

Atkins Care Services Limited

Home Instead Senior Care

Inspection report

Unit 40, Walton Business Centre
44-46 Terrace Road
Walton On Thames
Surrey
KT12 2SD

Tel: 01932241020
Website: www.homeinstead.co.uk

Date of inspection visit:
19 July 2016

Date of publication:
19 August 2016

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 19 July 2016 and was announced. We gave the provider 48 hours' notice because they provide a domiciliary care service and we wanted to make sure someone would be available for the inspection.

The last inspection took place on 10 January 2014 when we found there were no breaches of Regulation.

Home Instead Senior Care provides personal care and support to people who live in their own homes in Elmbridge and East Spelthorne in the county of Surrey. The agency was offering personal care to 39 people at the time of our inspection and offered additional support such as housekeeping and companionship to approximately 90 people. Home Instead Senior Care is a franchise run by Atkins Care Services Limited.

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 and associated Regulations about how the service is run.

People using the service and their relatives were happy with the care they received. They liked the staff (care givers) who cared for them and felt they had developed good relationships with them. People were involved in planning their own care and choosing the care givers who supported them. They said care visits took place on time and the care givers stayed for the required amount of time. Care and support was planned to meet individual needs and reflected people's preferences. There were examples of the care givers providing care and support beyond what was expected and planned for in order to make people happy or meet a specific need.

The care givers told us they were well supported. They had the training and information they needed to care for and support people. They liked working for the agency and found the manager and provider supportive.

The agency had organised and ran some innovative schemes designed to meet the needs of people who required care and their families. For example, they had run a number of fun events including a session at a local garden centre and dementia friendly cinema screenings.

The service was well managed. The provider was involved in the day to day running of the agency alongside the registered manager. They had good systems for monitoring the quality of the service and they had plans for future improvements which reflected the needs, interests and wishes of the people who they supported. They offered support, guidance and help to families, including information about what to expect when caring for a relative with dementia. External professionals who worked with the agency told us they felt the service was very good and focussed on meeting individual needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People using the service told us they felt safe with the care givers and with the care provided.

People were protected from the risk of abuse because the provider had an appropriate procedure designed to act swiftly when people were identified as at risk of abuse.

The risks to people's safety had been assessed and recorded.

People received their medicines as prescribed.

There were enough staff employed to care for people and meet their needs.

Is the service effective?

Good ●

The service was effective.

People had consented to their care

People were cared for by staff who were appropriately trained and had the information they needed to carry out their roles and responsibilities.

People were cared for by staff who were regularly assessed and supervised.

People who required support with eating and drinking received this from the agency.

People received the support they needed to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind, considerate and polite. They had good relationships with their care givers. People

were treated with dignity and respect.

Is the service responsive?

Outstanding 

The service was extremely responsive.

People's care and support was planned proactively in partnership with them.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible.

The service took a key role in the local community and was actively involved in building further links.

Professionals felt that the service was focused on providing person-centred care and it achieves exceptional results.

People knew how to make a complaint and felt these were appropriately responded to and dealt with.

Is the service well-led?

Good 

The service was well-led.

People felt the service was well managed. They had the opportunity to express their views and be involved in planning their own care. They felt the agency listened to them and responded appropriately when changes were needed.

Other stakeholders were happy with the service provided and felt people's needs were met.

There were appropriate systems to audit the service and to ensure good quality care was provided.

Records were accurate, up to date and appropriately maintained.

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 19 July 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available.

The inspection visit was conducted by one inspector. Before the inspection we contacted people who used the service and their representatives by telephone. Some of these telephone calls were conducted by 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. The expert-by-experience supporting this inspection had personal experience of caring for a relative.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events. We spoke with six people who used the service and the representatives of nine other people who used the service. We spoke with or had email feedback from five care givers (the support staff who worked for the agency) and four external professionals who work with the agency to coordinate and provide care for people.

During the inspection we met the manager and the provider. We also met three members of staff who worked in the office coordinating care, recruiting and supervising staff. We looked at the care records for five people who used the service and the staff training, support and recruitment records for seven members of staff. We also looked at other records used by the provider in managing the service.

Is the service safe?

