

Ashcroft Homecare Limited

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Inspection report

The Studio, Fern Court
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Clitheroe
Lancashire
BB7 1BE

Tel: 01200422675

Date of inspection visit:
22 March 2016
23 March 2016

Date of publication:
31 May 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Ashcroft Homecare Ltd on 22 and 23 March 2016.

Ashcroft Homecare provides care and support for people in the Ribble Valley area. The range of services provided includes, personal care, domestic help and support. The service offers care and support for older people, people with a dementia, adults with physical disabilities and sensory impairment. The aim of the service is, 'To provide care workers to service users, in their own homes, to assist and support individuals and organisations in promoting health, maintaining/and or improving independence.' The service's office is located in the centre of Clitheroe and is open between 9 am and 5 pm. There is an out of hours emergency contact service. At the time of the inspection the service was providing care and support to 26 people.

The service was managed by a registered manager. 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.

At the last inspection on 8 October 2014 we found the provider was not meeting requirements relating to staff training and staff supervision. We received an action plan from the provider indicating they would meet the relevant legal requirements by February 2015. At this inspection we found sufficient action had been completed to make the required improvements.

During this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the provider not having effective systems in place for checking and improving the service. You can see what action we told the provider to take at the back of the full version of this report.

We found some further improvements were needed to provide people with safe care and support. Therefore we have made a recommendation about ensuring risks to people's well-being and safety are properly considered. We have also recommended the service improve their practice on safely supporting people with their medicines.

People we spoke with told us they were satisfied with the service provided by Ashcroft Homecare Ltd. One person told us, "We would be very pleased to recommend them."

People we spoke with indicated they felt safe with the service. Staff spoken with were aware of the signs and indicators of abuse. They knew what to do if they had any concerns and were confident in reporting matters. Staff had received training on safeguarding and protection.

Arrangements were in place to maintain staffing levels to make sure people received their agreed care and support.

We found the service was working within the principles of the MCA (Mental Capacity Act 2005). Processes were in place to support and encourage people to make their own decisions and choices.

People made positive comments about the staff team including their caring approach and attitude. They said, "They are friendly," "They are respectful" and "They offer support and reassurance." Staff expressed a practical awareness of responding to people as individuals and promoting their rights, privacy and choices.

Arrangements were in place to gather information on people's backgrounds, their needs and abilities, before they used the service. People were aware of their care plans and said they had been involved with them and the ongoing reviews. However we made a recommendation on making sure care records respond to people's individual needs and choices.

Processes were in place to monitor and respond to people's health care needs. Staff spoken with described the action they would take if someone was not well, or if they needed medical attention. People were supported as appropriate with food and drink.

There were systems in place to ensure all staff received initial training, ongoing development, supervision and support.

There was written information for people who used the service. This provided details on the service's aims and objectives, the range of services available and key contact details.

People were aware of the service's complaints procedures and systems were in place to investigate and respond to formal complaints. We discussed with the provider ways of more effectively managing minor concerns and general dissatisfaction.

We found there were management and leadership arrangements in place to support the day to day running of the service. Staff indicated the management team were supportive and approachable and there were good communication systems at 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?

Requires Improvement 

The service was not always safe.

We found there were some safe processes in place to support people with their medicines. However, some medicine management practices could be improved.

Some risks to people's wellbeing and safety were being assessed and managed. However some risk assessments were lacking in detail and risks associated with diet, falls and pressure ulcers could be improved.

Staff recruitment processes included, face to face interviews and character checks.

There were enough staff available to provide people with safe care and support. Staff were trained to recognise any abuse and they knew how to report any concerns.

Is the service effective?

Good 

The service was effective.

People told us they experienced good care and support. They were encouraged and supported to make their own choices and decisions.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People were supported as appropriate to eat and drink. Their health and wellbeing was monitored and responded to as necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Is the service caring?

Good 

The service was caring.

People made positive comments about the caring attitude and

approaches of staff.

People were supported and cared for in a way which promoted their privacy, dignity and independence.

People had a small team of carers providing their support. Staff expressed an awareness of people's individual needs and preferences, which helped them provide personalised care.

