

Notts Home Care 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

We carried out an announced inspection of the service on 17 March 2016. Notts Home Care Limited is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 78 people.

On the day of our inspection there was a registered manager in place and they had been registered with the Care Quality Commission since November 2014. 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.

During our previous inspection on 29 August 2014 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to a lack of supervision of staff performance. During this inspection we saw improvements had been made and the breach had been met.

Staff now received regular supervision of their work and they felt supported by the registered manager. Staff completed an induction prior to commencing their role and plans were in place for all new staff to complete the Care Certificate training process. Staff received regular training to enable them to support people effectively. All staff training was up to date.

People were supported by staff who made them feel safe when they were in their home. Regular assessments of the risks to people's safety were conducted and regularly reviewed. Care plans were in place to address those risks. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People were supported by staff who understood the risks associated with medicines. The decision making process regarding the administration of covert medicines needed reviewing.

The registered manager was aware of the principles of the Mental Capacity Act (2005). People were able to make choices and staff respected their wishes.

People were encouraged to eat healthily. People were happy with the way staff supported them with their meals. People's day to day health needs were met by the staff. External health and social care professionals spoke positively about the way staff supported people and reported any concerns they had about people's health and safety.

People told us they thought the staff were kind and caring, treated them with dignity, respected their privacy and acted on their wishes.

People were provided with the information they needed that enabled them to contribute to decisions about their care. People were not currently provided with information about how they could access independent

advocates to support them with decisions about their care.

People's care records were written in a way that ensured their aims and wishes were reflected throughout. People's records were regularly reviewed although it was not always recorded whether people had agreed to the decisions made. People's care records contained guidance for staff to respond to people's needs, although two care records required further information regarding two people who were living with diabetes.

People and their relatives where appropriate, were involved with planning the care and support provided. People were provided with the information they needed if they wished to make a complaint. No formal complaints had been made.

The registered manager led the service well and understood their responsibilities. They ensured the CQC were notified of incidents that had occurred.

People and staff spoke highly of the registered manager. There were a number of processes in place to gain the feedback of people and staff in order for the service to develop and improve. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the care provided.

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 were supported by staff who made them feel safe when they were in their home.

Regular assessments of the risks to people's safety were conducted and regularly reviewed.

Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role.

People were supported by staff who understood the risks associated with medicines, although a review of the way decisions regarding the administration of covert medicines was required.

Is the service effective?

Good 

The service was effective.

Improvements had been made with the frequency of staff supervision. Staff felt supported by the registered manager and now received regular supervision of their work. All staff training was up to date.

The registered manager was aware of the principles of the Mental Capacity Act (2005). People were able to make choices and staff respected their wishes.

People were encouraged to eat healthily and maintain a balanced diet and people were happy with the way staff supported them with meals.

People's day to day health needs were met by the staff. External health and social care professionals spoke positively about the way staff supported people.

Is the service caring?

Good 

The service was caring.

People thought the staff treated them with respect and dignity

and listened to and acted on their wishes. People thought the staff were kind and caring.

People were provided with the information they needed that enabled them to contribute to decisions about their support and they felt involved with this process.

People were not currently provided with information about how they could access independent advocates to support them with decisions about their care.

People were supported to live as independent a life as they wanted to.

Is the service responsive?

Good ●

The service was responsive.

People's care records were person centred and the records were regularly reviewed.

People and their relatives where appropriate, were involved with planning the care and support provided.

People's care records contained guidance for staff to respond to their needs; however a small number required more detailed information.

People were provided with the information they needed if they wished to make a complaint. No formal complaints had been received.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke highly of the registered manager and felt they valued their opinion on how to develop and improve the service.

The registered ensured the CQC were notified of incidents that had occurred and met all requirements of their registration.

There were quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

Notts Home Care 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 17 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted a local authority who funded some of the support people received for their feedback about the service.

Prior to the inspection we sent questionnaires to forty five people who used the service and relatives to gain their views on the quality of the service they received. We received two responses from people who used the service and one from a relative. We also received responses from four members of staff.

At the provider's office we reviewed the care records for six people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with three members of the care staff, three care coordinators and the registered manager.

We also contacted some people who used the service and some relatives or carers for their feedback about the service. We spoke with fifteen people who used the service and six relatives or carers. We spoke with

three external health and social care professionals about the views on the quality of the care provided.

Is the service safe?

