

Surrey Helping Hands Limited

# Surrey Helping Hands Limited

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection was carried out on 18 October 2017 and was announced. Surrey Helping Hands is a domiciliary care agency that provides personal care to people in their own homes in the West Surrey area. People who receive a service include those living with frailty, mobility needs and health conditions such as dementia. At the time of our inspection the service provided personal care to 52 people.

At the previous inspection in August 2016 we found that staff did not have a good understanding of the principles of MCA, robust recruitment was not undertaken and quality assurance processes were not in place. We found that this had improved on this inspection. There were some improvements still required around the provider ensuring that records were kept securely and to ensure they knew that staff had turned up at the call. We have made a recommendation around this.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said that they felt safe in their own homes with staff.

Robust recruitment practices took place to ensure that staff were suitable to work with people. Staff understood to how protect people from the risk of abuse.

Risks to people were managed well and staff understood these risks. People's medicines were managed by staff who understood how to record and administer medicines. There was a service contingency plan in place in the event of an emergency. Incidents and accidents were recorded by staff and actions taken to reduce the risks.

There were sufficient numbers of staff to deliver care. When there was staff absence management provided support to people.

Staff followed the principles of the Mental Capacity Act 2005 (MCA). People confirmed that their consent was obtained before care was delivered.

Staff were appropriately trained and were supervised in their roles. People felt that staff were competent when carrying out care.

People were provided with sufficient food and drinks when needed. If staff suspected people were unwell they contacted the appropriate health care professional.

People felt that staff were caring, well-meaning and pleasant towards them. They felt that staff treated them

with dignity and were respectful towards them.

People were involved in their care planning and where asked how they wanted their care to be delivered. The provider ensured that care was provided in lines with people's wishes.

People were provided with a complaints policy and encouraged to raise complaints if needed. Complaints were investigated to people's satisfaction and improvements were made as a result.

Care plans were detailed with guidance for staff in relation to the care that was required. These care plans were reviewed regularly and any changes were communicated to staff.

People and staff felt that the service was well managed. People were at the heart of the service and the provider ensured that the quality of care that was provided was of a high standard.

Staff felt supported, valued and listened to. There were systems in place to assess the quality of care. Any shortfalls identified were addressed.

The registered manager had informed the CQC of significant events including safeguarding and incidents.

At the previous inspection in August 2016 we identified breaches which had been met on this inspection.

## 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 told us that they felt safe in their own homes and relatives were confident that people were safe with staff.

Staff received training and were knowledgeable about safeguarding people.

Robust recruitment practices took place before new staff started work.

People were supported with their medicines where appropriate.

Risk assessments had been completed that were clear and provided staff with the necessary information to help people remain safe. Actions were taken to reduce the risks of incidents and accidents.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to do their job well.

Staff received appropriate training specific to the needs of people. Staff had appropriate supervisions to support them in their role.

Staff had a clear understanding of the Mental Capacity Act and its principles.

People were supported with their healthcare needs, in interacting with medical professionals and in managing appointments.

People were supported to eat and drink healthily.

### Is the service caring?

Good ●

The service was caring.

Staff ensured that people and their families were treated with kindness and compassion.

People felt that staff always treated them with dignity and respect.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs. Staff maintained kind and caring relationships with people and their families.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed when they entered the service and regularly thereafter. Information regarding people's care and support was reviewed regularly and staff were kept up to date of any changes.

People knew how to make a complaint and who to complain to. We saw that complaints were responded to in an appropriate way.

### **Is the service well-led?**

**Requires Improvement** ●

The service was well- led and managers led by example. Although improvements were required around ensuring that staff attended calls and that records were kept confidentially.