Is the service responsive?

The service was not always responsive.

Processes were in place to find out about people's individual needs, abilities and preferences. People indicated the service responded to their needs and preferences.

People were involved with planning and reviewing their care and support. They were aware of their care plans and confirmed they had agreed with them. However we found care plan records had some gaps in information, which meant people's needs may not be known and responded to.

Processes were in place to monitor and review people's changing needs and preferences.

Procedures were in place to manage and respond to formal complaints. However some progress was needed to make sure minor concerns were properly dealt with.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There were some systems in place for checking the service and consulting with people. However we found some improvements were needed. The quality monitoring arrangements had not ensured the service was safe, responsive and well led. The provider's needed to show how the service was being developed.

There was a registered manager in post who expressed a commitment to develop the service. However there were ongoing changes in the management team.

The service's vision, aims and values were shared with staff and supported by the management and leadership arrangements.

Requires Improvement ●

Ashcroft 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 checked 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 22 and 23 March 2016. We contacted the service before the visit to let them know we were inspecting. We did this because they provide a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We also contacted the local authority contract monitoring team. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with six people who used the service and one relative. We talked with three care workers, a senior care worker, the trainee manager, the office manager and the registered manager. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, policies and procedures and quality assurance records.

Is the service safe?

Our findings

The people we spoke with indicated they felt safe using the service. One person told us, "Oh yes we feel safe with the carers" another person said, "I definitely feel safe with them." None of the people spoken with had any concerns about the way they were treated or supported. Their comments included: "There's no shouting or anything like that, they are like very good friends" and "No shouting or swearing. No trouble."

We looked at how the service protected people from abuse and the risk of abuse. We found processes were in place for any safeguarding matters to be managed and appropriately reported, for the wellbeing and protection of people using the service. We discussed some of the previous safeguarding concerns with the registered manager. We were told of the action taken to ensure safeguarding and protection matters were dealt with and alerted to the local authority.

We discussed the safeguarding procedures with staff. They expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had received training and guidance on safeguarding and protecting adults. We noted from the staff training records that arrangements were in place for staff to complete safeguarding training. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people, records showed staff had read these. We noted the procedures did not include the up to date contact details of the local authority safeguarding hub, which would help ensure a timely alert is made.

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment procedure included applicants completing a written application and face to face interviews had been held. Most of the required character checks had been completed before staff worked at the service and the checks had been recorded. The checks included an identification check, taking up references, a medical fitness questionnaire and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However we noted one application form had not been fully completed and a full employment history had not been obtained, which meant any gaps in employment had not been fully considered and clarified. We were given assurances by the provider that this matter would be rectified. We also noted staff did not commence employment without a clear DBS check.

We found processes were in place to provide people with support with their monies if people were assisted with shopping. Individual records were kept as needed, these reflected the amounts involved, including debits and credits. This helped to promote accountability for the protection of the person using the service and staff. Policies and contractual arrangements indicated staff were precluded from receiving gifts and having involvement with people's finances.

We looked at the way the service managed risks. Health and safety risk screening assessments had been completed on environmental matters in people's homes. Staff spoken with had an awareness of people's

risk assessments. They described the action they would take in the event of accidents, emergency situations and on reporting any matters of concern. There were policies and procedures providing instructions staff on responding to accidents, emergencies and untoward events.

We found risks to individuals had been assessed and recorded in people's care records. There was information describing the risks and the action to be taken by staff on how to manage and minimise these risks to people's wellbeing and safety. We found some of the risk assessments were unclear and lacking in detail. There were some processes in place to screen and monitor people who may be at risk of pressure sores, malnutrition and falls. However, there was a lack of routine assessing of risks associated with skin integrity, malnutrition and falls, in accordance with current recognised guidance. This meant processes were not in place to proactively identify, monitor and respond to these risks for the wellbeing and safety of people who used the service. We discussed this with the provider and registered manager who agreed to take action to rectify this matter.

