

Practical Care Solutions Limited

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Inspection report

Beaumont Enterprise Centre
Boston Road
Leicester
Leicestershire
LE4 1HB

Tel: 07446123745

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 18 October 2016 and 19 October 2016 was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

Practical Care Solutions Limited is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Warwickshire and Coventry. At the time of our inspection there were 12 people using the service. People's packages of care varied dependent upon their needs. The provider employed seven staff.

This was our first inspection of the service since they registered with us on 26 February 2015.

A registered manager was in post. 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.

People told us they felt safe with the staff who supported them and they were happy with the service provided. Staff were trained, able to recognise signs of abuse and understood their responsibility in protecting people from the risk of harm.

People's care needs were assessed and measures were in place to manage risks. People were involved in the development of their care plans, which provided staff with clear information on how to support people safely.

People were supported to take their medicines safely. Staff supported people, where required, with their meals and drinks. People's safety and wellbeing was further promoted by staff who monitored and followed the advice from health care professionals in order to support someone's health needs. Records showed people were supported to access healthcare services when required.

People's ongoing care needs, potential risks and care plans were regularly reviewed. Care plans were updated and the changes were communicated with the staff team at the same time. That helped to ensure staff knew how to meet people's needs safely and supported people to stay safe and well.

People's care plans were personalised and described how they wished to be supported and their views about the service were sought regularly. Staff were knowledgeable about people's preferences and how they wished to be supported, which promoted their wellbeing.

Staff were recruited in accordance with the provider's recruitment procedures to ensure they were suitable

to look after people living in their own homes. People were supported by the number of staff identified in their care plans to keep them safe and meet their needs.

The registered manager and staff had an understanding of the key principles of the Mental Capacity Act 2005. Staff understood the importance of seeking people's consent before providing care and support. People told us staff asked their consent and respected their wishes in how they wanted to be supported.

People told us they made decisions about how they wanted their care to be provided. People were involved in their care and staff understood the importance to respect people's preferences and wishes with regards to how they wished to be supported. Care plans provided staff with clear guidance to follow in order to meet people's needs in a way that suited the person's preferences. People's care needs were regularly reviewed and their care plans updated.

People and relatives we spoke with were complimentary about the staff attitude and approach in how they were supported. People spoke fondly about the staff. They told us staff were caring and responsive to their needs and promoted their wellbeing and independence. Staff maintained people's privacy and dignity whilst supporting them to remain as independent as possible.

People had confidence in the management of the service which they found was responsive and supportive. People, their relatives and staff knew how to contact the registered manager or the care manager for support, advice and to report if the staff were late.

People's wellbeing was promoted because staff took the time to develop positive relationships with them. Staff recognised that some people were at risk of loneliness and isolation and therefore, ensured the time spent with people was meaningful.

There was a complaints procedure and people knew how to use it. People and their relatives were confident that any concerns raised would be responded listened to and addressed.

The provider monitored the quality of service provided through regular checks on how the staff delivered care and through reviews of people's needs. Accurate up to date records were maintained relating to the people who used the service, staff and the management of the service. People and their relatives' views and opinions of the staff were sought regularly to help develop the service.

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 protected from abuse. Staff were aware of the procedures for safeguarding people and were confident in reporting concerns. People's needs had been assessed and risks to their safety were identified and managed effectively by staff. People were supported to receive their medicines in a safe way.

Safe recruitment systems were followed to ensure staff were suitable to work with people. There were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People received care and support from trained staff who understood their needs. The management team and staff understood and worked to the principles of the Mental Capacity Act 2005.

People were supported, where required, with their dietary and healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were happy with the care they received and were supported by a consistent group of staff who they had developed positive and professional relationships with.

People were involved in their care plans which took account of their individual needs and preferences. Staff promoted people's rights, dignity and respected their wishes.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed, planned and met in line with

their preferences and cultural needs. People and their relatives were involved in the regular review of their care needs.

People knew how to complain and were confident that their concerns would be addressed.

Is the service well-led?

The service was well-led.

The service had a registered manager. The registered manager and staff had a clear view as to the service they wished to provide.