There were other appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained these were used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

# Surrey Helping Hands 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 18 October 2017 and was announced. We gave the service 48 hours' notice of the inspection because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We also needed the registered manager to organise visits to people in their homes. On this inspection there were three inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed the information supplied by the registered manager and we checked information that we held about the service and the service provider. We reviewed information on the 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 also reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

On the inspection, with permission of the person, we visited six people in their home. We spoke with people and their relatives about experiences of the care being provided. We also spoke with seven members of staff at the office of the service. We looked at a sample of six care plans of people who used the service, medicine administration records, four recruitment files for staff, training and supervision records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

## Is the service safe?

### Our findings

People said that they felt safe in their homes with the staff from the service. Comments from people included, "Their [staff] attitude makes me feel safe. It can take time getting to know new ones but I never feel unsafe", "I always feel safe, there's no faults at all. You hear such bad things on the news and I can't believe it because these [staff] are so good", "The staff are very good and kind, they have never raised their voice at me, and they are very helpful", "I am safe, I love them." People told us they would tell their family members if they felt they were not safe with staff who would then contact the manager.

On the previous inspection in August 2016 we had identified a breach that related to the recruitment practices. There had not always been robust checks on staff before they had started work. We found on this inspection that this had improved and the breach had been met.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work in this type of care setting. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

People's risk assessments included the risks associated with people's homes and risks to the person using the service. This included how their home was accessed by staff, whether the home was secure and whether there were any trips hazards. One person smoked and there were strategies in place for staff to ensure that the risks to the person were minimised in relation to an accidental fire. Other risks assessed included incontinence, moving and handling and other health risks. One person had diabetes and there was guidance in place to ensure that they kept well including ensuring the person had access to the medicine and sufficient food and drink.

Risks to people were understood by staff. One member of staff said, "With Mrs [person's name] I make sure the environment is clear and pick things up off the floor to avoid her tripping." Another told us, "The risk assessment forms tells us where there are risks. If there's a falls risk assessment I know what to look for. We get to know people well so we can see any changes. With their skin I make sure I follow the MAR (Medicine Administration Record) chart for any creams. We check the skin and report any concerns to the office. If we need to we use repositioning charts." A third said, "I look at the risk assessments in care plans so I know what to be aware of. I watch the person and check if any risks are changing and report to the office. They might get the GP out or ask other carers to keep an eye out for things." Incidents and accidents were recorded by staff and actions taken to reduce the risks of these. One member of staff said, "If I went in and someone had fallen I would press their pendant alarm. Make them comfortable and keep them calm. I would call 999 if needed and always call the office. I would then make a record of it."

There were people that had a key safe at their home. Staff would only use the key safe if they (the person) had overslept, not heard them or there was something wrong with them and they could not get to the door. They (people) stated they felt safe with the arrangement. There was a service contingency plan in place in

the event of any emergencies for example bad weather.

People's medicines were managed in a safe way. One person told us, "I do my meds but they change my patches and do my eye drops. They do it all right (as they should)." Another person told us, "There are no issues with the meds. They know which ones I have." One member of staff said, "I will give people medication. They take it in front of me and I record what they have taken. We write down all they take and the time given." Another told us, "Everyone we do meds for has a chart. We have to record it; if it's not recorded it's not given. I wanted someone to watch me for a while and I want to know what the meds are for. I feel confident with doing it now." We saw that staff maintained a record of people's medicines which included the amount received and when medicines should be taken. There were no gaps on the MAR charts. All staff had received training in the safe management and administration of medicines.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People told us that staff always turned up when expected. One person said, "They come here at exactly the same time every day. Always right on time." Another person said, "They mostly arrive on time, unless there's an emergency. A few times they've been late. The carer will sometimes ring and let me know but not always ". A third told us, "They come on time. They couldn't do what they need to do in less time so they always stay how long they should." There were sufficient staff to cover the calls and if necessary there were trained staff at the office that could cover for absences.

We received concerns from the Local Authority that related to safeguarding concerns that had been raised by them. These concerns were in relation to the care of a person with pressure sores. They are still investigating these concerns.

Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "If I saw bruises I would ask them [the person] and then report this to the manager." Another told us, "If people were acting differently, if they had bruises or didn't have the same shopping in I would tell the office, report it straight away. I could go to social services if I was worried." All staff had received training in safeguarding and there was a policy for staff to refer to. Where there had been any safeguarding concerns these had been addressed appropriately by staff. The registered manager ensured that appropriate steps were taken to address any safeguarding concerns.



## Is the service effective?

### Our findings

On the previous inspection in August 2016 we had identified a breach that related to the lack of understanding that the provider and staff had around the assessment of people's capacity. At this inspection this had improved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had received training and had a good understanding of the principles of MCA. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. One member of staff said, "We had someone come and talk to us about it last year. It's mainly about communication and how to use different approaches to help people understand. Always try to find a simpler way of explaining things so they can make a decision." Another told us, "You need to keep your wits about you and look out for changes. If people weren't able to consent the office would speak to their family and maybe the GP." The registered manager told us that no one being supported by the service lacked the mental capacity to make day-to-day decisions.

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "They hoist me onto the bed. It makes me feel safer than using the slide sheet. They know how to use it and have been doing it a long time." Another person said, "If there's new carers they come with another carer. They do it because they're learning what's what about the clients. The next time the new one does it while the other one watches to make sure it's done right." A third told us, "They have a good attitude. I don't have an issue with any of the carers." A fourth said, "Staff are very good and very helpful. I think they have been trained because they know what to do. I have a frozen shoulder at the moment and they heated my pad for me so I could put it on my shoulder." A fifth told us, "They do look after me properly. I can ask them to do anything and they would do it for me."

People were supported by staff that had undergone a thorough induction programme and were encouraged to undertake the National Vocational Qualifications (The NVQ is a work based qualification which recognises the skills and knowledge a member of staff needs to do a job) which gave them the skills to care for people effectively. Staff told us they were not asked to work alone until they had received all required training and they felt confident in their role. One member of staff said, "I'd worked in care for years and already had NVQ 3. The manager spent a morning working with me and said they were pleased with the things I was picking up on and how I was working. I then I worked with another member of staff." Another told us, "I got a lot of training and wasn't left on my own until I was fully comfortable with everything. I've never had times where

I've felt lost about what to do. It's my first job in care and it's made me feel I want to stick at it."

Staff received training appropriate to the needs of the people who used the agency. This included moving and handling, infection control, food hygiene, health and safety, fire training and first aid. We saw that all staff were up to date with their training. One staff member said, "Things are changing from year to year so we need to keep up to date. The moving and handling is especially informative. The food hygiene is really important because we're preparing meals for people at home." Another told us, "We get lots of training, some from trainers and some on line. It's updated every year." A third said, "If I felt I needed more training with anything then I've asked for it and they arranged it. They were really supportive. I did the care certificate. Things constantly change so you've got to keep learning."

We saw that staff's competencies were assessed regularly and recorded. One to one supervisions and spot checks were undertaken on staff at people's homes. This was to ensure that care was being delivered appropriately. One member of staff said when referring to spot checks, "I had one about eight weeks ago. They're about every six months. They look to check we're treating people with dignity and respect, if we're asking them what they want, generally if we're treating people like you'd want to be treated yourself." Another member of staff said, "They (spot checks) are to make sure I'm doing my job properly. It makes me feel I can do my job." We saw from records that these took place. One member of staff said in relation to supervision, "We sit down probably twice a month and discuss how things are going, if we have any problems." Another told us, "It's nice to get the feedback. Even the constructive criticism is good. You have to know how to do things properly." A third said, "We have appraisals. We talk about my performance and if I'm happy." We confirmed from records that supervisions and appraisals took place with all staff.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. One member of staff told us, "We had a lady who was coughing a lot with drinks so I told the office. They got the SALT (Speech and Language Therapist) team to come out and they gave her thickeners and said she needed a pureed diet. Since then things have calmed down and she hasn't had any chest infections. If we think someone needs anything from the OT (Occupational Therapist) the office will phone them." Another told us, "I will ring the GP if I think someone is unwell." Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals.

