

Van Parys Care Services Limited

Home Instead Senior Care

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 

Overall summary

We undertook this announced inspection on the 21 July 2015. At the previous inspection, which took place on 16 September 2013 the service met all of the regulations that we assessed.

Home Instead Senior Care, is a domiciliary care agency, providing personal care to people in their own homes.

The service supports people who live in Harrogate, Ripon, Thirsk and surrounding villages. At the time of our inspection there were 90 people who received a service from the agency.

The service employed a registered manager who had worked at the agency since October 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Care and support was provided to people in their own home and in accordance with their needs. People who received care and support from the agency and their relatives provided us with positive feedback. They told us that staff were caring, kind, friendly, understanding, compassionate and treated them with respect. People told us they felt safe in the way staff supported them and that they trusted the staff who visited them.

Recruitment checks were in place. These checks were carried out to make sure staff were suitable to work with vulnerable people. The training programme provided staff with the knowledge and skills to support people. This also included the induction training for new care staff. We saw systems were in place to provide staff support. This included staff meetings, supervisions and an annual appraisal. The agency had a whistleblowing policy, which was available to staff. Staff told us they would not hesitate in using it and felt confident that appropriate action would be taken if they raised concerns.

The service had safeguarding vulnerable adult's policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would report back to their line managers should any aspect of poor care be observed. Staff we spoke with told us how much they enjoyed their work and that they were committed to providing an excellent service for people.

People we spoke with told us that there was a regular and consistent staff team who visited them and that they received a good service from the agency. People said that there were only changes made to their regular staff when they were either on holiday or on sick leave.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's plan of care. We also spoke with care staff, and they were able to identify and understood individual risks to people and worked with them to minimise these risks, whilst also supporting them to remain as independent as possible.

Some of the people who used the service were supported with taking their prescribed medication and staff told us they were trained and competent to assist people with this.

Staff had regular contact with other healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing. People were provided with care and support according to their assessed need.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. People gave consent to their plan of care.

Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service to check they were satisfied with their continuing care packages.

The agency had received complaints and we saw that they had dealt with them appropriately. People we spoke with told us that they had not had to make any complaints about the agency and knew who they needed to contact if they felt the need to do so.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Before people were supported by the service, an assessment was completed covering each person's support needs and how the agency could meet them. This ensured that the service was appropriate and able to support people safely and properly.

There were safe systems in place for supporting people with their medication. The agency had a medication policy and staff received training before they visited people who needed this level of support.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills they needed to support people properly.

People were included in decisions about how their care and support was provided. Where necessary, relatives were also consulted to assist in the writing of the support plan.

Staff liaised with other healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing. This included liaison with the person's doctor or calling for emergency assistance.

Good



Is the service caring?

The service was caring.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices. Discussions with staff showed a genuine interest and a caring attitude towards the people they supported.

Staff were very knowledgeable regarding people's needs, preferences and personal histories. Relatives told us the staff were inclusive and worked with them to provide the best support possible.

People were very pleased with the consistency of the staff team visiting them and they valued the care, support and companionship offered to them. People we spoke with told us the staff providing support were, "Excellent, and go the extra mile."

Good



Is the service responsive?

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly. The information was transferred to the file and kept in the person's home.

People we spoke with knew how to make a complaint if they were unhappy.

Good



Summary of findings

People using the service, their relatives and other professionals involved were given opportunities to provide feedback on the service. This enabled the manager to address any shortfalls or concerns.

Is the service well-led?

The service was well-led.

Staff were clear about their roles and responsibilities. They spoke positively about the impact they had on people's lives and how their work meant that people could live in their own homes.

Systems and processes were in place to monitor the service and drive forward improvements. This included internal audits and regular contact with those using the service by the registered manager and client liaison manager.

The overall feedback from people who used the service, relatives and staff was very positive about how the agency was managed and organised.

Good



Home Instead Senior Care

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 21 July 2015 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location office to see us.

The inspection team consisted of one inspector and one expert by experience who supported the inspection by carrying out telephone interviews to seek the views and experiences of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and had expertise in adult health and social care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

During the inspection visit we reviewed eight people's care records and six staff recruitment files and training files. We reviewed records required for the management of the service such as audits, minutes from meetings, statement of purpose, satisfaction surveys and the complaints procedure. We spoke with the registered manager and three members of care staff during our visit to the agency. We also spoke with three members of staff by telephone. We telephoned a total of twenty nine people who received a service from the agency. We spoke directly with fourteen people who received a service from the agency and we also spoke with five relatives. Ten people were unavailable to speak with us.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

Is the service safe?

