Mrs Kathleen Susan Fairbrass

Farndale House Care and Support Services

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?	**Outstanding**

Overall summary

This inspection took place on 12 March 2015 and was announced. We previously visited the service on 17 October 2013 and found that the registered provider met the regulations that we assessed.

The service is registered to provide personal care for people who live in their own home. On the day of the inspection there were 33 staff working for the agency. The agency office is located at the same address as Farndale House Residential Care Home. It is located in Beverley, a market town in the East Riding of Yorkshire. There are parking facilities for staff and visitors.

The registered provider is not required to have a separate registered manager in post as the service is managed by the registered provider. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

All staff had received training on safeguarding vulnerable adults from abuse. Care workers displayed an understanding of the action they needed to take if they became aware of a safeguarding incident. There was a complaints procedure in place and people told us that they would not hesitate to contact the agency office if they had a concern. However, everyone we spoke with told us that they had never needed to raise a concern or make a complaint.

Staff were recruited following robust recruitment practices and there were sufficient numbers of staff to meet the needs of people who received a service.

Risk assessments had been completed that recorded individual risks to people and risks associated with a person's home, and how these should be managed. People told us that, if their care plan recorded they needed assistance from two members of staff, they always received this level of support.

Staff received induction training and on-going training including training on the Mental Capacity Act 2005 (MCA). This meant that care workers understood the principles of capacity and decision making.

Peoples' nutritional needs were assessed and people told us they were happy with the assistance they received with the preparation of meals. People also told us that their medication was administered safely.

People told us that staff really cared about them and supported them to be as independent as possible. They also told us that staff respected their privacy and dignity.

Care plans were regularly reviewed to make sure that staff had an up to date record of a person's needs. People told us that the service provided by agency staff was 'over and above' what was required.

People who received a service, relatives and care workers told us that the service was well managed. We received only praise for both managers and care workers. Care workers told us that they were well supported and that they felt valued by managers.

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?
The service is safe.

Good

People told us that they were satisfied with the assistance they received with the administration of medication.

Staff displayed a good understanding of the different types of abuse and were able to explain the action they would take if they became aware of an abusive situation.

Recruitment practices were robust and ensured only those people considered suitable to work with vulnerable people were employed.

Risk assessments completed in respect of people's homes protected staff and people who received a service from the risk of harm.

Is the service effective?
The service is effective.

Good

Records showed that staff completed training that equipped them with the skills they needed to carry out their role, and that they had regular supervision meetings with a manager.

People told us that they were happy with the support they received with the preparation of meals.

Staff supported people to have access to health care professionals when required.

Is the service caring?
The service is caring.

Good

People's privacy and dignity was respected by staff and people were encouraged to be as independent as possible.

People told us that they received a service from a regular group of care workers and that they appreciated this consistency.

Is the service responsive?
The service is responsive to people's needs.

Good

People's needs were assessed and continually reviewed. People's preferences and wishes for care were recorded and these were known by staff.

There was effective communication between managers and people who used the service to ensure that people received individualised support.

There was a complaints procedure in place and people told us that they were confident that any comments or complaints they made would be listened to.

Summary of findings

Is the service well-led?

Outstanding 

The service is well-led.

People who used the service and others told us that the service was well managed. They told us that the registered person, the care manager and care workers were skilled in carrying out their roles and that they went 'over and above' what was required of them.

There were opportunities for people who used the service and staff to express their views about the service they received.

Staff told us that they felt valued by managers.

Farndale House Care and Support Services

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.

The inspection took place on 12 March 2015 and was announced. We gave the registered provider 48 hours' notice of the inspection because this is a small domiciliary care service and we needed to be sure that someone would be available to help us with the inspection. The inspection team consisted of an Adult Social Care (ASC) inspector and an Expert by Experience, who telephoned people who used the service a few days after the visit to the agency office. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had previous experience of people with autism, learning disability and dementia, and had also worked as an advocate.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the local authority and information from health and social care professionals. The registered provider told us that they submitted a provider information return (PIR) prior to the inspection but it was not received by the Commission; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the home.

Prior to the inspection we contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home.

On the day of the inspection we spoke with the registered person and the care manager and chatted to staff who called into the agency office to undertake some training. We also spoke with the relative of a prospective service user. We looked at two care records for people who used the service, records for two members of staff and records relating to the management of the agency.

Following the site visit we visited two people who lived in their own home. The expert-by-experience telephoned four people who received a service and the relatives of four people who received a service from the agency. This was to ask them for their views about the service they or their relative received. We also spoke with three members of staff to ask them for their views about the service provided by the agency.