The provider had a system in place to assess and monitor the quality of care provided. People, relatives and staff gave us positive feedback that the service was well-led.

Good ●

Practical Care Solutions 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 2016 and 19 October 2016 was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office. The inspection was carried out by one inspector.

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 sent questionnaires to seven people who used the services and their relatives, 15 staff and a health care professional. We reviewed the responses received from six people, one relative and four staff.

We looked at the information we held about the service, which included the provider's statement of purpose and 'statutory notifications'. A statement of purpose is a document which includes a standard required set of information about a service. A statutory notification is information about important events which the service is required to send us by law. We used this information to help us plan this inspection.

We contacted commissioners for health and social care who are responsible for the care of some people who used the service and asked for their views about the service.

To assist us in understanding the experiences of people who used the service we spoke via the telephone with five people who used the service and three relatives whose family members used the service.

We also spoke with the registered manager, the care manager and six staff. We looked at the care records of three people who used the service, which included their care plans, risk assessments and records detailing the care provided. We also looked at the staff recruitment and training files for three staff, a range of policies and procedures, the provider's quality assurance and audit records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe with the staff who supported them. One person said, "I feel quite safe with my carers; we get on well. They [staff] will do everything that's needed to make sure I'm comfortable." Another person said, "They even make sure the back gate and windows are locked so I know everything is secure before they leave."

Relatives also told us that their family members were safe with the staff who looked after them. A relative said, "It's not easy to look after [person's name] who can be forthright, independent and vocal. They do keep him safe and well."

The provider's safeguarding and whistleblowing policies advised staff what to do if they had any concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding procedures as part of the induction so they knew how to protect people. Staff understood their responsibilities to keep people safe and were confident to report concerns to the management team or the local authority if required.

Staff told us that they would report all incidents, accidents and concerns about people's safety to the registered manager who would take action. The records we viewed confirmed this which showed that the reporting procedures were followed and advice sought from health care professionals, when required, to ensure people's health and wellbeing was maintained.

There were policies and procedures in place to ensure risks associated to people's care needs were managed. Assessments of potential risks were carried out as part of the assessment of people's needs. These were centred on the needs of people and their physical health and safety within the home environment where the person would be supported.

People and relatives told us they were involved in the assessment process. This helped to assure people's identified needs including their preferences were identified and would be met safely by the staff. One person said, "I can't do much for myself and need to be hoisted. They [registered manager] explained everything including why I needed to have two carers and what they will help me with." This showed people were assured they would be supported safely.

A relative said, "We were involved in the [assessment] process. [Person's name] is hoisted so they checked the area [in the bedroom and bathroom] to make sure there was enough space to move around. The carers also check her skin to make sure there's no redness." This check helped to ensure the person's skin was not damaged which could potentially develop into a pressure sore, if it was not managed promptly.

Care records showed people's needs had been assessed, managed and their needs regularly reviewed to make sure the support provided was appropriate. People's care plans provided staff with clear guidance about the support required and any specific instructions in order to maintain the person's wellbeing and safety. For example, for someone at risk of developing a pressure sore, the care plan stated that staff should

check the person's skin condition and inform the registered manager if they had any concerns. There was information about the equipment to be used in the delivery of care, such as a hoist or shower chair, including the security, access to people's homes using a key safe where people were unable to answer the door. This helped to ensure measures were put in place to reduce risks to people's health and the staff, whilst the person maintained their independence and control of their life.

People's safety was supported by the provider's recruitment practices. Staff told us they attended an interview and were required to produce evidence of their qualifications and experience. Staff recruitment records contained a completed application form, a record of the interview, references and a check from Disclosure and Barring Services (DBS) for all staff. DBS helps the employers to make safer recruitment decisions. Staff who used the provider's company vehicle were required to provide a copy of their driving licence. Staff who used their own vehicles needed to ensure their car insurance was covered for 'business use'.

People were supported by the same team of staff. One person said, "I always know which one is coming and they are always on time." A relative said, "We were told that [person's name] needed two staff because they had to hoist her. I understand it's for everyone's safety."