Our findings

People who received a service told us they felt safe when staff visited them in their own homes and provided support. One person told us “I get the same people unless they are on holiday or off sick, which I don’t suppose they can help, and I feel very safe with them.” One relative told us, “I have just retired and wanted to spend more time with my grandchildren. It has made a huge difference to me as well as my relative knowing that she is safe and that people are coming in to see her every day.” People who received a service made positive remarks about care staff from the agency. One person said, “I am very satisfied. The carer who comes is very pleasant, she always checks that everything is in order before she leaves and nothing is too much trouble for her.”

A relative told us, “They are very trustworthy. I have absolutely no worries” and another relative said, “They (staff) are brilliant. They have made such a difference to us and I look forward to them coming.”

A number of people who received a service and their relatives said it is very important that they got the same care staff as far as possible because they were not comfortable with 'change.' Everyone we spoke with said that they nearly always got the same member of staff. One person told us, “If I have to have somebody different for one reason or another, then somebody from the office always comes first with the new person to introduce them to me so that I know who they are before they come.”

The registered manager informed us they had sufficient numbers of staff to provide care and support to people in their own home. They advised us that the staffing numbers were adjusted to meet people’s needs. We saw calls to people were arranged in geographic locations to cut down on travelling time. This decreased the risk of care staff not being able to make the agreed call time. Staff told us this was never a problem as they were given travelling time between the calls and were able to stay for the full duration of each of the calls. We were informed that call times were never less than one hour and these could be up to four times a day. One member of staff we spoke with said, “We do not do any less than a one hour visit which is good. This is a well-run agency.” Another member of staff told us, “It is nice to be able to build a relationship and spend time with a client, rather than rush in and out.” One staff told us, “They (agency) give you enough time to travel the way they

(agency) schedule my days. They (agency) allow you plenty of time and you never feel rushed.” People who received care and support from the agency told us that staff were usually on time and if staff were running late they received a telephone call from the agency’s office to explain and confirm an arrival time. People told us they appreciated the office staff at the agency keeping them up to date with any changes. People we spoke with also said the overall communication from the agency was very good.

During our visit we saw a copy of the information pack that was given to people when before they commenced with a service from the agency. The information pack included terms and conditions, information about data protection, a price list, an agreement to medication being administered by staff from the agency and other relevant information. People who received a service were provided with information about the agency before the service began.

The registered manager informed us that rotas were sent out monthly to people who received a service from the agency. We were informed that the agency employs sixty staff and that this had a direct impact on the quality of service provision in terms of consistency of staff, time keeping and matching of suitability. Staff also received their rotas monthly with a weekly updated text message being sent every Friday. Staff also received a text message each morning to confirm their timetable. The registered manager told us that any extra shifts were picked up by the teams and that the staff were ‘very good at this.’ People received a service from a staff team they knew well.

The staff we spoke with told us they received their rota in plenty of time usually a month in advance and were always informed of any changes. We saw people were supported by small staff teams, to help ensure consistency of care. Staff we spoke with told us this worked well and that they built up good working relationships with the person they were supporting and their family members. The service had an ‘on call’ system and the registered manager told us that people were able to contact the office at any time, including out of hours. The registered manager said the ‘on call’ rota meant a senior member of staff were always on duty to provide support and guidance out of normal working hours. People who received a service were able to contact the service out of office hours including at weekends.

The registered manager also informed us that the agency operates a system to protect staff safety. Staff ring a 0800

Is the service safe?

number which is free when they first arrive at a person's home and they ring the same number when they leave. If the staff member does not ring within fifteen minutes from when they were scheduled to arrive an alert is sent to the agency office informing them that the member of staff had not yet arrived. The safety of staff was protected wherever possible.

Systems were in place to minimise the risk of abuse and the manager was aware of her responsibilities to report abuse to relevant agencies. Staff had access to an adult safeguarding policy and procedure and the Local Authority's safeguarding procedure. Staff told us they received safeguarding training on induction and as part of their on-going training programme. Staff we spoke with were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident.

