Scott Care Limited

Scott Care Limited (Sittingbourne branch)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was carried out on 9 November 2016. The inspection was announced.

Scott Care office is based in Sittingbourne and is easily accessible for staff, visitors, including people who may have mobility difficulties. At the time of the inspection the service was providing support to 120 people. Most people were funded by the local authority or through NHS continuing care services with a smaller proportion of people paying privately for their support.

We last inspected the service on the 1 July 2015, when we made three recommendations to assist the provider with improvements. The recommendations were in relation to the administration of medicines, people being provided with a copy of the complaints procedure and the formal system for monitoring quality and safety across the service. At this inspection we found that the registered manager had taken action and improvements had been made.

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

The feedback we received from people was positive. Those people who used the service expressed satisfaction and spoke highly of the staff. For example, one person said, "I am very happy with the service".

The agency had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the whistleblowing policy. Staff were trained in how to respond in an emergency (such as not being able to gain access to a person's premises or finding a person collapsed) to protect people from harm.

The service had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals. All staff received induction training and they worked alongside experienced staff and had their competency assessed before they were allowed to work on their own.

The provider carried out risk assessments when they visited people for the first time which included an environmental assessment.

Incidents and accidents were recorded and checked by the provider to see what steps could be taken to prevent these happening again. The registered manager ensured that they had planned for foreseeable emergencies, so that should they happen, people's care needs would continue to be met.

The registered manager involved people in planning their care by assessing their needs on the first visit to

the person, and then by asking people if they were happy with the care they received.

People were supported to choose a healthy and balanced diet. Where staff had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

Most people either managed their own medicines or members of their family helped them. Some people required staff assistance with medicines. Staff who administered medicines had received training and management checked that staff were safe to administer people's medicines by carrying out regular competency assessments. The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet people's needs. People received consistent support from staff who knew them well. People felt safe and secure when receiving care.

Staff presented a caring approach as did the staff working in the office who supported the delivery of care. People were happy with the staff and made many positive comments about the staff who supported them. The provider made sure people had information about the service before the commencement of care and support being provided.

The service had processes in place to monitor the delivery of the service. People were given information about how to make a complaint and the people we spoke to knew how to go about making a complaint if they needed to. People and their families thought the service was well run. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the service was meeting their needs, by carrying out surveys.

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 medicines were managed safely.

Staff were informed about safeguarding adult procedures, and were aware of appropriate actions to keep people safe.

The service carried out environmental risk assessments in each person's home, and individual risk assessments to protect people from harm or injury.

Staff were recruited safely and the appropriate checks were made before any new staff commenced work with the service.

Is the service effective?

Good

The service was effective.

Staff received on-going training and supervision, and studied for formal qualifications. Staff were supported through individual one to one supervisions, spot checks of their care practice and appraisals.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

Is the service caring?

Good

The service was caring.

People felt that staff provided them with good quality care.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs

and preferences.

Is the service responsive?

Good

The service was responsive.

People felt comfortable in raising any concerns or complaints and the provider took concerns and complaints seriously.

Visit times were discussed and agreed with people and the care plans contained details of the exact requirements for each visit.

People's care plans reflected their care needs and were updated after care reviews or if people's circumstances changed.

Is the service well-led?

Good

The service was well-led.

The service had a quality assurance system which identified shortfalls.

The service had an open culture. People were asked for their views about the service and their comments were being listened to and acted upon as on going.

The provider and registered manager were aware of their responsibilities.

The service had a clear set of values and these were being put into practice by the staff and management team.

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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 9 November 2016 and was announced. 48 hours' notice of the inspection was given because the registered manager needed to be available during the inspection. The inspection team consisted of one inspector and a second inspector contacted people who used the service by telephone to gain their views on the service provided.

Before the inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

During our inspection, we spoke with the operations director, the registered manager, the training and recruitment manager and two members of staff. Following the inspection visit, we spoke on the telephone with six care staff and three people who used the service and three relatives of people that used the service.