Care records showed that the assessment of people's needs took account of the number of staff required in order to meet the person's needs which was detailed in the care plan. The registered manager told us that they focussed on the staff skills, experience and attitude before they were introduced to people. This helped to make sure people would be comfortable with the staff identified to support them.

The registered manager and the care manager worked alongside the staff team to meet people's care needs. This also provided people with assurance that their needs would continue to be met by the management team during staff holidays and sickness. We looked at a sample of the care call rota sent to staff in advance and the timesheets signed by people to confirm they received the care and support in line with their care plan. That showed the service made sure staffing was reliable and managed in order to meet people's needs and provide continuity of care.

Staff told us there were enough staff to support people who used the service. A staff member said, "We have handover's every day so we know if somethings changed. I'll always read the care plans to make sure I know what I need to do."

Records confirmed staff had received training on a range of topics linked to the promotion of health and safety of people they cared for and themselves. This practice assured people that staff knew how to support them and manage risks whilst promoting people's independence.

The provider's medicines policy and procedure provided staff with guidance to follow to enable them to support people with their medicines. Staff were trained to support people with their medicines. The registered manager, also a qualified nurse also checked staff's practices to make sure people were supported to take their prescribed safely.

We found people's medicine was managed safely where their assessment had identified the person required support to take their medicine. One person said, "They'll [staff] remind me to take my tablets and will take the tablets out of the box for me." Their care plan supported what the person had told us and also listed the prescribed medicines, should this information be required in a medical emergency. Records showed that the staff had signed to confirm that the person had been reminded and had taken their medicines. That meant people were supported to take their medicines in a safe way.

Is the service effective?

Our findings

People told us that the staff were good at meeting their individual needs. One person said, "I can't do much for myself. I've got used to being hoisted and they [staff] always check that I'm alright." Another person said, "They [staff] are very good helping me to wash and get dressed. We have a very good balance; they [staff] know the routine and its lovely being helped by friends. I am very happy with my carers."

Relatives praised the staff and the management team with regards to their professionalism, knowledge and support provided. A relative said, "I'm impressed with their [staff] knowledge of [health conditions] so know what [person's name] can and can't do that day."

The information in the provider return stated that all new staff completed a period of induction training and supported with ongoing training. A staff member employed recently told us that they worked alongside experienced staff as part of the induction training, which helped to build their confidence to engage with people and meet their needs whilst respecting their individual preferences. Staff training records showed that staff had completed a range of training that covered health and safety and related to the needs of people who used the service.

The registered manager told us that the staff were booked on the Care Certificate training. This is a set of standards for staff, which upon completion would provide them with awareness, skills and knowledge to provide care and support. This would help to assure people that they would be supported by trained staff. That meant people could be sure that staff were trained, equipped with the skills and knowledge to provide effective care in order to meet people's needs.

Staff told us that the registered manager provided them with regular support and their work was appraised. This included staff's work practices and competency which were assessed to make sure people's care needs were being met safely. A staff member said, "The [care manager] does spot checks and works with us so she sees that we're doing everything properly." The spot checks records showed the areas of staff's practices were checked including staff presentation, ability to communicate and provide the care as detailed in the care plan. Staff practices were observed to ensure that they supported people correctly and used equipment safely. Staff found the immediate feedback provided was useful and assured them that they supported people properly.

Staff told us that the daily handover meetings were used to share information about any changes to people needs. Staff told us that the staff meetings were informative and provided them with an opportunity to share ideas or raise issues. The staff meeting minutes showed that staff were reminded about the reporting procedures, changes to people's needs and were also kept informed about the development plans for the service and work with the local authority responsible for funding the care of some people who used the service. That showed staff were supported in their role and their views about the service were valued.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The provider's policies and procedures informed staff that an application must be made to the Court of Protection where people received care and support that was in their best interest.

The registered manager and staff were aware of their responsibility and the action to take if they had concerns about someone's ability to make decisions about their care. At the time of our inspection visit people who used the service were actively involved and made decisions about their care. People's care records showed they had been consulted with all aspects of their care and support package. Care plans were signed to confirm people's agreement for the care to be provided.

