each individual. The service user guide showed the philosophy of the service was to 'provide a professional level of care to not only maintain but enhance the dignity and independence of all service users.' This was reflected in the feedback we received from people and families.

One person said, "I am very well satisfied with it you'll not get better carers anywhere." A relative said, "I'd give them all 8 or 9 out of 10,except the really good ones who do well beyond what is written down, they are marvellous." Staff spoke about their commitment to the people they supported and used words such as "individual "and "personalised." A staff member said the best thing about the agency was "The team had a passion for providing the best care we can."

The agency was organised into geographically based teams with a community team leader in each area leading a team. Community based teams linked to a co-ordinator in the office that organised people and staff rotas. This meant people received good continuity of care from small teams of staff who got to know them well. Although the agency had grown, it still maintained a personal touch. Community team leaders worked closely together and worked flexibly to help each other and ensure people received equitable care in all areas. One staff said "We can go in the office anytime", another said, "There are no egos here, everything gets shared."

Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed. Staff said they worked well as a team and relationships were positive. Speaking about leadership, a staff member said their community team leader was "the best we've ever had." The registered manager was in day to day charge of the service and staff said they felt well supported by them. Staff described an open culture and felt valued and appreciated by the registered manager, community team leader and the provider for their contribution. Several staff said they appreciated the flexible working arrangements which helped them with their family and caring commitments. The provider had a 'Star of the week' scheme through which individual staff were recognised and celebrated for their commitment. For example, covering staff sickness at short notice or for going that extra mile for a person they supported.

Professional feedback comments included; " All going well" and "One of the better agencies, they work closely with us, give us really good feedback and keep us informed." Another professional said, "They are good at sorting out packages of care and encouraging people to be more independent, the carers they send are brilliant, there is good continuity of care and the service is reliable."

The provider set high expectations for staff and job roles were clearly set out in job descriptions. A director in the company visited the branch each week and supported staff and the business manager. An operations director oversaw all four branches of the agency and supported and worked with each registered manager. The registered manager said they supported one another and met up about four times a year to share good practice ideas of what worked well.

People and staff were regularly consulted and asked for their feedback, suggestions and ideas. Feedback from people using the service and relatives was obtained through the use of satisfaction questionnaires, and one to one meetings. A yearly questionnaire which sought feedback on timings of visits, whether care was carried out in accordance with the care plan, dignity and respect, communication, and the overall quality of care. The most recent survey was in the process of being analysed but the responses seen generally showed positive feedback.

Staff said they felt listened to and their ideas and suggestions for improving the service people received had been acted upon. For example, care and office staff had regular meetings to get update information, share ideas and feedback.

Community team leaders and care co-ordinators were being developed in their roles. For example, staff told us how they got together with staff from other branches doing similar roles to review what worked well and what needed to be improved. From this improvements were made in ensuring all new staff were introduced to new clients before they visited to provide care for them. Other changes included improvements to systems and care records, for example, in relation to medicines management and mental capacity.

The agency had a range of policies and procedures to support and guide staff, which were reviewed and updated annually. This included a strict uniform dress code for staff
and a lone worker policy, as well as a contingency plan for emergencies. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly.

The provider used a range of quality monitoring systems to continually review and improve the service. Community team leaders did regular checks on people care records and medicine administration records and followed up any concerns with individual staff. The operations director visited the branch regularly to meet with the manager, staff and to look at records kept at the branch. Where any areas needing improvement were highlighted, these were captured in an action plan which showed actions required, person responsible and timescale. For example, tackling sickness absence, addressing some gaps in staff files and arranging staff meeting dates. Accidents, incidents and complaints were monitored to identify any themes or trends.

The service was committed to continuously improving the service offered to people. For example, by introducing a rapid responder role, which provides cover for staff sickness and temporary care for people ready for discharge from hospital until a more permanent package of care was arranged. This has reduced waiting times for people and enabled them to be discharged from hospital earlier. A record was kept of any missed visits and the reasons they occurred. The most recent missed visits occurred in October 2016, where a staff member had misread their rota of visits and all staff were reminded to check their rotas carefully. The agency were also in the process of introducing new software which would enable office staff to monitor times care staff arrived and left each person's home. This would improve monitoring for any missed visits and enable them to check staff stayed for the length of time agreed.

The service worked with local job centres and the Chamber of Commerce to try and attract staff of the right calibre who showed a passion for care and have the interpersonal skills needed. Where any concerns about standards of practice were identified for individual staff, this was dealt with through individual support and retraining to check staff followed correct procedures. Where concerns persisted, people were protected because poor practice issues were dealt with through formal disciplinary and capability procedures.