

Supreme Home Care Ltd

Supreme Homecare Limited

Inspection report

6 Pearson Road
Central Park
Telford TF2 9TX
Tel: 01952 216700
Website: www.supreme-homecare.com

Date of inspection visit: 12 and 13 January 2016
Date of publication: 29/03/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection was announced and took place across three days from 11 January 2016. The provider had short notice that an inspection would take place. This was because the organisation provides a domiciliary care and we needed to ensure that the registered manager would be available to assist with the inspection. At the time of this inspection 154 people were receiving a service from the provider. At the last inspection in December 2013, we found the provider was meeting all of the requirements of the regulations we reviewed.

There was a registered manager 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.

Feedback we received from people who used the service and their representatives was mixed. Some people considered that staff sickness and changes of staff over the last few months had impacted on the delivery of care and support they or their relatives received from the agency. Some people indicated that their calls were not always at the preferred time or with their regular carers,

Summary of findings

but most people acknowledged they were informed prior to any change. The management team acknowledged there had been an acute period of staff sickness. As a separate issue, staff recruitment and retention was also acknowledged as being historically challenging, but recruitment had now improved.

People told us they felt safe when being supported by their carers. Staff had received training in safeguarding and were aware of their responsibilities to report safeguarding concerns or poor practice. They were confident any safeguarding concerns raised were acted on. Risks to people were identified, assessed and reviewed to ensure their on-going safety. Staff recruitment processes were in place to ensure only staff suitable to support people living in their own homes were employed.

Most people we spoke with considered their carers had the skills and knowledge to meet their individual needs. 88% of people we surveyed considered their carers had the skills and knowledge to give them care and support they needed. Six people considered their or their relatives' carers required more training or supervision. Staff were able to share examples of how they offered people choices, gained their consent, respected people's

rights and how they involved them in decisions about their care. Staff ensured people had sufficient amounts to eat and drink and supported people with accessing healthcare services where required.

Most people considered they were always supported by staff that were kind and compassionate. Staff were able to share good examples of how they treated people with dignity and respect and promoted their independence. People were involved in their assessments and planning and reviewing their care with other key people in their lives. People knew how to complain about their service although some people felt the agency did not respond well to complaints they raised. Some people felt new staff did not consistently understand their care needs and preferences.

Most people considered the agency was managed well. Some people and staff felt that communication could be improved. We saw there were systems in place to gain people's views and to monitor the service. The management team completed regular quality checks. These included checks on staff working with people in the community in addition to a range of audits carried out. Managers reported they had recently been through a challenging period with acute staff sickness and that they had recently made some changes to management arrangements. These were part of the provider's ongoing efforts to improve people's experiences.

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 was not consistently safe.

Staff sickness had impacted on the delivery of care and support people received. Staff knew how to identify and report abuse and poor practice. Risks to people were identified and assessed to ensure their safety. People were assisted to manage their medicines and most had received these as prescribed.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff that were trained in their work to undertake their roles and responsibilities. People received assistance with meal preparation where required and were supported to access health services if needed. People were supported to make choices and decisions and gave their consent to any care provided.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind and caring. People were involved in making decisions about their care and support and their privacy and dignity was respected.

Good



Is the service responsive?

The service was mostly responsive.

People had their care and support needs assessed and reviewed. Care plans were individualised so they reflected each person's needs and preferences. Some people felt their concerns were not always listened to and staff did not consistently understand their care need and preferences.

Good



Is the service well-led?

The service was not consistently well-led.

Most people considered the service was well-managed. The management team had started implementing change to improve people's experiences and acknowledged improvements needed to be sustained. There were systems in place to gain people's views and to regularly monitor the quality of the service.

Requires improvement



Supreme Homecare 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 over three days and was announced. The provider had short notice that an inspection would take place. This was because the organisation provides a domiciliary care and we needed to ensure that the registered manager would be available to assist with the inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider

Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us with planning the inspection.