Staff demonstrated they were aware of the importance of seeking consent and respecting people's right to decline their care. Staff told us they sought people's consent and provided the care and support as detailed in the care plan. People we spoke with confirmed this to be the case. One person said, "I'm very much in control of everything. They [staff] will always ask me what they can help me with first. I decide and then we get on with it." A relative told us that their family member made all the decisions about their care, which was detailed in the care plan. They said, "Even though staff know what help she needs, they will always ask [person's name] how they can help." That showed people's rights and choices about how they wished to be supported were respected.

Some of the people we spoke with needed staff to help them with the preparation of meals and drinks. People told us staff always offered and prepared meals and drinks to suit their preferences and dietary needs. One person told us that staff prepared meals and drinks for them, and said, "They [staff] always make sure I have a drink left next me before they go." A relative told us that they purchased the microwave meals which their family member likes and said, "The carers will go through the options and prepare whatever [person's name] wants to eat.

Staff were able to describe people's dietary and nutritional needs consistently as documented within the care plans including any known food tolerances and the role of staff in supporting people. A staff member said, "I show them the cereal boxes and the microwave meals so they can choose what they want to eat." One care plan stated that the relative would ensure sufficient stock of food and drinks were available and another care plan stated that staff should leave a drink so that the person could help themselves before staff left. That showed the steps taken by staff to maintain people's wellbeing where people were unable to independently access food and drink.

People were supported to access healthcare services when required. A relative said, "Staff are very responsive, for instance, [person's name] is prone to water infection. So when he's not his normal self, they know to call me and then contact the surgery. It just means the quicker he starts on the antibiotics the sooner he's back to his normal self."

Staff described how they supported people to maintain their health and followed the guidance within people's care plans. Staff were confident to contact the registered manager for advice if someone's health was of concern. In addition, people's care records contained information about people's medical conditions, medication and the contact details of the GP. That meant people could be assured that their health needs would be met.

Is the service caring?

Our findings

People were complimentary about the staff and the management team. Comments included "Their attitude is that they care for people and are considerate" "They always go the extra mile and you never feel put upon" and "This care agency is about individuals who use the service. They employ staff that are caring in their approach and attitude; people are important to them."

A relative said, "[Person's name] has a brilliant relationship with her carers; very caring and I never expected care to be this good." Another relative told us that staff were respectful towards their family member and recognised that their health condition affected their mood and wellbeing. A third relative said "[Person's name] has a good rapport with them [staff] and positively encourage him to look after himself as much as possible." This was an example of staff motivating and helping the person to focus on the things they could do for themselves to promote their wellbeing.

People told us they were supported by a consistent group of staff, which had had a positive impact on their wellbeing. They told us that staff communicated well with them; took the time to listen and respond appropriately. One person said, "The carers are good because I don't have to keep telling them what I need help with. They are on time and will call me if they're running late, which is rare."

People confirmed they had been involved in the development of their care plan, which helped to assure them that their individual needs would be met and their independence and lifestyle choices respected. Care plans were signed to show they were in agreement with the support provided. People's views about all aspects of their care needs were evident in the care plans ranging from their preferences, wishes regarding how they liked to be cared for and what they could do for themselves. For example, a person's care plan stated 'water to be left by her bedside' for the evening care call. Daily notes showed that staff had left the glass of water by their bedside, which was confirmed this to be the case when we spoke with the person.

Staff recognised the importance of providing good quality care that was timely and consistent. Staff told us they had access to care plans in people's homes and through the daily handover meetings via telephone, were kept up to date about any changes to people's needs. A staff member said, "We help people with their care needs, and we also offer support like talking about things they like, it's important that they know someone cares." This showed staff cared for people and as a result had a positive impact on their wellbeing.

People and relatives told us that the registered manager regularly contacted to make sure they were happy with the care provided. The registered manager and the care manager also worked alongside staff and carried out unannounced checks on the service provided to make sure people received the care and support they needed. One person said, "[Care manager's name] helps me so if I need more help or got anything to say I'll tell her then. If it's urgent then I'll call her." That assured people that their needs were met and were given an opportunity to comment to discuss any changes to their care needs.