Our findings

All of the people who responded to our questionnaire or who spoke with us told us they felt safe when staff supported them in their home. One person said, "I have no worries at all when they [staff] are here. I really look forward to seeing them, they are more like friends." Another person said, "I generally get the same people [staff] and I feel very safe with them. I can't fault them." Relatives felt their family members were safe. One relative said, "They [staff] are very trustworthy."

When people first started to use the service they were provided with information which explained to them who they could contact if they had any concerns about their safety, the safety of others or if they started to feel unwell.

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. Staff were also aware of who they could speak with both internally and externally if they had concerns. All staff spoken with said they would report concerns to the registered manager or the care coordinators, but also to the CQC, the local multi-agency safeguarding hub (MASH) or the police.

A staff member said, "I would report concerns to my manager but also social services if I thought it was really serious. I could call the Police and the CQC if I needed to as well."

Records showed the registered manager responded quickly to any allegations of abuse and reported those allegations to MASH. A health and social care professional told us they felt the staff always acted quickly if they identified any concerns to people's safety.

People's care records contained risk assessments that had been completed in a number of different areas such as people's ability to manage their own medicines, the environment they lived in and their ability to carry out domestic tasks independently of staff. The registered manager told us they or their care coordinators visited people in their homes prior to their care package commencing, to assess the risks and to agree, with each person, the care and support they needed. The risk assessments were regularly reviewed to ensure they met people's current needs.

People told us they felt the staff encouraged them to do as much for themselves as possible and staff did not restrict their freedom. One person said, "They [staff] will always let me try to do things on my own if I want to and they don't fuss round me."

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. These were completed by staff and then reviewed by the registered manager. The majority of the documentation contained recommendations made by the registered manager or the care coordinators for staff to reduce

the risk of reoccurrence. The registered manager carried out regular reviews of the documentation to ensure they were aware of any trends that may develop, such as a person falling at a certain time each day. They told us this enabled them to seek professional guidance if they were unable to address the concerns themselves.

We asked people whether the staff had enough time to do things they wanted them to do. One person said, "[Care staff name] never says no. They go the extra mile for me and I couldn't do without them." Another person said, "They do anything and everything and are always cheerful. It's not like having strangers in the house because they are so kind." Another person said, "I feel sorry for the carers because I know they don't get much time to get from one person to the next but if I tell them that, they always say don't worry, that's not your problem, we will always give you as much time as you need."

However one person said, "They [staff] are very good and always on time but I only get fifteen minutes and I feel as though I can't ask them to help with some things because they just don't have the time. It takes at least fifteen minutes for me to get moving in the morning."

We asked staff whether they thought they had enough time to do what they needed to do when they were supporting people. We also asked them whether the service had enough staff in place to meet people's needs and to keep them safe. One staff member said, "There are enough staff. If someone phones in sick we try to cover or the managers will go out and do the call. I normally have enough time to do what I need to do." Comments from other staff supported this view.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the manager had ensured that appropriate checks on a prospective staff member's suitability for the role had been carried out. We checked the recruitment records for three members of staff. Their records showed that before they were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the registered manager in making safer recruitment decisions.

We asked people if staff supported them with their medicines. Where people told us they received support from staff, they told us they were pleased with how staff helped them. One person said, "They are very good about giving me my tablets on time. They put them in a little cup and bring me some water and they always write everything down on the sheet."

People were supported by staff who understood the risks associated with medicines. The staff we spoke with could explain how they supported people safely with their medicines. One staff member said, "I help people with their medicines if they need it. I've had the training. I complete the sheets [medicine administration records] to show what people have had or if they have refused to take it." Another person said, "I am on oxygen and even though it's the oxygen company who look after that side of things, the carers do know all about it and keep an eye on it as well."

Staff had received the appropriate training to administer medicines safely and their competency in doing so was regularly assessed. Regular spot checks were carried out to ensure that where they supported people with their medicines, staff did so safely. Checks were also carried out to ensure that the stock levels of medicines were correct.

The registered manager told us that where staff were responsible for the administration of people's medicines, medicine administration records (MAR) were used to record when a person had taken or refused

their medicines. The records we looked at had all been appropriately completed.

One person's care records showed they had started to refuse to take their medicines. Staff had identified this and contacted external professionals, including the person's GP for guidance. It was agreed by the GP that the person's medicines were to be given covertly. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking medication. However the person's care records showed the GP had not completed an assessment of the person's ability to consent to this decision. The registered manager told us they were following the decision made by the GP but they would contact them to ensure the appropriate paperwork was in place.

Is the service effective?

Our findings

During our inspection on 29 August 2014, we identified a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014. This breach was in relation to the lack of regular supervision of staff performance. After the inspection the provider sent us an action which explained how they were going to make the required improvements. During this inspection we saw improvements had been made and the breach had been met.