We also reviewed a variety of documents. These included nine people's care records and eight staff recruitment files. We looked at records relating to the management of the service, such as staff induction and training programmes; staffing allocations and completed incident forms, as well as a selection of policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from the staff at the service. They told us they had no cause for concern regarding their safety or the manner in which they were treated by staff. People said, "I am very happy with the girls that come and yes they do make me feel safe", "I do feel safe with the two staff I have had over the past two weeks. I have had issues previously, and today I have asked if I can continue with these two girls", and "Yes, I do feel safe the staff are so kind".

Relatives said, "I know my Mum is in safe hands, all the staff are so caring", "Yes, I do feel that my husband is safe with the staff. They know just what to do. If we are to have a new member of staff they always introduce them before hand and staff are shown what they will need to do", and "I do feel that my son is safe when receiving care from the staff".

At the last inspection we recommended that the provider followed the National Institute for Health and Care Excellence NICE guidance on managing medicines as concerns had been raised about individuals not receiving their medicines as prescribed. We found at this inspection that medicines were managed safely where the service was involved in assisting people. The service had made sure that medicines were supplied in a MDS (monitored dosage system) supplied by the local pharmacies where people lived. The MDS divides the medicines into daily amounts and separates them it to different times of the day. This enables the person or the carer to administer the medication more safely. Most pharmacies had also supplied a MAR (Medicines Administration Record) sheet with the medicines to be administered. The staff had signed the MAR sheet for any medicine they had assisted people to take. When the pharmacy had refused to supply the MAR sheet with the medicines, staff recorded the medicines given on a record developed and supplied by the service.

People said, "As I cannot get around the staff do bring me my medicines, sometimes I have had to remind them, but the staff I have at the moment are excellent", and "The staff take the medicine and put it in a pot for me to take. They fill in a sheet; they always make sure I have taken it. I know they are watching". There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff had received training to assist people with their medicines. Staff had been informed about the action to take if people refused to take their medicines, or if there were any errors. The service had rightly notified the local authority social services and the Care Quality Commission (CQC) when errors had occurred. Checks were being carried out to ensure that medicines were administered appropriately. All the staff we spoke with said that they had received training on medicines during their induction, and they had been observed administrating and recording medicines. We found that medicine administration was also being observed when spot checks were carried out to assess staffs practices in people's homes. This took place to ensure that people received their medicines as prescribed.

At the last inspection we recommended that the provider sought advice from a reputable source on staff deployment, as there were not enough staff to cover all calls if sickness levels were to rise. At this inspection we found that there were sufficient numbers of staff available to keep people safe. Staffing levels were

determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person was increased if required. All of the people we spoke to were happy that they always got the amount of support time they should and that staff arrived on time. People said, "The two staff I have are extremely reliable, they come at the same time", "Staff have been regular and come the same time most days. I have only had to ring once, but they have always had a valid reason if they have been late", and "I would like to have regular staff coming to see me, I have a couple who seem to came more often, but I don't know who is coming through the door. Don't get me wrong someone always comes and normally about the same time each day".

Relatives said, "I have found them to be very reliable. We have one main carer and she is always normally on time, if not it is they have been caught up with the previous call. They always let us know. My husband does not like people he does not know touching him so our main carer always introduces them first", and "Staff are very reliable, they come the same time most days just the weekend that might vary, but Mum dose not mind as long as someone comes".

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment. All new staff employed undertook the induction training; to make sure they understand the policies and procedures and vision statement of the service. All staff are also given an induction training to give them the knowledge, skills and
understanding to care for people safely in their own homes. All staff shadow experience staff at the beginning of their employment, and their competency to undertake tasks is observed. This meant that all new staff have had the necessary checks and training to be able to care for people
in their own homes safely.

People were confident that staff had the knowledge to recognise and report any actual or suspected abuse. Staff we talked to were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. They understood the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse was part of their induction and there was on-going refresher training for safeguarding people. The service had the local authorities safeguarding protocol which staff could use to make sure they followed the correct procedure if they needed to raise an alert. The service had processes in place to protect people from financial abuse. This included recording the amount of money given to care staff for shopping; providing a receipt; and recording the amount of change given. Where possible, any transaction was signed by the staff member and the person receiving support, or their representative. This record provides an audit trail should there be any queries about the amount of money spent in the future protecting both the person and the staff.

