

Assistants at Hand (South West) Ltd

Assistants at Hand (South West) Ltd

Inspection report

Unit 20
City Business Park, Somerset Place
Plymouth
Devon
PL3 4BB

Tel: 01752927011

Date of inspection visit:
04 December 2017

Date of publication:
23 January 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was announced and took place on 4 December 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

This was the first inspection of the service since it was registered with the Care Quality Commission in May 2016. Assistants at Hand provide personal care and support to people who have general personal care and mental health needs in the Plymouth, Plympton and surrounding areas. The office is accessible to people with mobility difficulties and there are car parking facilities close by. At the time of this inspection Assistants at Hand were supporting 17 people with personal care needs.

There is a registered manager in post who was also the provider. 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. The service was a small family run business and the provider was supported by a team leader and administrator and a staff team of 14 inclusively.

The team were committed to providing a high quality effective service to people. They did this by providing very person centred care, supporting staff well, listening to people's views and looking at ways to continually improve. One person emailed us to say, "[The provider] hand picks all the staff and they are all outstanding. None of them are work shy and they always maximise their time, keeping everything in order." Other comments included, "They always ask if there is anything else they can do. They even shook my rugs. We have a chat and a cup of tea. They become like family friends." The relative said they even had a communication book in the home so they could check what had been done or to write down any anniversaries. A care worker said, "The establishment is excellent and to see the outstanding work they all do is amazing. I am a very happy employee looking forward to a bright future with Assistants at Hand."

People told us they appreciated the visits from staff who were always cheerful and treated them with respect. One relative said, "We were so lucky to find Assistants at Hand. They go over and above the call of duty and take really good care of [person's name]. [Person's name] loves them all and they take their time and see the person behind the [medical condition]."

Care workers said they enjoyed working for the service. They were well motivated and committed to providing a service that was personalised to each individual. People were fully involved in planning their care and support and care plans were comprehensive to make sure staff had all the information required to support the person. This helped to make sure people received the support they wanted.

There were quality assurance systems which monitored standards and ensured any shortfalls were addressed. People and care professionals felt listened to and said they could speak with a member of the

management team or any staff, at any time. Any complaints, including smaller comments and 'grumbles' made were fully investigated formally and treated as learning to enable the service to improve.

People received effective, safe care which met their individual needs and preferences. People told us the service was flexible and made adjustments to accommodate their wishes and changing needs. For example, when people had health appointments or had a health need or just additional shopping requests. Where any concerns were raised about a person's health or well-being prompt action was taken to make sure they received the support and treatment needed. Staff were pro-active in recognising areas of improvement for people, suggesting and advocating for people, contacting health professionals who could further help promote people's independence.

People were complimentary about the care workers who supported them. People told us staff were kind, caring and respected their privacy and dignity. There were sufficient numbers of staff employed to ensure people received their care and support at times of their choosing. Staff were matched to people's needs and there was a 'no stranger' policy meaning that people never received support from someone they had not met before.

Care workers were well trained and competent in their roles. Staff undertook training in health and safety subjects and received the training and information they needed to meet people's specific needs. Training needs were linked to regular care worker competency 'spot checks' and supervisions.

People told us they felt safe and comfortable with the care workers who supported them and able to discuss any concerns with the office staff.

Where people received support with medication this was well managed and monitored. Staff had been trained in managing medication and records were completed. Care plans showed how staff were to support people in detail and devised following a very bespoke assessment process.

People described the service as reliable, telling us that care workers arrived on time and stayed for the allocated amount of time. The office computer system alerted office staff to any late calls as care workers were required to log in on visit arrival and departure. People told us there had never been a missed call and care workers who came were as expected.

There was a robust recruitment process to ensure people were protected and cared for by suitable staff. Safeguarding training was completed and staff knew how to recognise and report and action any safeguarding issues to protect people.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were supported by staff who knew how to recognise and report signs of abuse or mistreatment.

People were supported safely with their medicines.

People were supported by staff who had been safely recruited.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had undergone training to carry out their role effectively.

People were supported to access health and social care professionals as required.

People were supported to have enough to eat and drink.

Staff worked within the principles of the Mental Capacity Act (MCA).

Is the service caring?

Good 

The service was caring.

Respect for privacy and dignity was at the heart of the service's culture and values.