Where needed staff supported people with their food and drink. One person told us, "We have ready meals and they ask us which ones we want. They know I like soup at lunchtime and that I like it very hot." Another told us, "They [staff] always ask me if I want a drink." We asked staff how they would ensure that people had enough to eat and drink. One told us, "If I notice that food isn't being eaten then I would ask the person as this could be down to a number of things. When I leave their homes I will always leave a drink and remind them that's it is there."

## Is the service caring?

### Our findings

People were able to build caring and friendly relationships with the management team and the staff who supported them. People were complimentary about the caring nature of the staff. Comments included, "The carers are kind, they are more like friends to me", "You know when someone is caring by their looks. They get on with the job in hand and don't make me feel uncomfortable", "They come in quite bubbly in the morning and always have a chat", "They're nice and very kind", "There's not one carer we haven't liked. They're all nice" and, "They always come in and say hello. They never come in grumpy. They're more like an extension of the family now."

People said that staff were always respectful and treated them with dignity. One person said, "I'd highlight dignity and respect. They treat me with kindness and don't make me feel I'm a nuisance. They've never made me feel like that." Another person said, "I was embarrassed at first but they put me at ease. They talked to me about it. We've got a routine now." A third said, "Staff talk to me properly as a person." A fourth told us, "Staff respect my wishes all the time." A fifth person told us, "They do respect me and help me in my bedroom. They are very jovial and talk to me when they are helping me." Staff understood how to treat people respectfully. One told us, "Even if someone's door is open I always knock and shout hello, have a chat about how they are. I ask people what they want me to do, keep the curtains closed until they're decent. You get to know peoples preferences and always give choices about clothes and breakfast."

People were supported to remain independent in their own homes. One person said, "They give me the flannel to wash my own face. They let me go as far as possible. We have a set order." Another told us, "I do most of the washing (personal care) myself and they do what I can't manage." A third told us, "They [staff] used to give me the flannel to wash my face. I can't do that now so they do it for me." A fourth said, "Staff just come to help me with things I find difficult like having a bath." One member of staff told us, "In the mornings I'll ask them if they want to do things themselves as we go. If they want to wash their own face, brush their own hair, anything they can do. I make sure that the floor is clear and doors are open so they can move about independently and promote their mobility."

The registered manager (who was also the provider) showed compassion for the people (and their families) they provided care for. They employed staff; many of whom had worked for the agency for a number of years that showed kindness and consideration towards the people that they cared for. One person said, "They [staff] always ask if there's anything else I'd like them to do. They do everything I need. They'll hang the washing on the airer for me. They feed [the cat] for me because I can't bend to do it anymore." One member of staff told us, "It's important to talk to people and spend a bit of time with them. It's not just a job. We're the only people they see most days and they look forward to us coming in. I would report to the office if I thought someone was showing signs of loneliness or depression."

People and relatives valued their relationships with the staff team and felt that they often go, 'The extra mile' for them, when providing care and support. People gave us examples of how staff did things for them that they felt went beyond what was expected. One person said, "One carer used to come and take us to the garden centre on their day off. She still keeps in touch. Comes to see us or sends a text to our daughter to tell

us she's thinking of us." Another said, "We have a cup of tea and a good old natter [with staff]." A third told us, "I have the same carer every morning during the week. We talk and have a laugh. They're doing me a service and it's marvellous." One member of staff said, "It can be hard going to someone who's had the same carer for years. You need to build up their trust by offering to help as much as you can. Talking to them and telling them a bit about yourself. Be honest with them and try to find a common interest." They told us that they had recently been on holiday abroad. They said they brought back gifts for people they cared for. They said they could not believe the reaction for something so small. Another told us, "I have one lady who loves cake and has some every evening. It's really important to her. There was none in the cupboard so the office rang her daughter and asked her to pick some up. It's only a little thing but it's important."