Prior to the inspection we sent questionnaires to people, their relatives and health and social care professionals to seek their views on the service provided. Of the 110 surveys we sent, we received 31 responses. We undertook telephone calls to people using the service on 11 and 12 January 2016 and spoke with 15 people using the service and three relatives. We contacted a further five people who had agreed to speak with us but were unsuccessful speaking with them.

We visited the agency's office on 12 and 13 January 2016 we spoke with the business director, care director, registered manager, the deputy manager, 11 carers, the trainer and a member of the office staff. We looked at a range of records that included five records relating to people's care, four staff recruitment and training records, complaints, minutes of meetings held, newsletters and systems used for monitoring the quality of the service.

Is the service safe?

Our findings

Before and during the inspection people shared mixed views about whether the agency had sufficient staff to provide their care and support. Some people felt the lack of staff available to care for them had impacted on the service that they or their family members had received from the agency. One person said, “I do have a few late calls but not often and there’s always a good reason and a nice apology”. Another person said, “They are always on time, never late except for when the weather is very bad and they always apologise”. One person told us that on one occasion their carer was so late they had tried to shower themselves but was unable to do so and therefore had to wait until their carer arrived. Another person told us that the consistency of staff was important to them, particularly when it came to attending to their personal care needs. They told us the commitment made by the agency to provide regular carers had not been adhered to. Staff we spoke with acknowledged there had been significant changes across the office and care team which had presented challenges but they were confident that people received their care and told us if they were running late with their calls people were kept informed. One member of staff said, “People always get their calls but occasionally their call times have had to be changed which has impacted on them due to people not having their regular carer”. The registered manager fully acknowledged the concerns people had raised with us and told us that it has been a challenging year for all organisations in social care locally with all experiencing difficulties recruiting new staff and retaining staff due to the competitive market. They told us that people had received their calls but accepted these may not have been at people’s preferred times and with their regular carers due to having to make changes if staff rang in sick at short notice. Only one of the people we spoke with shared concerns about missed calls. This person told us they had raised this with the office directly. The Local Authority had been asked to investigate seven allegations following concerns raised with us mainly around missed calls. Four were unsubstantiated, three were substantiated. They had all been investigated at the time and no physical harm had come to any of the people identified. The Local Authority concluded that appropriate action had been taken. We saw that the provider undertook an audit of missed calls and other untoward incidents. The provider told us that audits identified nothing detrimental had occurred to the clients

affected. The main cause of missed calls was identified to been miscommunication which had been addressed at the time. A member of staff told us, “We try to accommodate people’s requests for preferred times and carers as much as possible”. People were aware that a new office worker had been appointed and was hoping things would improve. We spoke with the office worker and they demonstrated a clear understanding of their role and responsibilities and they were able to show us how calls were scheduled.

The registered manager told us seven new staff had been recruited and were currently going through their induction training. They told us they were confident that sufficient staff were now employed and that the provider only took on new clients if it had staff available to meet their assessed needs.

People told us they felt safe from the risk of abuse or harm. One person said that they felt, “very safe and untroubled” when their carers were there with them”. Another person told us their carer was, “very kind and protective” towards them and always made sure they were kept safe. Staff we spoke with were able to demonstrate a clear understanding of what constituted abuse and had received training to support them in their work. They knew how to respond to any allegation of abuse and told us they were confident in reporting any poor practice. One member of staff said, “I wouldn’t hesitate, I’d immediately report any concerns”. The management team were aware of the local authority’s safeguarding adult’s procedures and had previously made appropriate referrals and worked with the local authority that lead on such matters.

We saw risks to people who received personal care had been identified, assessed and reviewed to reflect any changes in their needs to maintain their safety. For example, assessments for the environment, moving and handling, falls and skin care. These included actions to be taken to minimise the risk to the person and included outcomes and recommendations. Care records seen and discussions held with staff showed the agency had sought the necessary equipment to increase people’s independence and maintain their safety. Some people wore a pendant in the event of them requiring emergency assistance. Staff we spoke with were knowledgeable about the potential risks to people and how these were minimised. We saw people’s risk assessments were audited to ensure they were in place, reviewed regularly and provided sufficient guidance for staff to follow.

Is the service safe?