People's support was completely personalised to their individual needs.

There was a strong focus on protecting people's human rights and ensuring they did not experience discrimination in any form.

Is the service responsive?

Good 

The service was responsive.

People received care that was flexible and responsive to people's individual needs and preferences.

People received their care visits as planned and there were no missed visits.

The service was flexible and adaptable to meet changes in people's needs and requirements.

Is the service well-led?

Good ●

The service was well led.

Staff were highly valued and appreciated and morale was exceptionally high.

The registered provider and staff team were approachable and available and willing to listen to people. The registered provider was passionate and dedicated to providing a good service to people.

The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Assistants at Hand (South West) Ltd

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 was a comprehensive inspection carried out by one adult social care inspector, it took place on the 4 December 2017. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in. Prior to the inspection we looked at information we held about the service such as notifications and previous inspection reports. The provider completed a Provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This is the first time the service has been inspected since they registered in May 2016.

During the inspection we met with two people in their own homes with their permission who received a service and two relatives. The nominated provider/registered manager was also available throughout the inspection and we also spoke with the administrator and team leader. We also received comments from four staff and two relatives by email. All comments were extremely positive.

We looked at a number of records relating to individuals' care and the running of the home. These included three care and support plans and records relating to medication administration, staff recruitment and training and the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe and comfortable with the care workers who supported them and able to discuss any concerns with any staff with confidence. For example, people could choose if they preferred a male or female worker and this was respected. There was one male team leader who was matched to people who preferred a male care worker. One relative emailed us to say, "They take their time with [person's name] and talk things through. They make [person's name] feel safe and encourage them when things get difficult or frustrating."

People we met were very happy with their care workers. They knew who was coming each day as the computer rota system enabled each care worker to tell people who would be arriving for the next visit. Where one person's relative said they didn't know who was coming (due to their short term memory loss) the provider immediately ensured they would have a small notice board to remind them and reduce their anxiety. People were never visited by care workers they did not know and the provider carried out all the pre-assessments and then introduced the care workers to people. People confirmed this was the case and the Assistants at Hand brochure described a 'no strangers at the door' policy.

Sufficient numbers of staff were employed to meet the needs of people using the service. There were 14 staff including the provider and the service planned to grow slowly, with ongoing recruitment and each new client was allocated a care worker that was matched to the person's needs and staff skills. Care workers told us their visit 'runs' were well organised such as in local area groups close to their homes, currently Plymstock, North Plymouth and Plympton. Care workers confirmed they had adequate time allocated to them to carry out the required tasks and to travel between visits. Records in people's care plans showed that staff stayed with each person for the allocated amount of time. The office computer system alerted office staff to any late calls. Care workers were required to log in on visit arrival and departure and which also meant the administrator could alert people if they saw a care worker was running late due to traffic or extended care. People told us there had never been a missed call. The provider said, "Even if staff have completed tasks they are then encouraged to offer the person tea and stay and have a chat."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files seen showed staff did not commence work until all checks had been carried out. There was a six month probation period and new staff were closely monitored to ensure they were able to meet people's needs and had the right skills for working with vulnerable people.

All staff received training in how to recognise and report abuse during their induction period. New staff also received information about local safeguarding processes which included helpful contact numbers. Care workers we spoke with were very clear about their responsibilities in respect of keeping people safe from abuse and were confident that any concerns reported would be dealt with promptly. The provider also said, "We have an SOS button within our communication application online, we know it works as we all

responded when a new care worker pressed it by accident so we can be sure we can get support for any event." Staff carried photographic identification to make sure people knew they were from the agency. Where people lived alone and had limited mobility care workers told us they always made sure people's doors were locked when they left the house and key pads kept secure. Care plans were clear about how care workers were to access each property in a way people were happy with.

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely with minimum risk to themselves and others. Where people required physical assistance to help them to mobilise, currently one person, the risk assessments stated the number of care professionals needed to assist them and any specialist equipment needed to support them.

Where risk assessments highlighted risks such as reluctance to accept personal care or poor nutrition the registered manager sought advice from other healthcare professionals to make sure risks were minimised. Care plans and risk assessments were amended to take account of any recommendations made and clearly recorded any refusals so that people received the care they needed in their best interests. Staff also kept good records about any incidents or highlighted concerns. For example, the provider had raised a safeguarding alert and worked with the local mental health and safeguarding teams to ensure a safe hospital discharge for one person.