Our findings

People using the service and their representatives told us they felt safe with the agency. Some of their comments included, "They are receptive to our enquiries and they act on what we like. We are happy", "Yes, I definitely feel safe", "Yes, everything is fine", "They are reputable; they know my mother's needs. The selection process was specific to my mother's requirements" and "I feel safe with the staff."

The provider had procedures for safeguarding adults and the staff had been trained in these. We also saw that safeguarding and whistle blowing information was provided to staff in their handbooks and through team meetings. The provider had responded appropriately when they identified concerns about someone's safety. They had notified the local authority and Care Quality Commission and taken action to help protect the person.

Some people told us the agency supported them with shopping. They told us they were happy with this support and that the staff were trustworthy with their money, buying the shopping they had requested and showing them the receipts for their purchases.

The care givers told us they had received training in safeguarding adults and knew what to do if they were concerned that someone was being abused or at risk of abuse. One member of staff told us, "We had training about this in the beginning and as part of other training as well. These people who we work with are vulnerable adults and they need extra care, protection, safety, attention." Another member of staff said, "Safeguarding is making sure we provide a safe environment for vulnerable clients to protect them from abuse or harm. It is about promoting people's welfare. We had training on this topic."

The risks people experienced had been assessed. Records of these included management plans which outlined the support the person would need to stay safe and reduce the risk. Risk assessments we saw included the risks associated with swallowing, memory, continence, safe moving around the environment and people's physical and mental health. The risk assessments had been appropriately detailed and were signed by the person or their representative. They had been regularly reviewed and updated when the person's needs had changed.

People who required support to take medicines received this in a safe and appropriate way. They told us they were happy with this support. One person told us, "They are very good at doing that (administering medicines)." The staff had all received training in the administration of medicines and this had been renewed shortly before the inspection visit. There were clear procedures for safe administration and the staff competency had been assessed. The care givers kept accurate and up to date records of medicine administration and these records were checked regularly by senior staff. We saw that where problems with administration or recording were identified the provider followed this up with an investigation and other action if needed, for example retraining the staff.

There were enough staff to meet people's needs and keep them safe. The provider matched care givers to people who used the service and they did not take on new packages of care if they did not have the right or

enough staff to meet that person's needs.

There were contingency plans for staff absences and events that adversely affected the service, for example, cycling events where roads were closed and bad weather. The provider had contacts with the local authority and other agencies to plan for these events. The manager and senior staff were on call in case of emergencies for people who used the service and the care givers.

The provider's computer system showed live information about where each care giver was and if they were late for a visit this set off an alert which the manager and senior staff saw and responded to.

There was an appropriate recruitment procedure. The provider and manager interviewed potential staff or this was carried out by the agency's recruitment manager. As part of the recruitment the staff were asked scenarios about the role and their literacy and numeracy were tested. The provider obtained references from previous employers and character references and these were verified. We saw evidence of these, checks on the staff member's identity and right to work in the United Kingdom along with a detailed employment history and criminal records check in all the staff files we examined.

The care givers who we spoke with told us they had been invited for a formal interview at the service which was comprehensive. They told us the agency had completed reference checks and checked their identification.

Is the service effective?

Our findings

People had consented to their care. We saw that people had been asked to sign their care plans as a record of their agreement to these. Where people were unable to sign but had given verbal consent this had been recorded. Some people did not have the capacity to consent and we saw evidence that their representatives had been consulted and had signed their agreement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The care givers told us they had received training in the MCA. Some of their comments included, "We had training about this. It's about clients being able to make their own decisions or not", "The MCA makes sure people are able to make their own decisions, and being supported to make their own decisions. Even if they are unwise decisions. Best interest decisions can be made for people who lack capacity, but should be least restrictive option in relation to their right and beliefs." They had all been given a credit card sized leaflet to carry around with them for reference about the MCA describing the five important principles that they should follow.

People were cared for by staff who had been appropriately trained, supported and supervised. All staff were given a copy of the agency's manual which included information about their role and the agency, some policies and procedures, golden rules of the job, information about training, the code of conduct and the aims and objectives of the organisation.