Good

Is the service safe?

Our findings

People who we spoke with and people who we visited in their own home told us that they felt safe whilst care workers were in their home. One person told us, "I feel absolutely safe. I couldn't think otherwise" and a relative told us, "Everything's safe – the house is safe, staff are careful. They follow her when she is walking and she's not ever by herself if she starts moving about."

We checked the care plans for two people who used the service. We saw that they included a risk management form that assessed the safety of the person's home environment. This included details of food hygiene, any equipment used and fire safety.

We saw that care plans included risk assessments for areas such as moving and handling, the administration of medication and pressure area care. This recorded the risks involved when staff carried out these tasks and how they could be alleviated.

Care plans described how people mobilised, such as, "Unable to use left arm and hand but has some limited use in the right arm and hand." They also recorded details of any equipment that was needed to assist people with moving and handling, and whether one or two members of staff were required to carry this out safely. The people who we spoke with and staff confirmed that, when care plans recorded that two staff were required to assist with moving and handling, two staff always attended. The care manager told us that they were planning to introduce spot checks (as recommended in the new Care Certificate) so that they would be able to observe care workers whilst they were working with people to ensure they were working safely and using equipment correctly. In the past the registered manager and care manager had occasionally worked alongside care workers to observe their practice.

Staff told us that, following their induction training, they felt safe when carrying out their role. This included keeping people safe from harm by using safe moving and handling techniques and by following the agency's policy on safeguarding vulnerable adults from abuse. The registered person told us they were confident that any member of staff would follow the agency's policy on whistle blowing if they observed practice that constituted abuse.

We checked the training matrix and the personnel records for two new members of staff. These showed that staff had completed training on safeguarding adults from abuse during their period of induction. In the minutes of the staff meeting held on 17 November 2014 it was stated that workbooks on safeguarding adults from abuse would be sent to new staff who had not yet completed this training. These are workbooks that have been produced by the local safeguarding adult's board to provide basic training for all care staff.

Care staff who we spoke with were clear about the action they would take if they observed an incident of abuse or received an allegation of abuse. They told us that they would ring the office to speak to a manager, and that all of the relevant information would be recorded carefully. Staff told us that they were confident any information shared with a manager would be dealt with professionally.

The registered person explained to us the circumstances of one safeguarding incident that had occurred and it was clear that the agency's policies and procedures had been followed.

We saw that log books completed by staff included a financial transaction form. Staff were required to record any monies spent on behalf of people they supported to evidence that these transactions had been carried out correctly. We saw an example of a financial transaction form when we visited someone in their own home and noted it had been completed accurately.

There were systems in place for any accidents and incidents to be reported to the office, recorded and analysed to check for any patterns or identified improvements. We saw that only one accident had been reported to the office. A person who used the service had scratched a member of staff and all staff who visited that person had been communicated with and given advice about how to support this person but at the same time protect themselves from harm.

We were told that there was someone 'on call' outside of normal office hours. This was confirmed by people who used the service and staff who we spoke with. One person told us, "I've got a mobile number, an office number and an email address. I know I can ring any time." This ensured that people who used the service and staff were always able to contact a senior member of staff in an emergency.

The agency had a policy on recruitment and this included the use of an employment checklist. We checked the recruitment records for two new members of staff. We saw

Good

Is the service safe?

that application forms had been completed and that these were sometimes accompanied by a CV from the applicant. Application forms and / or CV's recorded the person's employment history, any relevant training they had completed, the names of two employment referees and a declaration that they did not have a criminal conviction. Prior to the person commencing work for the agency, checks had been undertaken to ensure that they were suitable to work with vulnerable people, such as references, a Disclosure and Barring Service (DBS) check and identification documents.

We saw that a record of interview questions and responses had been retained for future reference. A note of the applicant's previous training certificates was retained by the agency so that there was a record of the training they had already completed. In addition to this, prospective employees completed a health questionnaire to evidence they were physically fit enough to carry out the role of care worker.

No-one raised any issues in respect of missed calls, staff being in a hurry or staff not staying with them for the correct length of time. This indicated that there were sufficient numbers of staff employed to meet the needs of people who received a service from the agency.