Before any care package commenced, the provider and registered manager carried out risk assessments of the person's home, and for the care and health needs of the person concerned. Environmental risk assessments were thorough, and included risks inside and outside the
person's home. For example, they carried out a visual check of electrical appliances that staff may use during their visits, such as a kettle. They would look to make sure leads were not damaged. They also look and document any trip hazards such as rugs or frayed carpet.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or a wheelchair. Exact instructions were given about how to use individual hoists, and how to position the sling for the comfort of the person receiving support. People who required lifting using a hoist to help them move from one place to another were always supported by two staff working together. In this way, people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people. The registered manager ensured that required checks and servicing had been carried out for lifting equipment so that it was safe for staff to use. Staff told us that some people were provided with a pendant 'lifeline' which could be worn around their neck. They pressed the alarm if they had an accident or were seriously unwell. These are a 24 hour care system to alert on-call operators to obtain help for people. Staff checked that people had their lifeline pendants in place before leaving the premises.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staff told us that there was a plentiful supply of personal protective equipment (PPE) provided for them such as gloves and they were able to get additional supplies if they needed them. The registered manager of the service confirmed that team leaders carried additional supplies of PPE and would provide them for staff members as required. When asked if staff wore a uniform and had identification, people said, "They do wear a uniform the girls always look presentable. I have seen that they have an ID", "Yes, they always look clean and smart", "The staff are always in uniform and they look very professional. They do carry their ID", and "The staff are always in uniform and they carry ID".

Good

Is the service effective?

Our findings

People told us that they thought the staff were trained and able to meet their care needs. Feedback from people was positive, and people said, "The staff do know just what I want them to do", "The staff do know my needs, what I can and can't do. They know what I like to do for myself. I mean I have improved I had not put my foot to the ground when I first come home, I am having physio and the staff are helping with that", and "Well I think they have an idea of what needs doing when they have come several times, but because I have different carers they don't always know and they have to ask me".

Relatives said, "I would say all the staff know what they have to do for Mum, she has her routine and they all follow it", and "We always have a chat before they make a start. I warn the girls if my husband has decided he is not having a shower and they will then have to give him a bed bath. The girls are very good with him they are talking to him all the time and they discuss what he wants them to do".

People's needs were assessed, with people and their relatives being involved in deciding on the care to be provided. This was documented in the plan of care which was kept in people's homes for staff to read and refer to when necessary. Staff sought and obtained people's consent before they helped them with any care. People said, "We always chat as they care for me, I am sure they would not do anything I would not like", "Oh, the staff come in and we have a chat and decide what we are doing. I do some things and they help me with other things", and "The staff who are new ask if they do not know what I need to do". Relatives said, "They talk to Mum all the time, they are asking is she ok, telling her what they will do next, they also have a laugh with her, she enjoys them coming", "The staff always check with me and my husband before they start and during the time they are caring for my husband", and "The regular staff do know what he needs and there are no problems. It's the new staff later in the day that are the problem. I need to be around then to help them understand how to care for my son".

Some people told us that the staff who call on them at lunch time do warm up a meal in the microwave or make them a sandwich. One person told us, "The staff do get me my meals. The two girls I have now serve the food nice and hot and they check the food before they use it. They let me know if what I have chosen is out of date. They always make sure I have a hot drink while they are there and a cold drink for later". Staff told us that they wrote in the care plan what the person had chosen, and how much the person had eaten. Staff received training regarding food hygiene during their induction. The registered manager said we ask staff if they can cook at interview, important as younger carers may not have had the opportunity to learn to cook. Also important to know when rostering staff to work with people
needing meals cooked.