People who required support to administer medicines received support from care workers who had received training in this area. Each care professional had their competency to administer medicines assessed and could only support people with medicines when they had been deemed competent. There were regular 'spot check' observations to make sure their practice remained safe. Care plans gave details of the level of support people needed with their medicines. This ranged from reminders/prompts to full administration. Where staff administered medicines they recorded when they had carried out this task.

Staff received training in infection control and used personal protective equipment (PPE). People said staff used this effectively and the provider showed us that infection control issues were included in staff 'spot checks' and audits.

Is the service effective?

Our findings

People said they received good support that met their needs and expectations. Comments included, "They all know what they are doing. If you have a health appointment you just tell them and someone you know will come" and "I've never had to call them. It all just happens." One person emailed us to say, "[The provider] hand picks all the staff and they are all outstanding. None of them are work shy and they always maximise their time, keeping everything in order."

People could be confident their health care needs would be monitored and action would be taken to make sure they received the treatment and support they required. People felt that care workers would help them if they needed to see a GP for example. The PIR stated, "We assist clients to access activities and day centres and also hospital and GP appointments, especially when there are no family or friends to take them." The computer care planning system also enabled people receiving the service, relatives/advocates with permissions and health professionals and commissioners to obtain a secure method of accessing care information. For example, this was useful if family lived away or if the person needed to go to hospital.

All staff received training in first aid and basic life support when they started work. This ensured they had the skills needed to respond to medical emergencies. The service responded promptly to concerns about people's health. The on call records were also very detailed and showed where changes in people's health had been identified and acted upon. The computer care planning system enabled staff to immediately update people's care plans with any changes. The provider gave us examples of how they supported staff when people experienced a crisis and said they had a good reputation with the local crisis team. They said if a person was poorly they ensured the staff member was ok and could manage and often took over people's visits themselves to ensure the person had continued support from their care worker. One person had additional visits whilst their family were suddenly away, for example. We heard how one person had required additional support due to mental health issues, the provider was very knowledgeable about the person's background and told us the person's family had thanked them saying, "You've given me my sister back." The care plan showed how people had been supported to identify achievable goals which had been incorporated into the care plan including to 'have their hair coloured' and to 'give up smoking' which the care workers had helped them achieve. Staff had also resourced health information relevant to the person.

Where care workers noted medication stocks were low they called people's families who were managing the medicines to alert them to low stock. This ensured any changes in people's needs were identified, actions taken and care plans updated with any changes. Care workers could also be notified immediately through the electronic care planning system and via text message or phone call if there were changes in the rota, for example if a person had gone to hospital. Office staff were also trained in delivering care so they could understand what was happening 'in the field' and be available to assist.

The agency supported some people with meal preparation and took action when they felt someone was not managing their nutrition effectively. Where care workers had concerns about a person's nutrition they took action. For example, a plan had been put in place with one person to ensure they developed a system which enabled meal choices but did not put the person at risk of out of date food or food waste. Records showed

staff communicated regularly with other people involved with the person's care to make sure they received appropriate support. For example, health professionals could have password protected secure time to access food and fluid charts with consent via an online application.

People received effective care and support from care workers who had the skills and knowledge to meet their needs. People told us they thought staff were well trained and had the skills needed to support them. One relative said, "The care workers treat people as people not just a contract. They are pro-active and easy to communicate with. All the staff are properly trained and there is consistency. They continuously go beyond and suggest improvements for [person's name]. I couldn't do without them."

People were supported by workers who had undergone an induction programme which gave them the basic skills to care for people safely. New staff had weekly supervision for the first three months and a six month probation period. This ensured new care workers were able to share any concerns and their line manager was able to make sure that they were providing an appropriate standard of care to people. We saw records of regular 'spot checks'. Where any issues were found staff were informed and provided with refresher training in the topic, for example.

Care workers were able to shadow more experienced staff until they felt confident to provide care on their own. The agency planned on further developing a 'mentor scheme' so new staff had regular support from a named care worker as their mentor. Where care workers required additional support with learning methods this was understood and provided. Staff could use the online care planning system to access the care files for people they provided support for at any time. This meant they could be prepared before they carried out a visit and they were able to utilise the time spent in the home providing support. Staff could also access all the agency policies at any time for reference. The provider could then check to see the time that staff had spent reading policies and also access policies to discuss with people in their homes.