New staff attended training in a range of subjects including health and safety, safeguarding, first aid and the MCA before they started work at the agency. The training was provided at the agency offices. The manager was qualified to train other staff in specific subjects and was conducting some of this training sessions. Staff were shown how to use equipment to safely move people in the homes of each person they were supporting and assessed so that the manager knew they were using the equipment safely and correctly. New staff shadowed experienced staff and were assessed by senior staff or the manager before they were able to work unsupervised. Regular spot checks to ensure they continued to work effectively and safely were carried out. At these checks senior members of staff assessed their competency in a number of areas including administration of medicines. The provider's computerised record keeping system identified when training updates for each member of staff were due and staff were required to keep their training and knowledge up to date.

The manager and senior staff invited the care givers to individual and team meetings to discuss their role, the agency, training needs, specific concerns and areas the care giver would like to develop. These were

recorded and we saw evidence of these in the staff files we examined.

The majority of care givers we spoke with told us they had completed comprehensive training before they started working with people who used the service. They told us they had shadowed experienced members of staff and their competency and abilities had been assessed. One care giver told us they thought the training was not detailed enough and another care giver said that they would like more, "hands on" training when they first started work at the agency. The provider told us that care givers could request additional time shadowing if they did not feel confident. They told us they would make sure all new staff were aware of this.

The care givers told us they generally had enough information about the agency, their role and the people who they supported. One care giver told us they did not have enough information in advance of meeting a new person they were supporting. However, other comments from care givers included, "I have all the information about the clients, we regularly get updates if something changes. The information about policies and procedures were given on the first training", "Before I started to work there was a very detailed training about safety, safeguarding, dementia, medication, rules, how to represent the company, and since then we had a general meeting about some changes and we had an opportunity to raise questions and discuss things" and "The training is good and very useful because we get new information as well as refresh the already known things."

The care givers told us they felt supported and had opportunities to meet with their line manager. Some of their comments included, "I can call the office any time and discuss things or ask questions; I also e-mail a lot", "I know all the office staff personally and I always get the right information", "The office staff are so kind and helpful, I feel supported 100%" and "There is an open door policy, I can meet my managers when I need to. I usually phone them if needed."

Some people told us the care givers supported them with meal preparation or helped them to eat their meals. They told us they were happy with this support. One person said, "[My care worker] cooks and always something I like." Another person told us, "The care workers give me my meal and I am happy with this." People's nutritional and dietary needs were recorded and we saw that the care givers had offered people a variety of food during care visits.

People's healthcare needs had been assessed and planned for. The care plans included detailed information about individual health conditions and contact numbers for the healthcare professionals who supported them. We saw evidence that the care givers monitored people's health and wellbeing and contacted healthcare professionals when they had concerns about changes in a person's health conditions. For example, the agency had made referrals to a relevant professional when they observed that a person needed additional equipment to use their environment safely.

Is the service caring?

Our findings

People using the service and their relatives told us that the staff were kind and caring. They said they were polite and they had good relationships with them. Some of their comments included, "They go out of their way to help [my relative]", "They are all very nice and respectful", "They are decent people and they enjoy helping. They are all nice", "They [care givers] are very empathetic to [my relative's] needs" and "They are wonderful, I cannot fault them."

People told us their privacy and dignity were respected. Some of the comments from people who used the service and their relatives were, "I have not been there when care has been provided. But if something was wrong mum would tell me", "I am confident that this is fine and [my relative] would say", "When taking a shower they cover [my relative] up", "[My relative] is comfortable with the carers", "I cannot fault them they are very encouraging and understanding and they make sure I do not feel bad about the care I need" and "They always make sure the door is closed and they ask me whether I am comfortable, they do not do anything I do not want."

The staff told us they had received training about treating people with privacy and dignity. Some of their comments included, "Dignity is about treating the client with respect and compassion and I value him/her as an individual. An example can be when I help a client with washing or dressing, the clients might feel embarrassed so I have to make sure he/she feels comfortable in the situation", "You simply shouldn't go into caring if you are unable to treat people with dignity and respect" and "Dignity and respect is to treat the client as a person with feelings and not place them in a vulnerable position. Treat them how you want to be treated or how you would look after your own parents. Don't make them feel embarrassed or shy. Cover certain parts with a towel when washing or undressing."