Staff completed a range of training to help them to meet people's needs. We saw and staff confirmed that the induction training provided for staff included training on basic first aid, catheter care, how to support people with dementia, diversity and equality, food hygiene, health and safety and infection control. All new staff worked toward attaining the Care certificate promoted by 'Skills for Care'. These are the standards that people working in adult social care need to meet before they can safely work and provide support for people. Staff were being encouraged to complete a vocational qualification in health and social care. To

achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. Staff confirmed that they could access additional training if there were particular areas where they felt they needed additional support. This meant that staff were given the skills they needed to provide care for individuals with specific needs, such as Parkinson's and diabetes.

Staff were supported through individual supervision and we saw the yearly appraisals for all staff had taken place. Spot checks of care staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These observations were undertaken after consultation with the people they would be caring for. Only if people expressed their agreement to occasional spot checks being carried out while they were receiving care and support would their care be observed. People said, "We have not had anyone watching the staff work but we have had staff who are training come with one of our regular girls", "I have been asked if someone can come and watch the staff providing my husband's care. As I was asked in advance I could explain it to my husband and he was ok about it", and "Just last week someone working for the service came and asked if I would mind them watching the staff member do her work. I did not have problem with that, they call it a spot check".

People thought it was good to see that the care staff had regular checks, as this gave them confidence that care staff were doing things properly. We saw the records for a spot check and this included punctuality, personal appearance of staff, politeness and consideration of respect for the person and the member of staffs' knowledge and skills. Spot checks were recorded and discussed, so that staff could learn from any mistakes, and receive encouragement and feedback about their work.

Staff were trained in the Mental Capacity Act 2005 (MCA). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The registered manager explained that they get a full assessment and care plan from the local authority social services before they visited in most cases. This indicates people's ability to understand their care needs and to consent to their support. When people lacked mental capacity or the ability to sign agreements, a family member or representative signed on their behalf. The registered manager said they would still carry out their own assessment and this often included the family members and health and social care professionals. They discussed any situations where staff may feel the person could be at risk of harm due to a person's lack of capacity and where decisions may need to be taken in a person best interest.

When staff identified any concerns about people's health they said they would report this to the office. The registered manager would then inform the next of kin, and contact their GP, community nurse, mental health team or other health professionals depending on the person's medical history and requirement as detailed in their care plan. Staff would always call for an ambulance themselves if the situation warranted it. One person said, "They did tell me if they were worried about me for any reason and have encouraged me to call the doctor, but I can do that now myself". One relative said, "The staff always tell me if they are concerned about his health, if he is getting a bit sore for example". Another relative said, "The staff do let me know if they think my son is getting chesty, or if he is getting sore anywhere. Each person had a record of their medical history in their care plan file, and details of their health needs. Records showed that the staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams and catheter care. Staff said they would report any changes in a person's mobility as they may need to be reassessed and may need the input of an occupational therapists or physiotherapists. Staff told us that they had been trained to use special equipment such as hoists in people's homes to protect the person they were assisting.

Good

Is the service caring?

Our findings

People and their families we spoke with were satisfied with the quality of care they received and they found staff caring and respectful. People described their regular care staff as very caring and flexible. People said, "The staff I have are wonderful at all times, and they do treat me with respect", "The staff are all very nice, they are caring and definitely show me respect", and "I think the staff are lovely, they are respectful and caring".

Relatives said, "All the staff are polite and treat mum with respect. They are all so caring, we like all the girls equally and get on with each and every one", "The staff that visit are just so caring, they are very kind, thoughtful, and nothing is ever too much trouble. They have always shown me and my husband respect, we could not ask for better" and "All the staff have been kind and compassionate. They have shown me and my son respect, they always keep my son covered up as they deal with him".

People and their relatives were aware of having care plans and said they had been involved in their planning. People said, "Well my needs have changed over the past 18 months. I started having a carer three times a day and now I am down to once a day. I have gradually become more independent with their help of course. I told them I only have female carers", "We talked about the care I needed at the start, and I said I don't mind male or female carers, I had both in hospital", and "They went through a plan when I started having care, I was asked a month or so in if I was happy with the way staff care for me. I have no problems". Relatives said, "At the start someone came to see us and talked about the help Mum needed and when she would like the girls to help her", "Yes we do have on-going dialog about the care plan, recently for example it was suggested by the nurse that my husband have a recliner chair. I got one and now the staff get my husband out in the chair via the hoist for a few hours each day. The care plan has been adjusted so they come back to put him back to bed", and "I agreed the plan we have, it is reviewed a couple of times a year. That's when we talk of his care and any changes we have made. My son does not mind male or female carers but we tend to have girls".