A computerised recording system was now in place which alerted the registered manager and the care coordinators when each staff member was due for supervision or for their annual appraisal. Records showed that staff now received regular supervision of their work and the staff we spoke with confirmed this. Each staff member told us they felt supported by their care coordinators and the registered manager and felt the supervisions helped them to develop their role.

People and the relatives we spoke with, or responded to our questionnaire, told us they thought the staff who supported them or their family members had the skills, knowledge and experience to support them in an effective way. One person said, "They [staff] go over and above what they need to do." A relative said, "They [staff] are brilliant and they always ask how I am as well which is nice. To be honest, we look forward to seeing them."

Staff received an induction prior to commencing their role and the staff we spoke with told us they felt the induction equipped them with the skills needed to carry out their role effectively. We saw plans were in place for all staff to commence a new nationally recognised qualification called the 'Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager told us all new staff would commence this qualification and it would then be offered to all other staff.

A comprehensive training programme was in place to ensure that staff received the appropriate training for their role in order to provide people with effective care and support. Training was in place in areas such as safeguarding of adults, dementia and moving and handling. The new computerised system recorded what training staff had completed and when. Alerts were sent to the care coordinators and the registered manager when refresher courses were needed. Records showed, at the time of the inspection, that all staff training was up to date.

The staff we spoke with told us they felt they had the skills they needed to carry out their role effectively. One staff member said, "I've done loads of training. I've asked for more training around mental health and dementia and this has been provided for me."

The registered manager told us they offered staff the opportunity to complete external qualifications such as

diplomas (formerly known as NVQ's) in adult social care to help to develop their skills and to continually improve the quality of the care people received. One staff member said, "I asked to do my NVQ and they [the registered manager] have put me on it."

The majority of people told us that they had the same staff member at their home each day and the staff arrived on time. One person said, "[My care worker] is always on time and on the rare occasion when they might be held up, they always phone to let me know they are running a bit late." A relative said, "[My family member] has one or two favourites, so it's good that it's the same people [staff]."

The registered manager told us they and their care coordinators worked hard to ensure, wherever possible, people always had the same staff attending their home. This gives people the reassurance of a consistent level of care from staff they knew and liked.

People's care records contained individualised guidance for staff on how to communicate effectively with people as well guidance for supporting people who may present with behaviours that may challenge. The staff we spoke with had a good understanding of the needs in each of these areas for the people they cared for and supported.

People told us they were given choices and staff respected their choices. One person said, "'What I do like is the way they [staff] always ask if I want something doing. They don't try to tell me what to do."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Records showed all staff had completed MCA training. The staff we spoke with had a good understanding of the MCA and could explain how they used the principles of it in their role.

The registered manager told us people had the capacity to make their own decisions. However, they also told us they regularly discussed with staff the need to be aware if people were showing signs that a person may be having difficulty with making a decision, or, did not understand the implications of a decision they may make. They were instructed to advise the registered manager of any concerns they may have. The registered manager gave us an example where recently they had been in dialogue with external social care professionals to discuss the needs of one person whom they had concerns about. The registered manager told us they, along with the social care professional were working together, following the principles of the MCA, to ensure any decisions made were in their best interest.

People spoke positively about the support they received with their meals and with buying and preparing food. One person said, "My carer is very good. They know I don't like to eat my tea until a bit later so they get me a sandwich and some cake or something ready and then I can have it when I want it."

People's dietary requirements and guidance for staff to support people with following a healthy diet were assessed and recorded within their care records. The registered manager told us staff were encouraged to offer people healthy choices but were also told to respect people's decision if they wished to eat alternative foods. Processes were in place to offer guidance for people to seek help from external professionals if they had concerns about their weight.

People were supported by staff to maintain good health. People who used the service and relatives we spoke with did not raise any concerns about how care workers supported them to maintain their health. One person said, "If they [staff] think I'm not very well, they will call the doctor and my daughter and also let the office know."

People's care records contained detailed daily notes where staff recorded any significant changes to people's health and well-being. These were then reviewed regularly by the registered manager and any concerns were discussed in meetings with the care coordinators. Where needed, advice was requested from external health and social care professionals. An external health and social professional said, "They [staff] really get to know their service users well and can often anticipate changes in needs. For example, if someone is coming down with a UTI they react quickly and seek appropriate support from the GP."

Is the service caring?