Staff told us that they assisted people to take their medication; this was mainly to remind people to take their medication and to take medication out of packaging for them. Most of the people who we visited in their own home or spoke with on the telephone told us they managed their own medication. A small number of people received assistance from staff. One relative told us, "(Care worker) will advise about medication and take over if I am not here" and another relative said, "They do give them this and it's a great help as we were having a difficult time and I doubt that dad was taking his medication. But now it's properly seen to. The carer went through the medication with me last night and wrote everything down to double check." We saw that, when staff assisted people to take their medication, this was recorded in the person's daily diary notes. We advised the registered manager that recording this on a medication administration record (MAR) chart would provide a more robust record of administration.

We spoke with three staff who worked for the agency and all told us they had completed training on the administration of medication. The records we saw in the agency office evidenced that the topic of medication administration was included in induction training. The care manager had completed training at a level that enabled them to cascade medication training to other staff. They told us that staff completed three different levels of training, depending on the needs of the people they were supporting. Level one was 'oversight', level two was administration of medication and level three was for percutaneous endoscopic gastrostomy (PEG) / rectal administration. The care manager told us that they were going to introduce spot checks at people's own home as recommended in the new Care Certificate. They planned that they would check staff competency on the administration of medication during these visits.

The care manager told us that most people had their medication supplied by the pharmacy in a blister pack and this made the task of administering medication more straight forward for staff.

Good

Is the service effective?

Our findings

We checked the induction and training records for two members of staff. The registered person told us that all staff completed the Common Induction Standards; this is training that is recommended for all care workers by the training organisation for the care sector. The records we saw confirmed this and staff who we spoke with told us they had completed this training.

On their first day working for the agency the registered person or care manager met with new staff to discuss in-house policies and procedures, fire safety and the common induction standards; staff started to complete the training included in the standards soon after they started work. In addition to this, during their induction period staff completed training on the safe administration of medication and moving and handling when this was needed to assist the people they would be supporting. Staff also shadowed an experienced care worker as part of their induction training.

Training records evidenced that seven staff had achieved a National Vocational Qualification (NVQ) or equivalent at Level 2 in Care and one member of staff had achieved this award at Level 3. One member of staff was working towards a NVQ award.

The agency used a care company to provide on-line training to all staff. This included training on food safety, health and safety, medication, epilepsy, dementia awareness, first aid, hand hygiene and person centred care. The care manager told us that the agency had obtained information about the Care Certificate that was being introduced from 1 April 2015, and that there were plans in place for all staff to complete this training.

A person who was a prospective service user required oxygen to be administered. On the day of the inspection a group of staff attended the agency office (along with the person's relative) to receive training on the administration of oxygen; this training had been organised by the agency with a specialist trainer. A member of staff told us that they had recently undertaken training on epilepsy along with other staff so that they were able to support a person who had this condition. This showed that the agency ensured staff received training that gave them the skills to work with the people who they would be supporting.

All staff were given a document that included additional information to support the induction process. This included information about the use of mobile telephones, professional boundaries, confidentiality, medication, smoking and the timing of support visits. This stated, "There may be occasions when a shift is cut short by a service user. If this happens you must notify Farndale House immediately. You may be required elsewhere. If you are late for a shift or finish later than expected, this must be communicated to Farndale House as soon as possible."

We discussed that it would be helpful to produce a training record for the full staff group that recorded which training was mandatory, the dates when this had been completed by care workers and the date that refresher training was due. This would make the recording of staff training more robust.

All of the staff we spoke with told us that they felt supported by the managers. They told us they had regular supervision meetings with a manager and annual appraisals. We checked a sample of supervision records held at the agency office. We saw that they discussed any concerns about the people who they were supporting and any training needs. One person had completed a 'professional boundaries' quiz during their supervision meeting. We saw that both supervision records included positive comments about the member of staff, such as "(The person) is a valuable member of Farndale staff and her communication remains good" and "Settling well into role and has been an invaluable member of staff so far." This showed that the managers made sure care workers knew they were appreciated and valued.

The care manager told us that they discussed one of the Common Induction Standards and one of the agency's policies at staff supervision meetings as this provided a 'refresher' for staff.

People who we spoke with told us that staff had the right skills to carry out their role. One person told us, "I have never not liked anyone – they employ a high calibre of staff. Some are young and some are older, but they are all good."

Care plans recorded whether people had capacity to make decisions and to consent to care. Most people who received a service from the agency had the capacity to make their own decisions. Those people who lacked capacity to make decisions lived with a relative or carer. The care manager showed us the overall training record for

Good

Is the service effective?

staff and we saw that nine staff had completed training on the Mental Capacity Act 2005 (MCA) and eight staff had undertaken training on Deprivation of Liberty Safeguards (DoLS). This training gave care workers an understanding of capacity and decision making so that they had the knowledge to support people who did not have the capacity to make their own decisions.