Staff told us before they supported people alone in the community the provider had completed checks to ensure they were suitable to work with people. We saw that the provider had obtained the required checks on staff they employed. These checks help employers make safer decisions and prevent unsuitable people from working with vulnerable people. We were told discussions had taken place at interview in relation to the outcome of one person's employment checks but this had not been recorded. The registered manager acknowledged that a risk assessment should have been carried out to ensure the person's suitability to work in social care.

People who required assistance with their prescribed medicines were supported to do so and their medicines were stored in their own homes. People we spoke with did not share any concerns about the management of their medicines. One person told us, "I've never had any problems with them over that". Where people needed assistance to take their medicines they had provided written consent. We saw care plans provided staff with guidance that ensured people took their medicines safely

and as prescribed. Staff confirmed they had been trained to carry out this role. They said their competency to safely support people with their medicines was regularly assessed to ensure they were practicing safely and in accordance with their training. One member of staff told us, "There's been occasions of missed meds but these are dealt with accordingly by following procedures". Another member of staff said, "We are trained and regular checks are carried out on us". The registered manager told us about the medicine errors in the last 12 months and said most of these related to recording issues and shared the records of an audit carried out. We saw where people had not received their medicine as prescribed, action had been taken to include obtaining medical advice and untoward incident reports were completed by the management team. The registered manager advised there had been no impact to people using the service but this was an area for continued monitoring. During the inspection four new staff attended the office for their training in medicines.

Is the service effective?

Our findings

88% of people who completed surveys for us considered their carers had the skills and knowledge to give them the care and support they needed. During telephone discussions one person told us, “They always make sure an older, more experienced person accompanies them [new staff] to show them what to do”. Six people considered their or their relatives’ carers required more training or supervision. We saw new staff received an induction and essential training at the beginning of their employment. Existing staff told us they received on-going refresher training to update their knowledge and skills and considered they were provided with “good” training opportunities. They felt confident they had the skills and knowledge to effectively carry out their work safely. The provider had designated training facilities available on site and employed a trainer. A member of staff described the trainer as, “brilliant” and said they kept them up to date with everything they needed to know. The trainer told us about the training they provided to staff including essential and service specific training. They said they had recently adapted their induction in line with the care certificate. The care certificate looks to improve the consistency and portability of the essential skills, knowledge, values and behaviours of staff, and helps raise the status and profile of staff working in care settings. We saw there was a team training record in place which identified training needs for each member of staff and flagged up when refresher training was due and completed. This record showed that training was provided on a number of essential topics. The trainer acknowledged that training for some staff was overdue but told us this was being addressed. They said some training had to be cancelled last year due to the staff turnover and sickness and that they tried their best to alternate dates and courses to accommodate rotas and staff member’s personal commitments. We were told two members of the management team had become dementia champions and were planning to organise regular events to raise awareness of dementia and best practice in care and were rolling out training sessions for staff shortly. A dementia champion is someone with the knowledge and skills in the care of people living with dementia and advocates for them and are a source of information for staff and family members.

Staff we spoke with told us they worked alongside experienced staff until they felt competent and confident to

carry out their work on their own. A recently recruited carer shared concerns with us about the limited time they had been allocated to work alongside experienced staff. We checked this against their rota and brought it to the attention of the registered manager who took action to address the person’s concerns. Staff we spoke with told us they felt supported in their work and had one-to-one meetings with a line manager to discuss their performance, work and training requirements. The registered manager acknowledged that not all staff had received meetings in accordance with the agency’s policy timescales last year but said these were back on track following changes in the management team. They told us staff appraisals were underway and we saw team meetings were held and newsletters circulated to ensure people were kept informed of any changes with the people they supported and their work. One member of staff told us, “There’s been a few ups and downs here but we’ve been supported very well by the manager and directors”.