Our findings

The people we spoke with and who responded to our questionnaire told us staff were kind and caring. One person said, "The carers are lovely people." A relative said, "It's lovely to see how they [staff] are with [my family member]. They couldn't be kinder." Another relative said, "It really makes [my family member's] day when the carer comes. They always have a bit of banter and the carer listens to [my family member's] stories. Even though [my family member] repeats themselves, they never say, 'I've heard that before' which I really like."

People told us they were happy with the care they received from staff and felt they had built friendly and positive relationships with them. To assist staff with this, people's records contained information such as their personal preferences, likes and dislikes and important events from their life. The staff we spoke with told us the information within the care records along with seeing the same people each day, helped them to really get to know people and to form meaningful relationships with them. One staff member said, "Getting to know the little things about a person is so important. I see these people as friends."

People's care records showed that their religious and cultural needs had been discussed with them. The registered manager told us they asked people whether they required any additional support from staff in following their beliefs and if they did, plans would be put in place to do so.

People told us they felt able to make decisions for themselves and if they wanted to make changes to the way they received their care and support then they were able to do so. One person said, "The carer will say, 'Would you like to have a shower?' They don't tell me I've got to have a shower if I don't feel like it and if I feel a bit under the weather, they understand and say, 'That's OK. We'll see how you are tomorrow.'"

People's care records contained examples where people had signed documents to say they had agreed to the care being provided. One person said, "I've been with the service for a long time and [the care coordinator] came at first to talk about what we needed and then they come about four times a year to make sure nothing has changed. I even get a phone call every now and again just to check everything is alright."

In each of the care plan records that we looked at we saw there was guidance for staff to assist them when communicating with people who may be living with a mental health disability or condition such as dementia. The registered manager told us they were putting plans in place to encourage staff to become 'Dementia Friends'. The Alzheimer's Society's 'Dementia Friends' programme is an initiative to change people's perceptions of dementia. It aims to transform the way the people think, act and talk about the condition. The registered manager told us they felt this, along with staff having completed dementia training, would give staff the knowledge they needed to identify the early signs of dementia, as well supporting people effectively who were living with dementia.

Information was not currently available for people about how they could access and receive support from an independent advocate to help them make major decisions where needed. Advocates support and

represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The registered manager told us they would add this information to people's care records.

People and the relatives we spoke with felt staff treated them of their family members with dignity and respect. One person said, "I was unsure about having people [staff] do intimate things for me, but they are so good and really respectful. For example, when they are washing me, they always give me a towel to cover myself so that I'm not sitting there naked. It makes a difference."

The staff we spoke with were able to explain how they ensured they treated people with respect and dignity whilst maintaining their human rights. One staff member said, "Treating people with dignity in their home is absolutely key to what we do."

People did not raise any concerns with us with regards to staff respecting their right to privacy. One person told us they felt the staff respected their private space within their home. They also said, "[The staff] never go anywhere in the house where they're not supposed to be. For example, if they need to go into the kitchen and need to open cupboards to look for something, they will always ask if it's ok and tell me why they are going in there."

People's records were handled in a respectful way within the provider's office. Records were stored in a locked cupboard in a room away from visitors to the office. This maintained people's right to privacy.

People felt able to live their lives as independently as they wanted to and all felt the staff supported them with this. One person said, "I'm in a wheelchair but I still like to be as independent as I can. The only trouble is that if I drop something, I can't pick it up. They [staff] don't make a fuss or make me feel useless, they just pick up anything that I've dropped and pass it to me." People's care records contained clear guidance for staff which explained how much support they wanted or needed from them with tasks within their home. This included supporting people with domestic tasks such as cleaning and cooking as well as support with personal care.

Is the service responsive?

Our findings

People's care records showed staff had been provided with information about the hobbies and interests that were important to people. The staff we spoke with had a good understanding of people's interests and told us, where able, they supported people with following these interests.

The people we spoke with did not receive support with their hobbies and interests as this was not part of their care package with the service. However, records showed that some people had been allocated a set number of hours per week to support them with accessing their local community and to reduce the risk of them becoming socially isolated. This support included taking people shopping, visiting local attractions and going for a drink or something to eat at local pubs, restaurants or cafes.

People told us they felt able to discuss any issues they may have with their care and felt all staff, including the office staff, were responsive to their needs. One person said, "Communication (with the office) is really good. I only ever contact the office if I need to cancel visits but there is never any problem."

People's care records were written in a person centred way. Each record contained reference to the way people wanted their support to be provided. The majority of people told us they were involved with reviews of their care and felt included when decisions were made. One person told us they had agreed a process where the care staff would leave a note for their daughter if they needed to update them with information. They also said, "[The staff] will leave a note for my daughter as well if there is anything they think is really important for her to know."