Some of the people who we spoke with told us that they had assistance with meal preparation. People told us that they were always asked what they would like to eat and the care worker would then prepare it. One person told us, "They (care workers) know my likes and dislikes" and another said, "They prepare a salad for me – I usually have the same." None of the people we spoke with had special dietary needs but we saw care plans had a section to record when people did have specific requirements.

We saw that people's nutritional needs were assessed and that any relevant information was included in their care plan. One care worker told us that she supported a service user with dementia who did not always eat the meals that were left out for her. The care worker said that staff kept a "Careful eye" on this person's diet and encouraged them to eat their meals. Another care worker told us that they supported people who had diabetes and that these people were very aware of what they could eat. When care workers helped people to prepare a meal, the details were recorded in their daily diary notes so that everyone involved in the person's care was aware of their dietary intake.

We checked two care plans at the agency office. We saw that they included details of the person's health problems, any allergies they had, the name of their GP and their current prescribed medication. There was an assessment and risk assessment for moving and handling, including any history of falls and details of any equipment used. Care plans also included information about any emotional support that people needed and how this could be met by staff. This ensured that staff were aware of people's health care needs so that they could provide appropriate support.

Care workers told us that they usually visited people on a regular basis so got to know them well. They said that if they noticed a person was unwell, they would contact their family or the agency office. One care worker told us, "We always pick up when a service user is not well as we get to know them" and another care worker said, "I would ring the office but if I was really concerned, I would ring a GP or call 999 myself and then inform the office."

Good

Is the service caring?

Our findings

People told us that they felt their care worker(s) cared about them. One person told us, "They do care. There's maximum support, as much as you need" and a relative told us, "Yes they do care – they're very caring. (Care worker) is lovely. It brings tears to my eyes because she's like a daughter and she's cheerful. People relate to her – she's gentle with them. She has got a lot of personal skills and she wants to use them." Another relative told us, "Believe me, it is brilliant, and we've had bad care and we know the difference. It's like having family and friends and they just blend in."

We received very positive feedback about the approach of staff. Comments included, "(The registered person) and (care worker) are head and shoulders above the rest though, and (the registered person) has come to do the cleaning herself occasionally. She likes helping people, is hands on, and they go the extra mile", "They are absolutely wonderful. I don't know what I would do without them" and "I'd definitely recommend them even though we've only been with them for a short time, as I've got nothing but praise for them."

People told us that care workers recorded information in their care plan at each visit to ensure that all staff were aware of their current situation. We saw that record keeping log books (that included daily record sheets) were returned to the office periodically so that they could be checked. This enabled agency staff to check that recording was respectful and accurate, and that any concerns identified by care workers had been passed to the agency office. We checked one person's diary sheets and saw that recording was respectful and compassionate. The record keeping log book included reminders for staff about record keeping, the action to be taken in the event of an accident or emergency and the handling of service user monies. It also stated about daily records, "Comment on: condition, tasks undertaken, any changes, medication and any other information useful for the next personal assistant."

The people who we spoke with told us that staff respected their privacy and dignity. One person said, "Oh, very much so. My care comes first and my needs are taken as first priority" and another person said, "Absolutely with respect." Staff told us that they covered the topic of privacy and dignity during their induction training and said that they were certain all staff treated people with dignity and respect. Staff said that they were sure that people would tell their regular care worker if they were not happy with the support they had received from a relief care worker.

Care workers told us the managers made every effort to 'match' people from the point of view of personality and the skills required and that they would change someone's care worker if there was a personality clash. Managers had recognised that there was the need for a male care worker in case someone expressed a preference to be supported by a male, and a male care worker had been employed.

The people who we spoke with told us that they received support from a regular group of carers. One person told us, "Yes, I don't get the same ones every day but I know them all. Two or three of them live in the village and I've known them for a long time" and another person said, "We usually get the same team, and as they get new ones, they introduce them." People told us that they really appreciated having support from a regular group of care workers and that new care workers were introduced to them before they actually started to support them. In addition to this, people who had support from the agency received information each week to tell them who would be visiting each day.