People's privacy and dignity was respected by staff who understood that they were supporting people within their own homes. We received positive comments and examples about how staff did this. One person

said, "Always helpful and respectful. They use a towel to cover me up so I'm not cold or exposed. I can't do without them [staff]." Another person said, "I was introduced to the carer first which made it easier. I told them what I needed help with and they've been very respectful towards me and my home."

People's care plans instructed staff to always ask people about their care and how they wish to be supported at each visit. This helped to encourage people to be in control of their care in order for staff to respect their wishes.

Staff told us they promoted people's privacy and dignity when providing personal care, which included ensuring curtains were drawn, doors were closed and the room was warm. A staff member said, "I use two towels so that one is used to cover them and to dry them with the other. I close the toilet door to give him some privacy but stay close by as he'll shout when he's ready."

Staff told us that they completed the daily records to show how they supported the person. The daily records showed that staff had greeted people upon their arrival in their home and spoke with them about their care, which was consistent with the guidance in people's care plans. That showed staff respected people's wishes about their care and had developed a good understanding of the level of support people needed.

Is the service responsive?

Our findings

We found the service was responsive to meet people's needs. One person said, "I met with [registered manager's name] to discuss what help I needed. She told me how they could help, who the carer would be and I was given the time that suited me. So far I can't fault them, very helpful and always on time." Another person told us their care needs had changed since they started using the service and said, "I'll tell [care manager's name] what I need help with and they've made sure I get it. My carer is also told and they change the care plan that I keep here."

A relative told us their family member's care needs were assessed and they discussed with the registered manager the package of care they would provide. They said, "We have two carers because [person's name] needs to be hoisted. We never expected care to be this good; the carers are perfect for [person's name] who has good and bad days. They [staff] are quite responsive and patient even when she gets frustrated due to the [health condition]."

People were given information about the service which included the terms and conditions of the service and what they could expect from the service. People told us they actively chose to use Practical Care Solutions Limited because they found the management team were responsive and knowledgeable about providing quality care. People told us that they had signed a care plan agreement and had given consent that the provider could share information and consult with health care professionals to facilitate good care and support. This showed the service promoted an inclusive approach in order to support people who used the service.

Care records showed that the assessments of needs were used to develop care plans which took account of individual preferences and choices. For instance, where someone expressed a preference to be supported by a female or male member of staff. Care plans were personalised and focused on all aspects of the person's needs, abilities, goals and lifestyle. For example, one person's care plan stated that staff were to encourage the person to manage some aspects of their care needs with support from staff whilst they regained their strength following surgery. Staff were provided with clear guidance as to their role in order to empower and support people to make decisions about their care and the action to take if someone's health was of concern.

People's care needs were regularly reviewed and care plans were updated when people's needs changed. A relative said, "When his needs changed [care manager] came out to discuss what and how they can help. He now has two carers four times a day because that's what he needs."

The registered manager told us that the care plans also had information about people's daily routines and interests. This helped to ensure people's needs were met in a timely manner so that they could pursue their interests and lifestyle. Staff recognised that some people were at risk of loneliness and isolation and therefore, ensured the time spent with people was meaningful. A staff member said, "We talk about lots of different things they like or have done. There's information in the care plan about their hobbies but you get to know the person by just talking with them."

Records completed by staff for each visit showed that people's needs were met in line with their care plans. These records also showed that the decisions people had made, changes noticed in the person's health and wellbeing and the actions taken. This information helped the registered manager to monitor the level of support people received in order to ensure staff promoted people's independence. For example, staff sought advice from the GP and district nurse when someone health was of concern after returning home following a short stay in a care home. Care records showed that people were involved in their care and reviewing their needs. Where required the care plan was updated, enabling staff to provide responsive care that reflected people's needs. This demonstrated that staff were responsive, promoted people's quality of life and met people's needs in line with their care plan.

People told us that staff were on time and provided the support they needed. People and staff were confident to contact the registered manager or the care manager for support, advice and to report concerns or if the staff were late. The management team also carried out unannounced spot checks to make sure people received the support in line with their care plan. That showed the service was responsive and provided the support people and the staff needed.