We found there were enough staff available at the service to provide care and support and keep people safe. At the time of the inspection there were 26 people using the service and 16 staff. We found staffing arrangements were influenced by people's assessed needs, individual support package and contracted arrangements. Staff spoken with confirmed they were given sufficient travelling time between visits and were given enough time to carry out tasks. There was an on-call system in place during the times when staff were on duty, which meant someone could always be contacted for support and advice.

We asked people who used the service about late visits and they said they were always informed if the carer was to be late due to unexpected circumstances. One person commented they had raised some concerns about one specific situation, but this had been resolved to their satisfaction. Nobody we spoke with expressed concerns about visits being missed. We found one person had specified staff should not attend in snowy weather due to the rural location; however we were told efforts were always made to provide a service. Staff spoken with were aware of the action they should take in the event of being late, or unable to attend an appointment.

We looked at the way the service supported people with their medicines. People who received assistance with medicines, told us support was appropriately provided. Their comments include, "They give me my medicine, they don't go until I have taken it" and "They prompt me with medicines." People's ability and preferences to manage their medicines was routinely assessed as part of the care planning process. We found individual care records included lists of prescribed medicines and instructions where necessary, for staff to follow on prompting or administering the medicines. Medication administration records were completed as appropriate to support the assistance given. We noted 'body map' diagrams had been introduced which would provide clear instructions on the application of topical creams and ointments. Although care plan records included some useful instructions, we found there was a lack of specific detail for some items prescribed, 'as and when required'. We were also told about a specific situation where the storage container for medicines may not have clear instructions attached. We discussed these situations fully with the registered manager who agreed to ensure the matters were pursued and rectified.

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- ☐ We recommend that the service seek advice on nationally recognised evidence-based guidance on assessing the risks, including: risks of pressure ulcers, malnutrition and falls and take action to review and update their practice accordingly.
- ☐ We recommend that the service consider current recognised guidance on safely supporting people in their own homes with their medicines and take action to review and update their practice accordingly.

Is the service effective?

Our findings

People we spoke with indicated they were very satisfied with Ashcroft Homecare. People's comments included: "They have been very good, I am happy with them," "It's a friendly service. I am satisfied, we get what we expect," "Things are fine at the moment" and "In my case they are fantastic."

People who used the service had agreed to the support and care provided by Ashcroft Homecare. We found care records included signed individual service contract agreements which outlined the services to be provided and the terms and conditions of care package. These had been signed by the person using the service or a representative acting on their behalf. Similarly, we found people had also signed in agreement with their care plans. We noted there were specific consent agreements relating to support with medicines, one person told us, "They have a statement on what they will do, I signed it."

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 the 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA. We noted the care assessment process took some consideration of people's mental health and capabilities. This included communication needs and how people made their wishes known. People spoken with indicated they were always involved with decisions about their care and support. One person told us, "I have taught the carers to do things my way." A staff member said, "I constantly involve people, I reassure them and get their consent."

The service had policies and procedures to underpin an appropriate response to the MCA 2005. Records showed that staff had received training on this topic. Staff indicated an awareness of MCA 2005 and Court of Protection matters, including their role to uphold people's rights and monitor their capacity to make their own decisions. One staff member commented, "Most people can make their own decisions, some need guidance. We talk them through things and get their consent." They were aware that people may refuse care and said they would report any concerns or changes in people's ability to make decisions to the managers.

We looked at the way the service provided people with support with their healthcare needs. Most people using the service told us that most of their health care appointments were co-ordinated by themselves. However, staff would support people to access healthcare services if this was part of their agreed care package. One person said, "They help with appointments" and expressed appreciation of the arrangements made to provide support. People's care records included a medical history and health and well-being check to help monitor and respond to health care needs. There were contact details of relevant health care professionals, including their GP and district nurse, so staff could contact them if they had concerns about a person's health. All staff spoken with described the action they would take if someone was not well, or if

they needed medical attention.

People were supported with food and drink in line their assessed needs and their plan of care. We noted there was a section in people's care plans to inform staff of any allergies, risks or concerns in respect of eating and drinking. Records were kept of dietary needs and food and drink preferences. Most people spoken with received no or minimal support with eating and drinking, they either prepared and cooked their own meals or were supported by family members. However staff spoken with described how they supported people with meal preparation, cooking and shopping, where necessary. Staff had received food hygiene training and expressed an awareness of healthy eating. The service had a policy on food and nutrition to provide guidance for staff.