We looked at the processes used around the recruitment and selection of staff. There were robust measures in place to make sure those staff employed were suitable to work with vulnerable people. New staff had completed an application form, with a detailed employment record and references (professional and character) had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults.

Four new members of staff we spoke with confirmed that they had completed application forms, attended an interview, given names of six referees and had a DBS check carried out before starting work for this service. Staff we spoke with told us the recruitment process by the agency was 'very thorough.' We saw evidence of this in the staff recruitment records we looked at. The agency carried out checks to ensure that prospective employees were suitable to work with people in their own homes which in turn helped to protect people who used the service.

We looked at how the service supported people who required support with their medicines. Staff told us they had received medicine training and this provided them

with the skills and knowledge to support people with their medicines. Records showed that staff involved in the administration of medication had been trained appropriately.

The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with this. We were told by the manager that staff were not able to assist with medication until they had completed a competency test and had their training updated. Staff we spoke with had a clear understanding of their role in administering medication. One senior member of care staff told us, "Yes most definitely we get training." They were able to tell us about all the training they had received from the agency. Checks were made by senior staff from the agency to ensure that medication had been given and signed for according to the agency's procedures. Staff competence was also reviewed and updated regularly so that staff had the skills and knowledge to complete the task in an effective and safe way.

Risk assessments were undertaken to assess any risks to the person using the service and to the staff supporting them and were linked to people's support plans. These included environmental risks and any other risks relating to people's health and support needs. Any risk to the person was clearly outlined and there were clear instructions for staff about how to manage the risk. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. This ensured that people who used the service and staff from the agency were not put at risk and were kept safe.

Accidents and incidents were recorded appropriately. We saw records of accidents that had been recorded. These were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends.

Staff we spoke with also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection. We saw during our visit to the agency that the store cupboard containing personal protection equipment was full and made available to care staff.

Is the service effective?

Our findings

People who used the service told us they were confident about staff who visited them from the agency and they also told us they knew what they were doing. One person said, “I was very unsure about having anybody doing intimate things for me because I was very active and independent but the carer is so good. She helps me to get in and out of the bath and is very respectful. She is always very gentle and kind.” Another person said, “The carer helps me to maintain my independence. There are days when I can do more than others and she seems to know when I need a bit more help without making me feel useless” A third person told us, “Home Instead are excellent. I am so impressed with them. I am only having help while I convalesce after surgery but I would go back to them any time. They are lovely people. Kind, willing and efficient.”

The registered manager explained that as much information as possible about people was obtained before they started providing a service, so they were sure they could meet the person’s needs. We saw from the care records we looked at that assessments had been carried out by staff from the agency before a service commenced. People’s care records provided information about people’s medical conditions and where the service had been in contact with other health and social care professionals to support people if their health or support needs changed. Care files also showed referrals to health and social care professionals such as doctors and district nurse teams had been made promptly by the staff. Care plans we saw had been reviewed and updated in a timely manner. People we spoke with confirmed that their consent to care was always obtained by staff from the agency.

The registered manager was able to demonstrate an understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) (MCA) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff had undertaken training in the Mental Capacity Act this helped to ensure decisions were made in people’s best interests. People who used the service were asked to consent to care and support and had signed, or their representative had signed, to say they were in agreement

with their plan of care. Staff told us they asked for people’s consent before assisting them. They said emphasis was placed on providing individual assistance and maintaining and promoting people’s independence.

We looked at the training and support programme for the staff which the provider and registered manager organised. The agency office, was used to provide some tutorial training and staff could access E-Learning programmes where required. Staff also attended training courses run by external contractors and they visited training venues for more practical topics for example first aid and manual handling. The agency offered a variety of training for staff which included training in areas such as Parkinson’s and Alzheimer’s. We were informed by the provider that the Alzheimer’s training was City & Guilds accredited and that the agency offers a one day training programme for families on helping them to cope and manage behaviours of their loved ones living with dementia. The provider informed us and we saw that the agency had carried out work raising awareness of dementia with staff and the wider community as part of their role as Dementia Friends Champion.

The agency had in place an induction programme which all new starters attended prior to working ‘solo.’ During our visit we observed two new members of staff were completing their induction training. We looked at records of induction, training and supervision for six staff, three of whom were new members of staff. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults and basic first aid. We saw in staff records that they had received supervision from their line managers. However, we saw in four staff records we looked at that there were long gaps between each supervision. Four records of supervision for staff showed four and five months before their next supervision with a line manager. We fed this back to the provider and registered manager. The registered manager informed us that formal staff supervision had not always been consistent and as regular as she would have liked and this was due to the agency only having one senior care assistant in post. The agency had employed a second senior care assistant and formal staff supervisions were currently being arranged with staff. Although staff we spoke with told us they felt well supported by the management team from the agency.