People using the service and their relatives told us that the care givers from the agency offered them choices and respected their freedom. They said they supported them to do things for themselves and be as independent as they wanted to be. One person said, "At first [my relative] found it difficult to receive care and they were careful in choosing the people. They were not overbearing and they were good at considering her feelings around that." Another person told us, "[My relative] decides what he wants to do, if he wants a bath or go for a walk etc. there is no problem, the staff support him to do what he wants." Other comments included, "[My relative] has a specific routine. She knows what she likes or not and they are accommodating" and "They are very attentive and respectful of [my relative's] wishes."

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them. People using the service and their relatives told us that they had been involved in planning their own care. They said that care was recorded in a plan, which they had a copy of and this was regularly reviewed. Some of their comments were, "We all sat down as a family and talked about the care", "We are very involved and they regularly review the care", "The agency came and asked what [my relative] wanted and built the care around his wishes and to do the things that I cannot do and this gives me a break", "We have a copy of the care plan, we were involved because it was devised with medics from hospital and occupational therapy team", "There is a care plan, they made an assessment and the carers refer to it quite a lot" and "I told them I wanted morning, lunch and night. I do the things I can do and they support me to do the things I can't, they have done everything I have asked them to do."

When people enquired about using the service the provider or manager met with them, and their representatives if they needed or wished, to discuss what their needs were and what service they would like from the agency. The agency offered a range of services including gardening, companionship, shopping and cleaning as well as personal care. The provider told us that they would try to accommodate any needs or wishes and built a service around these. For example, on the day of our inspection the provider met with someone who wanted a member of staff to support them to bake as they had previously enjoyed this and were unable to do this without support any more. The provider told us they would find out which of their staff members was able to bake and had an interest in this area so they could match the right care giver to the person. The provider told us they looked at staff skills and interests when proposing which people they should care for. Care givers were introduced to people who used the service so that they could decide whether or not they would like to be cared for by the care giver. The provider told us people's wishes were respected and if they did not want a specific care giver that person would not be scheduled to care for them. People using the service confirmed this telling us they were introduced to their care givers and able to make a choice about them.

People were given a range of information about the agency and the franchisor including a regular newsletter. They were given a file of information about the policies, procedures, their care and the services they could expect. The agency also gave people additional leaflets and guidance relevant to their needs, for example about dementia, using wheelchairs safely and about specific healthcare conditions.

People had been involved in creating a care plan which outlined their needs. These focussed on the individual needs and preferences. Information about how the care givers should support them was appropriately detailed and individualised. Care plans included desired outcomes and the support the person would need to achieve these. The care plans were reviewed and updated regularly. The care givers completed records of the care they had delivered at each visit. These showed that people received care on time and that it reflected their needs. The way in which people felt and any concerns they had about their care or changes in their health were recorded and the provider had responded appropriately to these.

The manager and one of the other senior members of staff were undertaking a training course designed to

help them guide and train others about dementia. This included offering workshops and training to family members and other people who cared for someone who was living with dementia. The workshops were designed to give people a better understanding of the condition, how to manage specific challenges and how the participant could look after themselves and the person who they were caring for.

Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. The provider told us, "There are loads of lovely staff working for us." They went on to give examples of some of the good practice the staff had demonstrated. They told us about one person who used the service who enjoyed classical music. Their care giver had downloaded different classical music which they played to them during each care visit. In another example, a person who used the service had enjoyed singing in the past but had not sung for over six years. Their care giver had organised to take them to a choir, which they had enjoyed and had joined in singing with others. The provider went on to say that the staff took time to get to know each person they cared for and gave other examples about how care givers stayed over the allocated time to support people, or went to the shops to buy the person a pint of milk after they finished their visit because the person was running low. The provider told us, "They do loads extra, it is more than just a job to them."

People using the service and their relatives told us that the care givers were generally on time and they stayed the correct amount of time. Some of the things they said were, "They always arrive on time, do everything we want and they also help with changing the bed, taking rubbish out", "I think they arrive on time and they have made efforts to find people that get on with mum. She has agreed to stay later when needed which is good", "They are very good. Whatever my husband wants they do it and these ladies come and really help for me to have some time off and relax", "They are punctual and always available for the duration of the time. Occasionally they might be late but generally very good and punctual" and "They are just wonderful."