People and relatives said they felt involved in the planning of their care. This was evident when we reviewed care plans. There was a detailed picture of the person with information on the person's background, their past careers, their family and their likes and dislikes. One member of staff said, "You also find out personal information about people from general conversation and sometimes from other staff. Some people have information about their past on their file. I talk to them about their memories and their families."

People told us that the same member of staff attended to them. They said that having the same staff meant that they got to know a lot about them and how they want their care to be delivered. They said that they were told by staff about their care and staff listened to what they had to say about how they wanted to be looked after. One relative told us that they were kept informed by staff and they were always available when staff visited. One member of staff told us, "I always stick to the care plan but check if there's anything else they need. I ask the client if it's okay to do things for them, ask for their approval."

## Is the service responsive?

### Our findings

People told us that before they started using the service an assessment of their needs was undertaken. One person told us, "Someone spoke to me in the beginning and asked me what my requirements were." People told us that they were asked what care they wanted. One told us, "I got to choose what time they come. I'm an early bird and they come at 6.50. It's perfect for me." Another told us, "I have a care plan here and I could look if I wanted to but I trust them so don't feel the need."

Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. One member of staff said, "There's enough information (in the care plans)." There were detailed care records which outlined individual's care and support. For example, personal care, medicine, health, dietary needs, emotional needs and mobility. Staff told us that they would ensure that any care provided was written in the person's notes and also shared with other staff. One member of staff said, "If things change I'll tell the office the care plan needs updating." Another told us, "Care plans have the right information. I feedback to the office if we are doing more than is in the care plan so it can be updated. I've brought one in today to be updated."

On the day of the inspection one person was returning to home from hospital and we heard the staff at the office arranging for the person to be visited to assess their changing needs. We heard the office staff contacting the member of staff who supported them to inform them of their return from hospital. Staff told us that they would ensure that any care provided was written in the person's notes. We confirmed this from the daily notes that we reviewed.

People told us that staff cared for them the way they wanted to be. One person told us, "I only have to ask for something to be done differently and they would do it the way I wanted it done." Another person told us, "They look after me the way I like, they are very good." A third told us, "My legs sometimes breakout and they will put my special stockings on if I ask them." Another said, "They're all very nice. They'll do extra things like take things upstairs for me." A relative told us, "If we have appointment I just ring the office and they rearrange the times for us. The timings are just right for us." Another told us, "They help with everything I need. They tidy up and make the bed as well. Everything you want them to do."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. We saw this in one person's home when we visited them. One person told us, "I don't have any complaints. I have the contact numbers and they've always been open and said ring if I need to. I've never needed to though." Another said, "I complained once about a carer. She's very nice but we didn't get on at first. They couldn't find anyone else but we worked it out together and we get on well now." A third told us, "We'd phone the office if I had a complaint and they'd do something." There had been one complaint since our last inspection and this had been investigated thoroughly and people and their relatives were satisfied with their response.

## Is the service well-led?

### Our findings

On the previous inspection in August 2016 we had identified a breach that related to the lack of robust quality assurance. On this inspection this had improved. However there was still work to be undertaken to ensure that people's records were kept secure and to ensure that the provider knew that staff had attended their calls.

We asked the provider how they ensured that staff turned up to calls and that they stayed there for the full duration of the calls. They told us that they relied on the person to call if the member of staff had not turned up. They also said that they would rely upon the person to call if the member of staff was running late. People confirmed to us that they were not always called if the member of staff was running late. The provider recognised that this was a robust system. They told us that they were going to introduce a system of staff contacting the office when they arrived at the call and when they left. We will check that this has been introduced at the next inspection.

We also identified that there was no secure system in place when the provider notified staff of the address details of new clients. They told us that currently information was shared on the staff's personal mobile phones. There was a risk of the personal information not being kept securely. The provider told us that they would look into a more secure system of providing personal information to staff.

We recommend that systems are in place to ensure that the provider know that staff have attended call and that records are kept securely.