One person who received a service told us, "Every new worker is introduced – they don't just turn up." Care workers told us that they were informed about people's care needs before they visited them for the first time and were usually introduced to them prior to their first visit. They were also given updated information if a person's care needs changed. One care worker told us, "We receive work sheets on a regular basis. We never walk in somewhere 'blind'. This makes people feel safe as they know we know something about them" and another care worker said, "We get emails with any updates. Information is on our worksheet as well – we are always told to ring the office if we have any concerns." A third member of staff told us that this information sharing made them feel "In the loop" and always up to date.

The registered person told us that they contacted people who used the service when they employed new members of staff. They asked people for their opinion of the new worker. This evidenced that the agency valued the opinions of the people who used the service.

Good

Is the service responsive?

Our findings

People told us about the support they received to take part in social activities and to attend various appointments. It was clear that they appreciated the support they received from care workers and that this led to people being involved in the local community and to maintain a level of independence.

People who we spoke with were aware of their care plan and told us that they were able to access it and add to it if they needed to. One person told us, “Oh yes, I look through it (care plan). It is absolutely satisfactory.” The care manager told us that they checked with people via email if they were happy with the content of their care plan. We advised that they should keep a copy of these emails for future reference.

People also told us that their care needs were reviewed on a regular basis and that their care plan would be adjusted as their needs changed. One person said, “That’s all written down and I tell them if there are any changes and they take it on board. Every time they come they check everything” and another person said, “I’ve had a care plan and we have reviews, usually every year.” The care manager told us that they attended reviews that were organised by the local authority and, if no review was planned, the agency held their own annual review. This evidenced that people’s needs were regularly reviewed and care plans updated accordingly to ensure staff were aware of the person’s current care and support needs.

Care plans recorded detailed information for staff on how to support people with their personal care needs and whether people needed special support to maintain their skin integrity. If a district nurse or tissue viability nurse was involved with the person’s care, this information was included in their care plan.

There was a complaints policy and procedure in place. We checked the complaints log and saw that the agency had received no complaints since the previous inspection. People and their relatives told us they would not hesitate to ring the office but that they had no reason to, as they were satisfied with the service they received. They told us they were confident that, if they raised any concerns with the managers, they would be listened to and managers would help if they could.

A care worker told us that they would support people to make a complaint if they thought it was needed. The minutes of the staff meeting held in November 2014 recorded, “Remember - all complaints should be dealt with politely and sympathetically.”

One member of staff told us that they were not aware of any concerns or complaints that had been made to the agency office. However, they told us they were confident that any learning from complaints received would be shared with the full staff group.

We asked people if staff were helpful when they contacted the agency office. Everyone told us that their calls were usually answered promptly and that staff were pleasant. They said that staff always rang back quickly if they were not available immediately.

One person told us, “Whether physical or mental, regardless of what you're going through, they keep up their standards. I say come and sit down and talk to me and they do that as well. (The registered person) doesn't realise how much she and her workers have done for me. I think very few people recognise that need.” Another person told us, “I feel as if I’ve had a weight lifted from my shoulders and we both feel heaps better.”

We asked the registered person if they worked with other agencies or organisations when providing a service for people. They told us that one of their care workers ‘doubled up’ with a care worker from another agency to assist with a moving and handling task. They had been doing this for three years and had never encountered any problems.

Outstanding ☆

Is the service well-led?

Our findings

Staff told us that the culture of the agency was one of openness, understanding, good communication, availability and they described the managers as 'approachable'. One care worker told us, "Problems are always sorted out", another said, "I have seen a lot of domiciliary care agencies and Farndale give a much better service than most. People regularly say they have recommended the agency to their friends" and a third member of staff told us, "I have never been in a job where I have had such good managers."

We also asked people who used the service and their relatives if they thought the agency was well led. One person told us, "It's all organised from the top. They're all excellent people personality-wise and care-wise and they know the right way to work - I've got the whole package. I can't grumble at all", another person said, "The whole experience from the first time with (the registered person) when she came to see us was just what we wanted from day one. They do what it says on the tin and they're brilliant. I must have recommended the service to at least a dozen people and professionals" and a third person told us, "It's a family business – that makes a difference. I am very satisfied."

The registered person told us that they provided a service that was 'over and above' what was required. For example, they had accompanied the relative of someone who received a service from the agency to visit them in hospital. This was supported by people who we spoke with. A relative told us, "Yesterday (care worker) left a note to welcome (person) back home from hospital saying that she was looking forward to meeting her. It's extra things like that – I was really touched", another person told us, "They brought me in little treats" and a third person said, "They've come out in their own time. They told me they were here 24/7."