People and relatives we spoke with knew how to complain and were confident that any concerns raised would be addressed. One person said, "I've had no reason to complain. If I needed to then I would speak to [registered manager's name] first. A relative said, "Although we've not had any complaints I feel management is very approachable and would deal with thing as they're raised." Another relative said, "The initial teething problems were resolved quickly and we're happy with the care he's getting."

The provider had a complaints procedure in place. A copy was included in the information pack given to people when they started to use the service, which included the contact details for the Care Quality Commission. We noted there was no information made available to people who may require support to make a complaint. When we raised this with the registered manager, they assured us that the complaint procedure would be updated to include the contact details for the local advocacy services.

The information in the provider return stated that the service received one complaint and was addressed. Records showed that the complaint procedure had been followed.

The service received compliments about the care provided. We also received positive comments and feedback from people and the relatives we spoke. A relative said, "They [staff] will let us know if he's not well, will stay with him until we can get there or call the doctor if necessary."

Is the service well-led?

Our findings

People and their relatives were given the opportunity to influence the service they received through their participation in review of their care, which enabled them to make changes to the package of care provided. One person said, "I regularly see [registered manager's name] and she likes to know if I'm happy with the care I get."

A relative said, "Management are keen to provide good care, by taking the time to listen, provide the care that's needed and make sure they type of carers employed by the company have the same caring approach and attitude. They've made sure [person's name] gets the help and support he needs and will go the extra mile when they have to. I'd say it's a well-managed company that has a good calibre of staff."

Prior to our inspection visit, we reviewed the responses and comments in the questionnaires returned to us from people who used the service, relatives and staff. The responses indicated that the service was well-managed and that staff provided the care and support people needed that was personalised. Comments included, "All I can say is I am very lucky to have the care workers I have; they are very professional as well as being kind and caring."

The service had a registered manager who understood their legal responsibility. They were supported by the care manager and collectively kept their knowledge up to date. They worked with local authority who had responsibility to fund the care people's care. This meant they could share information and used resources available to them in order to develop the service and access training for staff.

The provider had a contract with an external company who provided 24 hour advice with regards to health and safety matters, compliance with regulation and employment law. The contract meant that the provider was made aware of any changes to legislation which affected the business and provided revised policies and procedures to reflect changes.

All policies and procedures had been reviewed since the service was registered. The policy and procedure in order to monitor the service was in place. However, with the size of the service it meant that the provider and the registered manager were able to maintain a good oversight of the service. The provider had a business contingency plan which detailed what action they and staff would take in the event of an unplanned incident to ensure people continued to receive the support they needed.

People told us that they regularly spoke with or met the registered manager who sought their views about the care provided and the staff. We found records to be in good order with regards to those using the service and the staff employed. Records showed the registered manager acted on feedback to improve the quality of care people received. For example, reviewed people's care plan or the times of care calls in order to provide personalised care.

The registered manager told us that satisfaction surveys would be used to gather people's views about all aspects of the service ranging from the initial contact, the attitude and approach of staff and the

management of the service.

Staff told us that they were supported by the registered manager and the care manager who worked alongside them and were approachable. Staff spoke positively about the support they received and welcomed the feedback from observations of their practices through the unannounced spot check and training. Staff records showed that they received training to carry out their role were supported through regular meetings and their work appraised.

The daily handover meetings helped to keep staff informed about any changes to people needs or the support they required. Staff meetings provided an opportunity for staff, the care manager and the registered manager to discuss aspects of the service. These meetings were used to remind staff of the importance of following reporting procedures, maintain accurate records and adhere to the provider's expected values and behaviours when supporting people who used the service.

We discussed the information in the provider return, which stated the improvements planned over the next twelve months. These included a computer software programme that would support care management and monitoring when staff arrive and leave people's home. This would enable the registered manager to check on the welfare of the staff member and ensure that people received the care agreed, by taking appropriate action.

The registered manager told us that plans were in place to develop the service through staff recruitment and further training in order to support more people to live in their own homes for longer and to improve how the service monitors the quality and the management of the service as it develops. In addition the registered manager and care manager plan to complete a professional qualification in health and social care management. That showed the provider and registered manager recognised the importance of driving improvements through investing to staff training systems in order to provide a quality care service.