Most people told us their carer’s gained their consent before assisting them with their personal care. One person said that new carers always introduced themselves and involved them when attending to their personal care needs. Another person told us their carers did not always seek their consent but said this “did not bother them”. Staff we spoke with were clear about the importance of seeking people’s consent and shared examples of good practice. One member of staff said, “I never do anything without asking the person first. If they decline anything, I respect it and record it in their notes”. Staff told us they had received basic training in the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When 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. Discussions held with the registered manager and staff showed they understood their responsibilities and people’s individual wishes were acted upon. Care plans we reviewed contained information about the people involved in making decisions and people had signed their records to confirm their consent to receive their care and support. The trainer told us capacity and consent was undertaken as part of staff induction and scenarios were used to aid staff learning.

Is the service effective?

Some people told us they had help with maintaining their diet. Where agreed in their care plan staff helped people by preparing meals, snacks and with their food shopping. We saw people's preferences in relation to their food choices were documented. For example, it was recorded on one person's file what cereal they liked for breakfast and the preferred consistency. We saw the agency had sought advice from a specialist health professional for a person whose care we looked at in detail. An assessment had been carried out and guidance produced in relation to their specific dietary needs and requirements. This included a detailed protocol in the event of the person choking on their food. A member of staff that supported the person demonstrated a good understanding of the person's dietary needs and requirements. One member of staff told us, "I always ensure people have access to a drinks and a snack before I leave them". Another member of staff said, "I always encourage people to eat their food and if they decline I record it and call the office if needed". One member of staff told us how they involved a person they supported in making snacks and maintaining their independence. They said, "I butter the bread for the person

and they make the sandwich of their choice". We saw a number of staff had received training in nutrition to raise their awareness of supporting people to have a balanced diet to maintain their general well-being.

Discussions held with staff showed they knew how to respond to people's specific health and social care needs. For example, any changes in a person's physical health. One member of staff told us, "If I see someone has deteriorated, I record it and report it to the office". Another member of staff said, "I always make sure people are well before I leave them". Staff spoke confidently about the care they delivered and knew what to do in the event of a medical emergency. Staff told us they made health appointments on behalf of people if they or the person's relative were unable to assist. They said they accompanied people to health appointments if required. People's care plans detailed their health needs, conditions and any medicines prescribed. The trainer advised us that specialist nurses had provided staff with awareness training in relation to specific health conditions; for example, wound care.

Is the service caring?

Our findings

The majority of the people who completed surveys for us told us they were happy with the care and support they received and considered their care staff to be caring and kind towards them. All but three people we spoke with considered they were always treated with kindness and compassion in their day-to-day care. One person said, “The experienced carers are absolutely wonderful”. Another person described their care as “brilliant”. One person said, “Most of them are excellent and the majority of them are kind and considerate”. Another person described their carers as, “very thoughtful” and told us, “I’m really well looked after”. A relative we spoke with felt that most carers were “good” once they got to know their family member’s needs. Staff we spoke with were able to share good examples of how they ensured people received their care in the way they preferred. One member of staff told us, “We get to know our clients, what they like and what they don’t like. It’s about listening to them”.

People’s preferences regarding their care and support and how they made decisions were recorded in their care plan. They provided guidance for staff about the way they liked their care and support delivered. One person told us, “They are caring and patient with me and do everything I need them to do and always ask if there’s anything else I need before they leave”. The care plans we saw showed that people were involved in making decisions about their care and support and they had signed them agreeing to their care. Staff were able to share examples of how they provided people with choice when supporting them with their care. One member of staff said, “I always ask people

what they want to wear or what they want to eat. People are always provided with a choice”. One person told us their carers were “very good” with them and did “over and above” their duties with helping them.

Most people we surveyed said they were treated with respect by their carers. This was reflected in discussions we held with people and their family members. Staff shared good examples of how they respected people’s privacy and dignity and promoted their independence. One member of staff told us, “I ensure curtains are closed when providing personal care and I encourage people to do as much for themselves as possible”. Another member of staff said, “I always try and get people to wash as much of themselves as they can”. Care plans we looked at detailed how staff were to promote people’s independence. For example one person liked their carers to prepare their toothbrush but they brushed their own teeth. The registered manager told us in their PIR, “The new spot-check and supervision programme has been designed to give back ownership and commitment to the individual staff member to become a competent, committed caring, respected, responsible and professional care worker”. The trainer said that staff were provided with training in privacy and dignity as part of their induction and their practice was observed during quality monitoring checks undertaken. We saw evidence of these checks being carried out on the staff files we reviewed.