The service used a range of training methods to make sure care workers had the skills and knowledge they required to carry out their roles. Staff also had access to e-learning with marked workbooks and face to face training sessions. Staff were undertaking nationally recognised qualifications in care which helped to ensure they were competent in their roles. They were encouraged to complete these with pay incentives. The training matrix record kept a record of all staff training and had systems in place to make sure care workers were up to date with all essential training. Records seen showed staff had completed a wide range of training including, moving and handling, diversity and equality, dementia care, nutrition and diet and pressure area care.

Most people who used the service were able to make decisions about what care or treatment they received. People signed consent forms when they began to use the service to state they agreed to the service being provided. People and relatives said they were involved in their care and records showed people had been asked for consent before care was commenced or a health professional involved. For example, one person really enjoyed taking staff members out for a meal because they had no-one else to enjoy a meal with. The provider had discussed the agency 'no gifts' policy and had discussed the issue sensitively with the person as a 'best interests' issue. They were enabled to enjoy staff company for a meal out, which they otherwise would not have been able to do. Another person had been assisted, with their permission and family support, to access audiology services which had now improved their communication and promoted positive equality and diversity.

The Mental Capacity Act 2005 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 a person lacks the mental capacity to make a

particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care workers had received training about the mental capacity act during their induction period and there were annual updates to make sure they were aware of any changes to legislation. The management team had a good knowledge of the mental capacity act and had consulted with family members and professionals where appropriate to make sure people's legal rights were protected in their best interests.

Is the service caring?

Our findings

People and relatives said staff were very kind and caring and met their needs. Comments included; "They always ask if there is anything else they can do. They even shook my rugs. We have a chat and a cup of tea. They become like family friends." The relative said they even had a communication book in the home so they could check what had been done or to write down any anniversaries. A care worker said, "The establishment is excellent and to see the outstanding work they all do is amazing. I am a very happy employee looking forward to a bright future with Assistants at Hand."

Care workers spoke about how they had built good relationships with people who did not have other community support and how they ensured they did the 'little things' to help them feel positive such as chatting and bringing shopping. The provider told us how they had managed and risk assessed visits, enabling a care worker to visit people who had been excited to see the care worker's new baby. One relative emailed us to say, "We were so lucky to find Assistants at Hand. They go over and above the call of duty and take really good care of [person's name]. [Person's name] loves them all and they take their time and see the person behind the [medical condition]."

Care workers told us they enjoyed working at Assistants at Hand and found the work rewarding. The agency made sure the focus of recruiting and training new staff was on the needs of vulnerable people. Staff absence levels were low as well as a low staff turnover overall. We saw during the inspection how the emphasis was on retaining staff and finding ways to support them carry out their work consistently for the benefit of people in their care. The agency had looked at ways of promoting a consistent team and encouraging staff retention. Staff benefits included an employees' initiative and staff could award each other 'medals' online. The PIR said, "It really brings a smile to everyone's face when staff are awarded and the reasons why. Staff can get rewards from us as we recognise 'above and beyond actions' and they can access nights out and free products. It is a great morale booster."

The provider knew about each of their staff and understood the pressures and external events affecting staff outside work so they could support staff during work. One care worker said, "[The provider] always has time to listen, to offer help and advice. Since working for Assistants at Hand I fell in love with my job again. I can grow within this company and take my job further with extra training." Good ideas from staff were encouraged and rewarded with vouchers. The provider actively encouraged whistle blowing and shared information with staff at each supervision session and team meeting about how to raise any issues. Staff said there was good communication and they spoke often as a team, for example using a secure 'group chat' online. Staff said they could always speak to someone to ask; for example, what colour bin to put out, what a person would like for tea that day and did they need shopping on the way to a visit, helping each other if a car broke down or there were no buses. Therefore staff felt well supported and empowered to provide caring, person centred support to people.