We looked at how the service trained and supported their staff. At our last inspection we found the provider had not ensured staff received appropriate training and ongoing support. At this inspection we found progress had been made. Records and discussion showed staff had completed induction training when they started work. This included an initial induction on the organisation's policies and procedures, the provider's training programme and shadowing experienced staff to learn from them and gain an understanding of their role. One person using the service said, "New staff come with a senior, they show them what to do."

Staff spoken with confirmed they had received initial induction training which they felt had equipped them to fulfil their role and responsibilities. Arrangements were in place for new employees to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. New staff completed a probationary period, during which their work performance was reviewed at regular intervals.

Systems had been introduced to provide staff with regular training and development. A training provider had been contracted and additional training was also accessed. We asked people who used the service for their views on staff abilities. One person said, "They are super, they do everything 100%." Staff told us of the training they had received and confirmed there was ongoing training and development at the service. One staff member said, "Training has been lined up" another commented, "They are quick off the mark here with training." The training programme included, record keeping, person centred approaches, moving and handling, health and safety, food hygiene, infection control, equality and diversity and the Mental Capacity Act 2005.

Staff were also enabled to attain recognised qualifications in health and social care. Staff at the service had either attained a Level 2 or 3 NVQ (National Vocational Qualification) in care, or were working towards a level 2 or 3 QCF (Quality and Credit Framework) diploma in health and social care. The trainee manager had commenced QCF level 5.

Staff told us they received regular one to one supervision and ongoing support from the management team. This provided staff with the opportunity to discuss their responsibilities and the care and support of people who used the service. We saw that the management team assessed and monitored staff's skills and abilities and took action to address development matters when required. Arrangements were also in place for staff to receive an appraisal of their work performance and review their training needs.

Staff had access to a staff hand book. This provided a summary of key policies, procedures and codes of conduct. We discussed with the provider and registered manager the value of staff, having continual access to this guidance to provide direction and assist with decision making.

Is the service caring?

Our findings

All people spoken with made positive comments about the staff team and the care and support they received. They told us, "They treat us well, you would think they were part of the family," "They are friendly," "They are exceptionally good, they are caring and very loving" and "The staff are brilliant, they have a good manor and they are willing." A relative said, "They are very caring people."

People told us they were happy with the approach of the staff and managers at the service. They made the following comments about the way they were treated: "They are kind and respectful," "Oh yes they are respectful and caring" and "They are very respectful, that's one of the most important things I can say about them." Staff spoken with gave examples of how they maintained people's dignity and respect when providing support with personal care. One told us, "I treat people how like my family and myself to be treated." They said they had sufficient time during visits to provide care in a way which respected people's dignity and choices.

People indicated their privacy needs were upheld and that staff were respectful of their homes and property. Two comments were, "They treat me and my property well" and "Oh yes they consider our privacy." Staff explained how they promoted people's individual privacy when they visited them. They expressed a practical awareness of maintaining confidentiality, one said "I don't speak others about them and only share information on a need to know basis."

Staff were knowledgeable about the needs and preferences of the people they cared for. They described their understanding of person centred care and equality and diversity. Staff explained how they aimed to promote independence in response to people's individual needs and choices. One staff member told us, "We don't take over; we take a step back if they can do things for themselves. We involve them and always ask." They said they were aware of the content of people's care plans, risk assessments and care records.

We noted the service's care assessment process provided scope for details to be obtained and recorded on key matters that were important to the person. This included their preferences on male or female staff and their interests, hobbies and activities. We discussed with the managers ways of appropriately gathering information on people's background histories. This could provide a profile of the person to further convey their individuality and lifestyle preferences.

We discussed and review the rota planning process with the assistant manager and a senior carer. We found people had a small team of carers providing their support. Where possible, arrangements were made to introduce new staff to people using the service before they started to support them. One person told us, "I usually have the same carers they let us know if they will be different, they are all acceptable. If they are new they are introduced by another worker." A relative said, "The same carer has been with us all the year through."