Is the service effective?

We recommend the provider reviews the current system to ensure staff from the agency receive regular formal support and advice from their line managers.

We saw a copy of the employee's handbook which is given to staff once they commenced working for the agency. This booklet contained information of key policies and procedures such as personal safety, working standards, health and safety, cash handling, dress code and whistleblowing.

People told us they were supported where necessary with their meals. People said that staff from the agency were thoughtful and supported them to be independent. One person said, "My carer is ever so thoughtful. She is an excellent cook and keeps a mental note of what I like and don't like. I really look forward to her coming and I enjoy the meals she makes for me." Another person commented, "My carer is very good. We chop the potatoes together and have a lovely chat while we are doing things in the kitchen. She makes me feel useful."

We spoke with two members of staff during our visit to the agency's offices. We also spoke with three members of staff by telephone. They told us they felt they had enough information to care for people in the way they would wish to be cared for. They said that they were continually updating care records to ensure people received a consistent approach to the support they received from staff. One member of staff told us, "The care plans people have in their own home are really good they are very well detailed." Staff we spoke with told us that they were always introduced to new clients by senior staff before they commenced a service. Staff also confirmed that they received all the necessary training to ensure they were able to do their job well and to ensure people's care needs were met consistently by the service.

Is the service caring?

Our findings

All of the people we spoke with were happy with the care that they or their relative received. They told us staff were kind and compassionate. One 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 told us, “I was a bit upset when they sent a carer who was very young. I think she was only eighteen or something. She was a nice girl but very slow. I only had to mention that once to the office and they have always sent an older lady which is what I prefer.”

Relatives also spoke positively about care staff from the agency. One relative said, “My relative has one or two favourites and she can be difficult. I would be really worried if they sent somebody who didn’t have the skills to handle her but that is never the case. This company was recommended to me and I’m really pleased we went with them.” Another relative said, “The carers are lovely people. As much as anything, they provide companionship. My relative loves their main carer to bits and tells me that they are very respectful and professional even when helping her with her personal care.” One relative told us, “It really makes my relative’s day when the carer comes. They are more like friends and they seem to know all her little preferences.”

Staff we spoke with were knowledgeable about people’s needs, preferences and personal histories. They told us they had access to people’s care plans, wrote daily records and had time to read them if they had been on days off. They felt this was an important part of getting to know what mattered to people and how they had been.

Discussions with staff showed they had a genuine interest and very caring attitude towards the people they supported. One member of staff told us, “It is important to me that I look after the person right. I do this the best way I can, always.” Another member of staff said, “I feel that I am personally making a difference to people’s lives by keeping people as independent as possible.” Staff told us they were always introduced to people before providing care and support and that they were given time to get to know people and their families so that they could work together for the best outcomes for people.

The manager demonstrated a very clear understanding and commitment to providing good care. We were given examples of how staff were matched with people who used the service and this was seen as an important part of building positive relationships based on trust and friendship. Staff said this really helped them to get to know people and to understand what was important to them and how they wished to be treated.

People who received a service told us they feel they were listened to, treated with respect, spoken to in a friendly but appropriate and polite manner. People also told us that staff were very mindful of people’s dignity and privacy especially when carrying out personal care tasks.

We spoke with three members of staff during our visit to the agency’s offices. We also spoke with three members of staff by telephone. Staff we spoke with gave us good examples of how they were respectful of people’s privacy and how they maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls.

Is the service responsive?

Our findings

People who received a service told us that they are able to make their own decisions about their care. People we spoke with who had help in the morning and at bedtime told us that their preferences for getting up and preparing for bed were met. One person said, “I have good days and bad days. Some mornings I really struggle to get going or I might just not feel like having any breakfast. They don’t impose on me and they back off if I want to do something for myself.” Another person said, “If they think I’m not very well, they will call the doctor and also let the office know.”