The registered person told us that the service they provided was more innovative in comparison to some other agencies. For example, the registered person had worked alongside a care worker from another agency when the person had expressed an interest in receiving a service from Farndale House Care and Support Services so that they could assess their needs and whether these could be met by care workers. This meant that the manager was able to obtain personalised information to share with care workers so that the person received a high quality service that met their individual needs. When the agency first provided a service for someone new, one of the managers always visited them to carry out an assessment and find out about their home circumstances.

The agency provided a lot of cover for social calls; up to 5 hours a day for some people. In response to requests from people who used the service, they had introduced a 'sleepover' service and had employed a male care worker. The managers also provided advice for people on other services that were available to them in the local community. This showed that the agency listened to people's views and took action.

People told us that they were regularly asked if they were extremely satisfied with the service they received, and we saw that a satisfaction survey had been distributed to people in November 2014. Fourteen surveys were returned and we saw that all responses were positive. People were asked questions about staff listening to their concerns and responding to them, team work, time-keeping, working with family and friends when they were involved in the person's care, health and safety, complaints and keeping them up to date. Comments received included, "A good caring agency where client's needs and changing circumstances are responded to without delay", "I have been completely satisfied with the various carers and would recommend the service to anyone" and "Delighted with the support. From my first meeting with (the registered person) and (the care manager) I have found their help, support and advice to be outstanding."

One person told us that the registered person took every opportunity to check that people were satisfied with the service they received. They told us, "She's so direct and straight with you - she's a rare manager. What always stands out is that even if you are not making any accusations, she asks 'How do you find such and such a person? Do they do what is expected?'" This resulted in people being confident that their views would be listened to and acted on.

The care manager told us that they had three staff meetings a year and that staff had three supervision meetings with a manager each year. They planned to introduce spot checks in a person's home, as they had seen this was recommended in the new Care Certificate. This

Is the service well-led?

would give them the opportunity to observe a care workers practice whilst they were supporting someone who used the service, and to discuss the person's satisfaction with the service they were receiving.

The minutes of the most recent meeting evidenced that topics discussed included complaints, staff training and the safety of a specific service user. The minutes also recorded, "Social media – remember privacy settings apply to Facebook." This showed that staff were regularly reminded about the policies of the agency.

We saw that the minutes of the staff meeting held in November 2014 recorded that there was a discussion about the 'Farndale staff appreciation / incentive award'. A gift voucher had been presented to a new member of staff "Who had shown great commitment and flexibility." It was planned that a staff member would be presented with an award every three months. The registered person had also taken all staff out for a Christmas celebration to thank them for their work over the previous 12 months. These initiatives made staff feel appreciated by the agency.

A member of staff told us that, if the agency received a compliment about a particular care worker, the care worker concerned was always told. Again, staff told us that this made them feel valued by the managers.

We asked the registered person if they had considered introducing 'champions' amongst the staff group for topics such as dementia and dignity. They told us that a member of staff was due to attend the hoist champion training organised by the local authority. They said they were considering having 'champions' for other topics. This would create a system within the home where one member of staff had responsibility for collating information about a specific topic and sharing good practice with their colleagues.

All of the people who we spoke with told us that the agency provided a consistent service. They said that staff arrived on time and stayed for the right length of time. One person told us, "Yes, they were often early rather than just being on time" and another said, "Absolutely on time, and some come from far afield. There's never been a time when they've let me know." We also asked people if they had ever had a missed call and everyone told us that this had never happened. One person said, "Oh no, that doesn't happen."

Although there had been no complaints and only one reported accident during the previous twelve months, we were aware from information gathered during previous inspections that action to address any shortfalls had been taken.

We asked the registered person if they worked with other agencies or organisations when providing a service for people. They told us that one of their care workers 'doubled up' with a care worker from another agency to assist with a moving and handling task. They had been doing this for three years and had never encountered any problems.

Staff were required to submit a weekly update to the agency office in respect of the people they had visited during that week. The care manager told us that care workers reported on all of the calls they had carried out and this was one way the agency checked that people had received the service that had been agreed with them. Staff were required to record any information of concern or that might assist other staff to support a person more appropriately. They said that important updates were sent to care workers immediately and that the next care worker to visit the person was asked to feed information back to the agency office. The care manager confirmed that this information would then be incorporated into the person's care plan. We saw that one update that had been sent to staff included information about a 'trigger' that may lead to certain behaviours and how staff should respond to these behaviours.

One person who we spoke with told us that their care worker had said, "It's all logged in the book. The policy is if it's not written down, it never happened."