Relatives told us that communication with them was good when it related to letting them know about any changes to their relative's health. People were informed if staff were delayed and would be late for a call, or if their regular carer was off sick, and which staff would replace them. Staff told us they cared about the people they visited and spent time talking with them while they provided care and support. Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their day to day care. One person said, "I am asked what I want to wear and what I would like for lunch, and the staff get it out ready". The registered manager said that they had extended the time the office is open during the day so people will be able to contact the office up to ten o'clock at night. This meant staff would be around to keep people informed of any changes and answer any queries they may have.

Staff had received training in equality and diversity, and how to treat everyone with respect. We reviewed people's care files making sure they covered different age groups and needs. We saw that care plan files included people's information about their social hobbies and interests. They noted if the person had any

particular religious beliefs that staff should be aware of while supporting them. Staff knew about people past histories, their preferences and the things they liked and disliked. This enabled them to get to know people and help them more effectively.

Staff were respectful of people's privacy and maintained their dignity. People said, "I am not rushed at all I am given time to do what I can do myself", "I find the staff are patient and they give me time to sort myself out", "We work together, they know me so well", and "The staff ask me if I am happy and check I am ok with what they are helping me with". Relatives agreed that the care their relative received from the carers was good and staff treat people with dignity and respect. Relatives said, "The staff are very patient, they give mum time to do things she wants to do herself. I never feel the staff rush mum", and "Although my son does not talk he understands the staff, they chat to him and tell him what they are doing. They also have a joke with him, they love it when he laughs. I have not sensed that they have rushed him, and I think he would react if they did".

The registered manager did have access to information on advocacy should a person be in need of independent advice and where there is no relative looking out for their interests. The advocate is able to ensure the person's voice is heard regarding the care they wish to receive.

Good

Is the service responsive?

Our findings

People's needs and risk assessments were undertaken before the care began. The time of calls was discussed as were the length and the number of visits per day or week. This information was recorded in their care plans. Each visit had clear details in place for exactly what care staff should provide at each visit. This might include care tasks such as washing and dressing, helping people to shower, preparing meals, making drinks, or assisting people with their medicines. Some visits also included domestic tasks such as shopping. The staff did not always know the person they were visiting, at these times staff relied on the care plan and talking to the person to know what their needs were. Some people were not able to communicate effectively so a detailed plan is therefore important to make sure a person's care needs were fully met.

At the last inspection a recommendation was made that the provider sought advice and guidance from a reputable source about complaints procedure. The complaints procedure did not give full information about where a person could go if they felt their complaint had not been satisfactorily resolved by the service. We found at this inspection that information provided to people informing them of who they could contact outside of Scott Care Ltd for example, the Local Government Ombudsman, had been included in the information about making a complaint. There was a policy about dealing with complaints that the staff and registered manager followed. People received a copy of the complaints procedure, explaining how to make a complaint if they needed to. People told us they would have no hesitation in contacting the registered manager, or would speak to their staff if they had any concerns. People said, "Oh yes, I would know how to make a complaint", "I do know how to complain, but I find the staff are very responsive if there is anything, I only have to ask and it's done or changed. I have never had cause to complain", "If I was not happy about anything I would ask to speak to the manager and I would tell her", "Not sure, I suppose I would ring the office", and "We have a file with lots of information in, most probably be in there. But as I say they are all so lovely I can't think I would ever need to complain". The complaints procedure stated that people would receive an acknowledgement of their complaint within two days, and the registered manager would seek to investigate and resolve the complaint within 28 days. The provider said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. We saw complaints that had been recorded and logged when received, together with a record of the action taken to resolve the complaint.

The registered manager told us they usually visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns.