People’s needs had been assessed and appropriate support plans were in place so that people could be supported effectively. People and their relatives said that they had been consulted about the planning of their care and staff confirmed that each person had a care file in their home. The records we looked at showed that people had signed their care plans to indicate that they agreed with the planned care and the interventions by the staff. Where necessary, people’s relatives had signed these on their behalf. We saw care records also contained copies of the agency’s terms and conditions which had been signed by people receiving a service.

Support plans we looked at were person centred. There were detailed descriptions about people’s care needs and how staff should support those needs. The support plans were reviewed regularly or when people’s needs changed. This helped to build up a picture of people’s needs and

how they wanted their support given. Along with people’s support plans, risk assessments and daily notes were also recorded. The daily records provided details of the care and support given by the staff, at the time. People’s care was subject to regular review with them and with relatives where appropriate.

People told us that they had not had to raise any concerns with the managers at all. Everyone we spoke with told us that the service was so good that they had no complaints.

Records showed that any complaints made were followed up and responded to appropriately by the agency’s management or the organisation’s complaints officer. We saw that people were given information regarding how to make a complaint or a commendation in the information pack they received before they commenced with a service. We saw that there had been six complaints made to the agency since the last inspection in September 2013. We saw that all of the complaints had been responded to by the provider or manager from the agency in line with the agency’s policies and procedures. This helped to ensure that people knew how to complain and that complaints were responded to.

The provider conducted annual surveys. The agency undertook their own quality checks as six monthly reviews were held with people who used the service and quality assurance forms were sent three monthly. This meant that people were given the opportunity to discuss the service they had received.

Is the service well-led?

Our findings

The service was well-led. People who received a service and their relatives told us that they thought the management and organisation of the company was excellent. One person said, “They are quite expensive but you get what you pay for and they are worth it. I’m sure they pay the staff better than some companies as well which is why the carers are so good. I think they feel valued.” Another person told us, “I’ve only been having carers for a short time but I think they are just excellent.” Other people we spoke with made comments such as “I’m absolutely happy with the service.”

One person contacted the Commission directly as they did not want a call from us, although they did tell us in conversation they were ‘satisfied with their care.’

There was a registered manager at the service. People we spoke with knew who to contact if they needed any help or further information. They told us that if they had a problem or query they would speak to one of the care staff, manager or office staff. They felt confident the issue would be taken to the most appropriate person.

All of the people we spoke with told us they were satisfied with the service and would recommend the service to family or friends. One person said, “We are very laid back people but the carers and the office staff are never anything less than professional. This is a company with very high standards and they never fail to deliver. I would have absolutely no hesitation in recommending them to anybody who needed help at home.”

People we spoke with were able to give us a named person to contact if necessary. Many said this was written down on the information pack given to them at the start of the service. (Their care folder).

We saw in people’s care files they had been given the opportunity to feed back to the agency their views about the service they had received. We saw in people’s care records their feedback forms. People had made comments such as ‘Everything is going well’ and ‘No complaints at all’ and ‘Happy with the service.’ Positive comments were also

made about members of care staff from the agency. One person said ‘(Name of staff) is very good and makes me happy’ and another person commented ‘(Name of staff) is marvellous.’

Staff received support and advice from their line manager via phone calls, texts and face to face meetings. However more formal supervision or one to one meetings with line managers had not always been held. We have asked the provider to address this.

Staff told us that managers were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. Staff told us that they would feel confident reporting any concerns or poor practice to the managers and felt that their views were taken into account. One member of staff said, “If I had any concerns I would speak to my team leader.” Another member of staff said “I think this agency gives a really good standard of care as the agency is committed to providing good care” another member of staff told us, “We (staff) are well supported by the agency.”

Regular staff meetings were held and staff told us they felt these were useful to share practice and meet with other staff. The service held staff meetings for all care staff and for individual teams. We saw from records we looked at that staff meetings had been held regularly, which gave opportunities for staff to contribute to the running of the agency. We also saw the minutes from the meetings for the individual teams and that they had been held monthly. We saw minutes from the last team meeting which had been last held on 16 June 2015. The registered manager informed us that a newsletter was sent every quarter to all staff which kept staff informed of what was going on within the agency. This meant that staff from the agency were kept up to date with information relating to the service they work for.

People’s support plans were audited and spot checks were undertaken in people’s homes to make sure they were happy with the care provided and to also monitor staff performance. We saw in people’s support plans we looked at that these visits had taken place. We were informed by the registered manager that these visits were undertaken by senior staff from the agency.