People had been provided with written information about Ashcroft Care prior to the service being delivered. This was in the form of a statement of purpose. Details included were, the services aims and objectives,

telephone contact numbers for the agency, the range of services provided and the standard of service people could expect.

Is the service responsive?

Our findings

People spoken with indicated the service was responsive to their needs and they appreciated the support provided by staff. We received the following comments, "Everything we have asked them to do, they have been there," "We think [staff member] is a natural and shows an awful lot of initiative" and "They just fit in and do things."

We looked at the way the service assessed and planned for people's needs, choices and abilities. Initially basic details of people's care and support were obtained over the telephone. Arrangements were then made to meet with people to carry out an assessment and discuss their care requirements. People spoken with confirmed they had been involved with this process, one person told us, "Management came to do an assessment," and another person said, "They went through things initially and a care plan was written down." The assessment involved gathering information from the person and other sources, such as, families, social workers and relevant others. We looked at completed assessments during the inspection. The range of needs considered included: daily living activities, cleaning, shopping, personal hygiene, dressing and preparing food and drink. The assessment also covered people's communication needs, mobility and continence. A schedule was then devised of people's preferred days and times for care and support. One person told us, "They know all about us and take an interest."

We found each person had an individual care plan which was developed from their assessment. This information provided guidance for staff on how to respond to people's individual needs. All the people we spoke with confirmed they had a care plan, they indicated they had been involved with agreeing the care and support to be provided. One person explained, "I have read all through the care plan, I am aware of this," a relative said, "We have discussed the care plan." Staff spoken with expressed a practical awareness of responding to people as individuals and promoting their rights and choices. They told us the care plans were useful and informative, they said they had access to them during the course of their work. At the time of the inspection, the care planning process was under review. We looked at three people's care plans. We found they were written in a person centred way and included some detailed guidance for staff to follow, in response to people's identified needs. However, when we reviewed the information we noted there were some gaps in the information recorded, which meant people's identified needs and preferences may not be clear and effectively responded to. We discussed this matter fully with the registered manager and provider who agreed to take action to rectify this matter.

Records and discussions showed people's needs and circumstances were kept under review. One relative told us, "The care plan was recently reviewed." We were told reviews were carried out every three to six months or more often if people's needs changed. Staff confirmed there were systems in place to alert the management team of any changes in people's needs. A review of the care package would then be carried out in consultation with the person using the service, their relative and/or social worker. This indicated processes were in place to respond to people's needs in a timely way. A record of the care provided was completed during each visit. This enabled staff to monitor and respond to any changes in a person's well-being. A relative said, "The care records are kept up to date and they leave notes for me."

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with had an awareness of the service's complaints procedure and processes the inspection we got the impression people would feel at ease and confident in raising any concerns. People said, "If there is anything wrong, I ring them and they sort it out. "Any complaints are sorted there and then," "Not needed to complain, but I would get in touch with the office and they would try and sort it out" and "If I had a complaint I would go to the boss, they would apologize and rectify things." Staff spoken with confirmed how they would respond to any complaints or concerns, by keeping records and sharing information with management team. One staff member told us, "Management are good, they go and see people and sort things straight away."

People had been given information about the service's complaints and compliments processes. There was a summary of the complaints procedure in the statement of purpose which described how people could raise concerns. There was a separate complaints policy which provided guidance on making a formal complaint. Further details were included in the service agreement contract. This mentioned how complaints would be dealt with and the expected timescales for the investigation and response. Reference was made to keeping records and the other organisations that may offer support with making complaints.

We found there had not been any formal complaints recorded at the service in the last 12 months; however processes were in place to record, investigate and respond to complaints and concerns. We noted there were some systems in place for the management of minor concerns, grumbles and general dissatisfaction. We were told these matters were recorded in the general communication systems. However, this meant people's concerns may not always be effectively identified and managed and their satisfaction monitored. We discussed this matter with the provider who agreed to introduce a more structured approach to logging and responding to concerns.