The care plans contained information about people's backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans also included details of people's religious and cultural needs. The staff told us this enabled them to have an understanding of the person they were visiting and were able to engage them in conversation about things of interest to them. Care plans detailed the care provision that had been agreed and whether one or two staff were allocated to the person. Care plans also described how they liked things done and in which order they liked things to be done in. This was particularly helpful for staff assisting people new to them, particularly if communication is difficult as they have sufficient detail to

provide the agreed care the way the person likes it.

The senior staff carried out care reviews with people after the first 28 days of receiving care, and then at six-monthly intervals. This was flexible and a care plan could be reviewed earlier if the persons care needs changed. For example, if a person has a stroke and then needed more assistance with personal care. Any changes were agreed with the person, their relative and social services care manager if appropriate. The assessments and care plans would then be updated to reflect the changes. The registered manager told us that the care staff that provided care for the person were informed of any changes. One person said, "Well yes, they do listen and we have reduced the care as I have become more independent". Relatives said, "I am sure if things change they will do what is necessary to see mum is still well looked after. I know that if we need extra time, I need to do this through the care manager, however the staff are very good and if I have a problem between visits they are happy to pop back and see me", and "Yes they do listen and I have been supported to get the care I need for my son".

Good

Is the service well-led?

Our findings

We asked people if they thought the service was well managed. People said, "Yes, I do think the service is well managed", "I do find the service is well managed", "I have found the service to be well managed", "I think they try hard to manage the service, but it can't be easy", and "I suppose it is, I always get a visit".

We saw that people's views were regularly sought by the provider in order to improve the quality of the service they provide. The provider sends out questionnaires every quarter alternating the people who are proposed for comments each time. The registered manager said that responses when received would be analysed and changes made to improve the service. For example they have already identified that people were not having any consistency in the staff that visit them. The registered manager was recruiting more staff with the intention to have groups of staff working in set areas. The staff would be introduced to all the people being cared for in that area so that when one main carer was absent for any reason, the visit would be covered by someone they have already met.

The vision and values of the service were displayed on the wall of the office. The mission statement was 'to provide a wide range of cost effective services based on sound principles by competently trained staff committed to improving quality of life'. Staff spoken with were clear about the values of the service and their own personal values. For example, one staff member told us they thought it was important to respect the rights of all people. Another staff member told us that their values centred on caring and respecting the rights of the people they cared for. Staff told us they found the registered manager easy to approach, and they were happy to discuss problems with them. One member of staff commented, "She is always supportive and available to provide support".

We saw the minutes of staff meetings and these confirmed the topics that had been discussed. These included how staff must fully record the tasks they do in people' records. Systems were in place to monitor and document all the telephone calls that came into the office. Checks would then be made to see these had been actioned appropriately. This showed that they had identified the shortfalls in communication and had taken steps to improve the service they delivered to people.

There were systems in place which meant that the service was able to assess and monitor the quality of service provision and any concerns were addressed promptly. Accurate records were maintained and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by management on a regular basis. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

The registered manager reported that they met regularly with the operational manager for supervision, support and guidance. The registered manager was working towards objectives that had been agreed with their operational manager. For example, they had been set tasks such as supervising staff and ensuring that back to work interviews had been completed to address concerns relating to staff absence. We noted that this had improved staff morale and service delivery.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that had happen involving the staff and people using the service. We used this information to monitor the service and to check how any events had been handled. This demonstrated that the registered manager understood their legal
obligations.

The accident reports completed by staff regarding people who use the service and staff. Accidents were appropriately logged and included information such as any steps taken to deal with injuries at the time. The registered manager said that she does monitor the incidents and accidents to see if they are able to put in measures to prevent them in the future.

The registered manager and staff were spoken with regarding how emergencies were managed by the service. They told us the steps that they would take, for example, if they were not able to gain entry to a person's property. This included contacting family members and alerting the emergency services if needed. We found there were policies and procedures in place to instruct staff on the course of action they should take for different events. For example there was a policy on lone working and what to do if they find someone on the floor or unconscious.