People were at the heart of the visions and values of the service. It was clear throughout the inspection that the registered manager and all senior staff that worked at the service were passionate about delivering good, quality care. Staff impressed upon us that each person using the service were treated as if they were family. This was evident to us when we reviewed thank you letters that had been sent to the service. One read, 'I would like you to know that [staff name] is like a breath of fresh air to everyone whom she meets. She always has a kind word to say to everyone whom she comes in contact and I think Surrey Helping Hands are extremely fortunate to have her as one of your carers.' Another read, 'I wanted to drop you a line and let you know that a start [staff name] has been.....not just care for my mum but she has been so supportive to me.' A third stated, 'The assurance and care they [staff] gave me and also the love and care they gave mum was wonderful. Above and beyond.' One relative told us, "I would recommend the agency again and again."

People and relatives were complimentary about how the service was run. One person told us that at times they needed a call sooner than planned. They said, "I ring the office. They adjust the times and come straight out or they come from the office. I think they're brilliant to do it." Another person said, "They always answer the phone if you ring the office. They sometimes have a signal problem but will always call back." A third told us, "I'm very happy with them [the service]." A fourth said, "If they're short they [management] come out to cover. They're always nice."

Staff told us that they supported by the management team. One told us, "It's a family atmosphere between

all of us. All the office staff are easy to talk to and nothing is too much trouble. The clients say the same; they say they'll bend over backwards in the office to do whatever they can. They're the same with staff, any problems they will always try and help out." We saw at the office that staff and the management team had an open and friendly relationship. Another member of staff said, "They're a good company to work for. If any of us have a problem they are always there for us. I've never felt I couldn't turn to them."

Staff said they felt valued and listened to. One member of staff said, "They [management] have a positive attitude and support us. They've just put me forward for my NVQ3. I've never told them anything and they've not acted on it." Another told us, "They make sure we're happy in our job. If we like the job and are happy then you make the clients happy." A third said, "I think we're good as a group of staff. All the girls are good at their job and we're all very friendly. I'd definitely recommend them to my family."

Staff had regular meetings which gave them an opportunity to feedback anything they felt needed improvement. One member of staff said, "We had one (meeting) in June, mainly to talk about training. It's good to be able to bounce things off each other. I feel listened to. I would never hesitate to come and see them or phone the office." Another told us, "We have team meetings about every six months or if something major changes. The training is a good chance to get everyone together as well." We saw minutes of the meetings that showed discussions around policies, training and other matters involving people's care. Staff were also requested to complete a survey which had just been undertaken at the time of the inspection. One member of staff said, "We do staff surveys and they can be anonymous if we want."

People's views about the quality of the service they received were important to the provider. Surveys were sent out annually to people and information gained from these were used to make improvements. People had raised on the survey that they were not aware of the complaints policy. As a result people were contacted and reminded that this was in their 'client folder' in the person's home. On the whole the comments on the survey were positive and included, 'Could not do without you', 'Enabled me to live in my own home', 'Weekly visits ensure that I have somebody checking on me and provide stimulation' and, 'Enabled us to continue living together in our own home.' One member of staff said, "The feedback we get from clients is that the staff and the office all really care about the clients. We go above and beyond and support the families as well."

People told us that in addition to surveys they were contacted by the management team to establish if the care was meeting their needs. One told us, "One of the managers rang and asked how I was getting on with the carers and I said fine. When the managers are covering they always ask if I'm okay with everything and how things are going."

There were systems in place to make sure high standards of care were delivered. All staff received formal supervision and the people who used the service fed back on the performance of the staff on a regular basis. As a result and where needed the provider would undertake performance management with staff. The management team would also undertake 'Spot checks' at the person's home to ensure that staff were providing appropriate care. Various audits were carried out such as care note audits, care plan audits and medicine audits. Where gaps had been identified these were addressed with staff. For example, it had been noted that one MAR chart had signatures missing and we saw that staff were reminded about this on a weekly memo.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including safeguarding and incidents.