The registered manager told us they involved people in events such as a Macmillan coffee morning that was held and awareness days and events. They said newsletters were periodically sent to people giving information e.g. advice about winter or flu jabs and information and celebrations from within the company.

Is the service responsive?

Our findings

Most people told us they contributed and were involved in discussions about their care and support needs. They felt the service was responsive to their needs but this could be improved through better communication. One person said most carers were “very good and focussed”. Another person said their carers always did everything they needed them to do and always did what they asked of them. One person said the agency had respected their choice in respect of the gender of their carer. Some people considered there was a lack of consistency in the care provided. A relative reported that new carers “never seemed to have enough information about their family member”. They felt this was due to managers not preparing new staff adequately. Another person questioned why new staff knew so little about the people they were looking after. They considered this was a “serious worry” for them because the lack of knowledge affected the care staff gave them. One person told us new staff worked alongside existing staff but their carers were not provided with “enough time” to learn about their needs and, “put time before care”. Staff we spoke with considered they had access to the information they needed to ensure they were able to provide care and support in accordance with people’s preferences. They demonstrated an understanding of the care needs of the people they supported.

The registered manager told us that people, and those close to them, were involved in their assessment, planning and review of their care. The care plans we reviewed showed this. We saw people’s needs and preferences were documented and that the person had signed their care plans to agree to the care and support provided. In addition to the care plan we saw each person had a short profile detailing information about what was important to them, what people admired about them and what was needed to keep them safe and healthy. Task sheets were also available detailing people’s needs, preferred routines, times and the support required. We saw people’s care needs were reviewed with them and any changes in their care needs were recorded. If a person’s needs changed an immediate action form was completed to ensure staff were kept informed. One person told us that a member of the office staff had recently visited them to review their care plan. Another person said that new carers were shown how to record information in their care file and “from time to

time these are updated”. During the inspection we heard office staff contact people to arrange visits to discuss and review their care needs. The registered manager told us they tried to provide a responsive and flexible service. They said they accommodated people’s requests for change in carer’s or call times as much as possible.

Most people we spoke told us they knew how to make a complaint about the agency and shared mixed views about how their concerns and complaints were acted upon. 80% of people who completed written surveys for us told us that care workers responded well to any complaints or concerns they raised. 56% said that the agency had responded well to complaints they raised.

During telephone interviews one person was complimentary about the responsiveness of the managers when they had complained. Another person told us, “I have no complaints whatsoever”. One person said concerns they raised, “fall on deaf ears”. Two other people shared concerns about the management response to concerns they had raised. Another person told us they had never had to complain and said they would feel confident if they did that they would be listened to. A relative told us they would “definitely” be able to raise concerns of their family member and had done but said, “Sometimes they [managers] don’t listen”. Another relative shared the issues they raised with managers and felt there had been an improvement.

Professionals who had completed surveys for us all told us managers were accessible, approachable and dealt effectively with any concerns raised. The agency had a complaints procedure in place and staff we spoke with knew what to do in the event of a complaint being raised with them. One member of staff told us, “I’d listen to what the person had to say and get them to call the office and I’d follow it up with the manager”. Another member of staff told us they had dealt with a complaint in relation to a late call and this was addressed with a good outcome for the person concerned. Complaints information was shared with us and we saw these had been investigated and the outcomes detailed. Common themes were mainly related to a lack of communication and this was acknowledged by the registered manager. There were two complaints outstanding and the registered manager had investigated recent concerns raised by CQC and the local authority as requested.

Is the service well-led?

Our findings

People's feedback about the way the service was not consistently good. Most people we spoke with told us they were happy with the service they received. All but six of the people we spoke with told us they would recommend the agency. Some people shared concerns around a failure to follow up issues, a lack of communication and difficulties recruiting and retaining staff. One person told us, "I get a very good service and would definitely recommend them". Two people said, "They are not as good as they used to be". One relative told us there was "room for improvement" and said although they would recommend the service, some carers needed to have "more commitment, training and supervision". A professional involved in the service told us, "I feel overall they do a very good job, they react immediately to any issues that I have, and respond accordingly".