Some of them told us that in the past communication from the agency about changes in care givers or care givers running late was not always as good as it could be. However, they also said that this had improved in recent months. Some of their comments were, "In general they let [my relative] know although there has been the occasion when it has lapsed", "They call in the morning to give notice", "Sometimes they are a little late but there is always a message" and "Most of the time they let us know."

The care givers told us they usually supported the same people who used the service and they got to know each other well. They said that when covering for colleagues they may be asked to support a person who was new to them.

One care giver told us there was not enough travel time between care visits. However other care givers told us there was enough time. They said that the office staff informed them of any changes and let the people using the service know if they were running late. The care givers told us they always had enough time for the support they gave.

The provider helped people who used the service to celebrate their birthdays by sending them cards and where they wished visiting them with cakes or helping them celebrate in another way of their choosing.

The provider had worked with the local community to organise social events for people who used the service. These events were designed to be fun and also offer support for families and carers. For example, a recent event included a plant potting session for people at a local garden centre. Whilst people who used the service were supported with the gardening, their families and carers were invited to meet together with the provider and manager for a cup of tea to discuss any general shared concerns they had and to offer

support and guidance about caring for their loved one. Another activity included music and singing. The provider had linked up with a local cinema to organise and provide the staff for dementia friendly screenings where people with dementia and their relatives could enjoy the cinema experience with the support and understanding they needed.

The provider had a plan for ongoing regular activities which included holding more dementia friendly cinema events, a boat trip, seaside visits, visiting a museum, allotment gardening, café and garden centre events. The provider had a range of information on local services and other groups who they could work with. They told us they were looking at organising cycling and keep fit events, to help keep people physically active.

External professionals who worked with the agency told us they thought the activities organised by the agency were very good and met the needs of local people. One professional said, "I am particularly impressed by all the new things happening in the area, for example the cinema at Walton, tea and fruit picking at Garsons farm." Another professional told us, "They hold activities and events for families. One I recently supported was a tea party for clients. Everyone was relaxed and engaged. A carer had music questions and bingo animal games. The owner was attentive to everyone's needs."

People using the service and their representatives told us that they knew who to speak with if they had any concerns and felt they were listened to. They told us the agency was responsive when they had specific requests. Some of their comments included, "We can call up and speak to someone if we need to", "I think they listen although they take time to answer emails. I would give them nine out of 10 for knowing I can communicate with them but can't call at weekend and the out of hours number it's slow but they get back to me. I am aware that they have installed a new system and I have high hopes", "If they didn't listen to me I would sack them on the spot, so yes they listen to me", "They are always very responsive when mum has gone to hospital and sort things out so they are ready for her return", "Occasionally when I have made a request e.g. taking mum to the GP they have done it" and "When we need shopping or medication picked up and we request it, this is done on their way in."

People told us they had been given information about how to make a complaint. People who had made a complaint in the past told us they were satisfied with the response they received, although one person felt they did not receive an apology when they had made a complaint.

The provider told us about some of the concerns people had raised and how they had responded to these. They had taken action to put things right and had investigated the complaints they had received. We saw that the provider had written letters of apology to those who made complaints and had also explained what action they had taken following the complaint. The provider told us they had also given flowers to people to show they were sorry about the circumstances leading to their complaint.

Is the service well-led?

Our findings

People using the service and their representatives told us they thought it was a good agency. Some of their comments included, "I think it is good service and I think what they have done well is the way they have planned [my relative's] care. And also if there is a change of carer there is an introduction to them before they start providing care", "Most of the women really enjoy my mum's company and seem to have been selected, they are good at doing out of hours so they are good", "I think it is a good agency", "I think it's good because it's dependable and flexible", "I think it's good. They do extra-curricular and they are flexible" and "Everything they do they do very well."

The things people told us they would like to improve about the service were, "More efficient communication, quicker response times and notifications of changes in the rota", "Handling complaints better", "The price", "Ensure there are enough carers all the time" and "Always ensure there is good communication." The provider responded by telling us they had improved communication with people and had a more effective system for monitoring care visits and communicating any changes with people. The provider also told us they were continually recruiting more staff in order to meet the needs of people using the service and allow for the service to grow.