Records showed regular reviews were conducted, at least annually, with the person to see whether they were happy with the care provided. The records did not always state however that the person had agreed to any changes. The registered manager assured us changes would not be made without people's consent, but advised they would ensure this was recorded clearly when each review was carried out.

People did not raise any concerns with us about the way staff supported them. People's care records contained guidance for staff on how to support people who required support with managing a condition or illness they were currently living with. For example, we saw a person was currently living with diabetes and was at risk of having a hypoglycaemic or hyperglycaemic seizure. These occur when a person has a high or low level of sugar or glucose in their bloodstream. A care coordinator had discussed with them how they would like staff to support them if they had a seizure, and this was recorded within their care records.

We noted two other people living with diabetes had not had this discussion and guidance for staff on how to support this person if they had a seizure was limited. We raised this with the registered manager who said they would review these care records and would ensure that the care coordinators met with each person to discuss their wishes.

People and their relatives were provided with the information they needed if they wished to make a complaint. In the service user guide, given to each person when they first started using the service, reference

to the complaints process was included. The people we spoke with told us they had not had any reason to make a complaint

We looked at the service's complaints procedure and saw the appropriate process was in place to respond to people's concerns in a timely manner. Records showed and the registered manager confirmed that no formal complaints had been received from people who used the service or their relatives.

Is the service well-led?

Our findings

People and their relatives told us they felt able to contribute to the development of the service and felt their views were welcomed. People told us they had been asked to complete a survey asking them for their opinions. Questions included whether staff were punctual, whether complaints were dealt with appropriately and whether changes to their care records were discussed with them. We saw the results of this survey and the vast majority of responses were positive. The registered manager told us they welcomed people's feedback in order to improve the quality of the service provided. At the time of the inspection they were reviewing the results of the most recent survey.

The registered manager told us they operated in an open and transparent way and welcomed the views of their staff on how to improve the service. They also told us they discussed people's views in their supervision meetings or in informal chats when they came to the office to drop off documentation. They told us they had not held a staff meeting for a while as, due to the nature of the service, it proved difficult to get all staff together at one time. They told us they were looking at ways to rectify this such as, meeting in smaller groups and giving staff plenty of notice of when and where they were required to attend. The staff we spoke with, and the staff who responded to our questionnaire, felt their views were welcomed and valued.

The staff we spoke with had a clear understanding of the provider's values and aims for the service and could explain how they used them to provide people with a high standard of care. The staff we spoke with clearly enjoyed their job. One staff member said, "I love the job, it really is rewarding to see people so happy when I help and support them." Another staff member said, "I just like helping people."

The registered manager told us they were happy with the staffing team they had in place and felt each staff member represented the service well when supporting people. They also said, "I'm confident that when the staff are in people's homes they support them in the way that we at Notts Home Care expect them to. Dignity, respect and compassion are the key elements to what we do here."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. 'Whistleblowers' can be employees who become aware of illegal activities taking place in a business either through witnessing the behaviour or being told about it.

People, relatives and staff spoke highly of the registered manager and felt the service was well-led. One person said, "She is brilliant. If ever one of my regular carers is off sick or something, she mucks in and has come herself to see to me. She used to be a carer herself before she moved into the office so she knows how things should be done." A relative said, "The manager is a diamond." A member of staff said, "The manager is brilliant, she is really approachable."

A healthcare professional told us they had a good working relationship with the registered manager. They also said they were confident they had the right balance between the needs and welfare of both the people they support and the staff they employ.

Registered persons are required to notify the CQC of certain changes, events or incidents at the service. We reviewed the provider's records and found statutory notifications had been sent to us when required. The submission of these notifications is important as it enables the CQC to assess whether a service is taking, or has taken, appropriate action when there is an allegation of abuse or if a person has been seriously injured.

The registered manager told us the service was a member of United Kingdom Homecare Association (UKHCA). UKHCA is the professional association of the homecare providers for the independent, voluntary and not for profit sector. Their mission is to promote high quality, sustainable care services so that people can continue to live at home and in the local community. The registered manager told us membership of this association has given them extra guidance and support to ensure that people receive a high quality of care at all times.

Staff were aware of their roles and responsibilities. They understood what was expected of them and were able to discuss the risks to the people they supported and to the service as a whole in their supervision meetings.

The service had quality assurance systems in place that monitored the quality of the service people received to ensure people received the care they wanted in a safe way. Regular reviews of care plans and staff performance were some of the ways the registered manager monitored the service.