There was a registered manager in place who demonstrated a clear understanding of their role, responsibility, accountability and the organisations values. They were supported by the director of care and business director who continued to be involved in the day-to-day running of the service. The senior management team recognised that towards the end of 2014 there had been difficulties recruiting staff when a big development had opened up in Telford Town Centre. They told us staff recruitment and retention was being addressed through formal exit interviews and a group had been developed focusing on staff recruitment involving the directors and local newspaper. They acknowledged that there had been communication issues and told us these were being addressed. They also acknowledged the feedback we had received from people in preparation for and during this inspection. The registered manager told us 'Last year we didn't provide the service to our standards'. Discussions held with the registered manager and directors indicated that they were capable of moving the service forward. They had implemented a number of changes to include the restructure of the office and management team and giving them designated duties, opening the office on a Saturday and successfully recruiting more staff. They advised us of the action they had taken to address the staffing concerns and were positive about moving forward. We saw a number of new staff had recently been recruited. A member of staff told us, "Last year was a rough year; things here seem to be on the up. I'd hand my notice in today if I genuinely thought

this was a bad service". Another member of staff said, "Last year was our hardest year. It's getting better and I have confidence in the management team to make improvements". Two other members of staff told us they had experienced a "tough" year. One said, "Things are improving, it's definitely a lot better here now". The management team were confident that the changes they had implemented together with a recent recruitment drive would result in lasting improvements.

There were systems in place to gain people's views and to monitor the quality of the service although not everyone we spoke with said they were asked for feedback or felt involved in the service. We saw satisfaction surveys were sent to a proportion of people every six months. The recommended actions for the most recent survey included contacting people who had identified negative issues and for feedback to be shared during staff meetings and in newsletters. The care records we sampled showed people were involved in reviewing their care and encouraged to provide feedback about the service they received. Staff we spoke with told us they had recently been issued with satisfaction surveys. We saw 17 completed surveys had been returned and we were told a report would be compiled of the overall findings. The majority of these were positive. However, a number of people we spoke with, including staff, considered communication required improvement. One member of staff told us, "We fall down on communication when we are busy. One phone call missed can have a massive impact on a service user". The senior management team acknowledged that communication required constant monitoring and continuous improvement.

Staff we spoke with felt the management team adopted an open and inclusive culture. They told us they felt comfortable to approach the registered manager or the directors. One member of staff told us, "[Name of registered manager] is one of the best managers I've ever had and the directors are always available and happy to answer any questions". Another member of staff said, "We get plenty of support and all work together as a team in making our clients happy". Staff we spoke with told us they felt supported in their role and had opportunities for one-to-one and group meetings. One member of staff said, "[Name of registered manager] operates an open door

Is the service well-led?

policy, is a very good manager and always finds time to listen to you". Staff told us they were happy in their work. One member of staff said, "This is definitely the best agency I have ever worked for, I love my job".

We saw numerous audits were regularly undertaken by the management and senior management team. Any identified areas of improvement were recorded in an action plan. The director of care agreed to record when actions had been completed on each action plan to provide a detailed audit trail. The provider shared information with staff through newsletters, individual and group meetings. This ensured they were kept up to date with information about the service. We saw staff practice in people's homes was observed and recorded to monitor performance. There was an untoward incident reporting scheme in place and a summary report for 2015 detailing medicine errors, complaints, safeguarding concerns, missed and late calls.

This included a summary of common themes and actions. We saw complaints were reported at monthly management meetings and they were examined for any lessons to be learned or any necessary changes to policy or procedure. Two members of the management team had attended a quality and compliance workshop and told us they were implementing actions from the sessions. The agency was awarded the investor in people award and had recently been reaccredited. We saw a business plan had very recently been developed. This detailed the short and long term objectives and acknowledged the changing market and the need to respond to this. Objectives included improving staff recruitment and retention, responding to recent client feedback and improving performance. The management team were confident that they had effective systems in place to monitor the quality of service people received.