External professionals who worked with Home Instead Senior Care told us they felt the service was well managed and run. Some of their comments included, "I just wanted to say that I find both [the manager and owner] very good to work with, they are very clear about the services offered", "I often suggest to clients that they contact Home Instead", "I have always found the staff, including carers and the management team, very friendly, helpful and professional", "In my contact with the agency I have asked one of the carers about their role and they said very simply 'this is the most rewarding job'" and "I can highly praise the care services this office provides. They have very good training and ethos for carers along with good lines of communication."

The care givers told us they liked working for the agency. Some of their comments were, "I feel so supported, everyone is so helpful. I am happy to work for a company like this", "I think the agency do their best but are understaffed at times. I will say that I think the new manager is doing his best to put into place good working practise methods, training etc", "I like my job but we work for low wages and I do not think we get paid enough", "I love helping others, it gives me something extra and I know I can make a difference in the clients' lives", "This is the first job in my life which I would do till the end of my life", "I like getting to know the people I care for and feeling positive that that small amount of time I spend helping a person can really make the difference to someone's day. Especially when they are bed bound and have few other visitors. I also have a very good rapport going with a couple of the people I see and I very much enjoy listening to their stories", "I have established excellent relationships with the people that I have come into contact with and always ensure they feel they are getting the service they require during the time I am with them" and "I love helping people."

The provider had a record of thank you cards and compliments they had received from people who used the

service and their representatives. Some of the comments they had received were, "[The care givers] have gone out of their way to do over and above their duties", "Nothing is too much trouble for them", "Wonderful care", "[The care givers] are really kind to mum" and "They have made a huge amount of effort at difficult times, the regular carers are really fantastic."

Atkins Care Services Ltd t/a Home Instead Senior Care is an independently owned and operated franchise. The provider receives support, guidance and training from the franchisor. The provider told us they were very supportive and they could ask them for additional help and guidance whenever they needed.

The provider's aims and objectives included, "Home Instead Senior Care aims to foster an atmosphere of care and support which both enables and encourages our clients to live as full, interesting and independent lifestyle as possible" and " Home Instead Senior Care aims to achieve and exceed the highest possible standards of service."

The current provider took over the business in 2015. They had previously worked for another of Home Instead Senior Care's franchises. They told us they had liked how the business was operating and had gained experience of positive support for people who had dementia. The provider told us, "It is my absolute privilege to do this job."

The manager had experience managing services and providing care in the National Health Service. They had been in post at the agency since October 2015. The manager was supported by a team of senior staff, including quality assurance supervisors and a recruitment manager.

The agency had recently started using a new computerised data base for planning and monitoring care visits. The system was designed to track whether care was provided on time and alerted the office staff of any delays or late visit times. The system also flagged up when staff checks, training, supervision meetings and appraisals were due for renewal and when quality monitoring checks were due.

Records for people who used the service and staff were up to date and clear. They were regularly audited and the provider's recent audit had shown an improvement in record keeping.

The provider carried out quality monitoring checks by telephoning and visiting people who used the service and asking for their feedback. We saw records of this contact which took place regularly. Where people had raised concerns, for example about the timing of calls or a specific care giver, there was evidence the provider had responded to these. Furthermore the provider and manager had an excellent knowledge of the individuals who used the service. They were able to talk in detail about specific people, their needs, interests and changes the provider had made to the service to reflect feedback people had given.

The provider asked people using the service, their representatives and the staff to complete written surveys about their experiences. The results of these surveys were collated into a report which was shared with people. The provider told us the 2016 survey had just taken place and the responses had not yet been collated. However, we looked at the survey reports for 2015. People were asked about the quality of the service, the care they received and whether their needs were met. The staff were asked about the training and support they received. Feedback had been positive with the majority of people using the service and the staff being happy with the agency.

The provider carried out spot checks on the care givers, observing how they cared for people and assessing their skills and abilities. The staff took part in regular meetings and annual appraisals.

The franchisor carried out regular audits of the agency and made recommendations where improvements were needed. As part of their audits they looked at records, how complaints were dealt with, scheduling and training of staff.

The provider kept a record of all accidents and incidents and how these had occurred. The records included action taken following the incident. All reports were seen by the manager and provider. They had recently provided a workshop for the staff to make sure they reported and recorded all accidents promptly and in line with the agency's procedures. The manager told us the quality of information recorded had improved.