- We recommend that the service consider current recognised guidance on person centred care planning and take action to review and update their practice accordingly.

Is the service well-led?

Our findings

People spoken with were aware of the management structure at Ashcroft Homecare Ltd. They did not express any concerns about the how the service was managed or the leadership arrangements. One person commented, "I think the management of the service is good" and a relative told us, "Good communication. They keep in touch. Things get passed on. I'm very much kept in the loop." A staff member said, "Brilliant management and leadership."

This inspection showed some of the quality monitoring and auditing processes were lacking in effectiveness. We found some improvements were needed with medicines management and assessing risks and minimizing risks to individuals. We were told medicine administration records and individual diary records were reviewed when they were returned to the agency office for archiving. However there were no structured processes in place to show these checks were carried out. We found people's care plans were in the process of being reviewed and updated, however the provider had not ensured this task had been effectively completed. There were no structured arrangements in place to monitor and review the service's complaints processes or recruitment procedures.

We were told there were ongoing management discussions. However there were no records of management meetings, to support the direction and leadership of the service. We noted the service's policies and procedures had been reviewed in November 2015. However we found some had not been appropriately updated to include current information and some referred to previous legislation. There was no overall development plan available from the provider, to demonstrate the service had been evaluated in response to the findings of audit systems and consultation surveys.

The provider did not have suitable systems or processes in place, to ensure the service is operated effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a manager in post who had been registered with the commission since 2010. The registered manager had responsibility for the day to day operation of the service. Throughout the inspection she expressed commitment to the ongoing improvements at the service. However, the registered manager indicated it was her intention to relinquish this role in the near future. This meant the registered manager would then need to apply for de-registration with the Commission. At the time of the inspection a trainee manager had been appointed and was in the process of becoming familiar with their role, duties and responsibilities. The trainee manager was intending to apply for registration with the Commission.

The management team in place included the registered manager, trainee manager, office manager and senior care workers. Members of the management team were based at the agency office, between 9:00 and 17:00 each day during the week. There was a 24 hour on-call system for management support when staff were on duty. One staff member told us, "It's easy to get hold of a manager if needed, they are approachable and easy to contact." We asked staff for their views on the management team they said, "The managers are really good, they are dedicated to their work" and "The managers are very hard working and really nice."

We found staff were enthusiastic and positive about their work. They had a good working knowledge of their role and responsibilities. They expressed an awareness of the management structure and lines of accountability at the service. Staff had been provided with job descriptions, contracts of employment and the employee handbook which outlined their roles, responsibilities and duty of care. Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

The service's vision and philosophy of care was reflected within their written material including, aims and objectives and policies and procedures. Comments from staff included, "They share the vision," "The client always comes first" and "They want us to love our job and care for people properly." New staff were made aware of the aims of the service, policies and procedures during their induction training. Arrangements were in place for staff read and sign in acknowledgement of the policies and procedures, revisions and updates.

Staff indicated there were good communication systems and processes at the service. There were regular staff newsletters and staff were contacted regularly by mobile phones. One staff explained, "We get group text messages all the time to keep us up to date." Arrangements were in place for monthly staff team meetings. Records of the last two meetings held showed relevant work related matters and good practice topics had been raised and discussed. Staff said they could raise and discuss any issues. One staff member told us, "We had a staff meeting last month. We go through any improvements.

Processes were in place to seek people's views on their experience of the care and support they received. For example, they had the opportunity to express their views and opinions during their reviews and by completing surveys. People said, "We had survey sent recently" and "We are continually filling in surveys. We are happy with what we get." At the time of the inspection a satisfaction survey was in the process of being completed. There had been 10 completed surveys returned. We noted they included wide ranging questions on various aspects of care and support. The surveys we reviewed included positive responses.

Arrangements were in place to carry out unannounced observational checks on staff's competence and conduct when they were providing care and support. The checks also included a review of the care records kept at the person's home, to ensure they were appropriately completed. One person told us, "They came from the office; they made sure everything was intact," another said, "They have been from the office to chat about things and check the records." Staff confirmed 'spot checks' were carried out and we reviewed a selection of records confirming this practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(a)