People were treated with respect and dignity at all times. Staff had clearly developed close relationships with people which they and relatives valued. The provider matched staff to people using the service. This helped people to build relationships with the staff who supported them. People told us they felt able to say

if they, for any reason, preferred a different care worker and the office staff would amend the rota. Care workers gave examples where they supported people's families as a whole. For example, ensuring they supported a spouse, who was fiercely independent, accept a level of care that was safe and effective for them also. Another family told us how the provider had acted as an advocate and supported them in relation to another family member not living at home. One person lived with anxiety so the agency had developed a clear plan to enable the person to remain relaxed with care workers they knew, supporting them with health professional visits and communicated what was happening each visit on a notice board. The person was now more relaxed and able to visit their GP alone, which was a step towards more independence.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. This was confirmed by quality assurance visit records and 'spot checks'. People told us they felt fully involved in planning their care and care was provided in accordance with their wishes. People and relatives said care workers were aware of issues of confidentiality and did not speak about people in front of other people.

Is the service responsive?

Our findings

Assistants at Hand staff were passionate about providing a person centred service. People said they had been able to request visits at times that suited their needs and lifestyles and these were accommodated. People were very happy with their care and were happy to have been able to continue to be supported at home. People said they had no problems or need to complain.

Each person had their needs assessed before they began to use the service. This was to make sure the service was appropriate to meet the person's needs and expectations and devise a person centred care plan. This was very bespoke and the assessment continued as long as necessary for the provider to get to know people well and ensure they could meet their needs. The provider carried out the initial visits for as long as needed before introducing the care workers who would be supporting them. Staff ensured people were all able to communicate using accessible information that reflected their needs. For example, one person had an extended assessment and care planning period as they lived with a communication difficulty. Staff had devised a comprehensive folder showing how the person communicated using gestures, what certain words meant in reality and what was important to them.

Care plans were extremely personalised to each individual and contained information to assist care workers to provide care in a manner that respected people's wishes. All care plans could be accessed by staff using the online system on their phones, which would always be up to date. Information included in the care plan ranged from the support people needed to meet their physical needs to relating support to people's interests and offering new opportunities. For example, one person went on various trips to see places related to their previous career. This showed how staff had taken time to find out ways to promote the person's positive wellbeing. People knew they had a care plan and what was in it.

People told us the service was flexible and enabled them to make changes to their care if they needed to. People said the service was able to make changes to times to accommodate appointments and social outings. We heard many examples where the agency staff had responded to a request from people at the last minute, with office staff or the provider supporting people.

People were encouraged to maintain their independence as far as possible and this was the focus in the agency brochure. The service responded to changes in people's needs and we saw records of how the registered manager had liaised with other professionals to make sure people received care and support which met their changing needs. For example, some people had support hours allocated through social services. They were able to use this time when it suited them and the agency logged unscheduled visits on the care application online. For example, people could go to see a football match, ask for shopping before a visit or ask the agency to ring a taxi. The provider said they often sent a care worker instead of a taxi as they knew people well.

The service listened to the views of people and care workers to make sure the service was responsive to people's individual needs and wishes. There was a formal annual quality assurance survey which people confirmed and said they had completed.

All concerns reported, or mentioned, were taken seriously and fully investigated. The registered manager/provider had a real commitment to making sure the service took account of everybody's views and provided a truly person centred service. For example, there was good communication and there was learning to drive improvement. Any 'grumbles' were documented to ensure any patterns could be noted and addressed. This included details such as one person wanting a 9.20am visit rather than 9.30, which was accommodated. The provider had recognised a need for day centre services and was progressing with this. Their plan was to offer a day centre to enable mixed generations to socialise and also focus on preparing younger people for work. Their plans were nearing fruition.

The agency was able to care for people at the end of their lives although no-one was receiving end of life care during this inspection. The provider had experience of managing palliative care schemes in the community in their previous roles and this was their passion, to provide high quality end of life care. They told us how they had cared for one person using Assistants at Hand in the past and had been proud that the person had been able to remain at home with support which they and their family wanted.

Is the service well-led?

Our findings

The service was well led. There was a registered manager in post who was also the provider. They had many years of experience managing and working in social care before setting up the agency in May 2016 and was well qualified. Staff were encouraged to undertake further education and a team leader was currently studying a higher level management in health and social care qualification. The administrator was completing a level 3 qualification in accountancy for business. They all told us how they loved what they did at Assistants at Hand.

The PIR stated, "We believe in open honest communication which we think leads to a positive culture. If staff are not sure what is best to do then call me or message group chat because it's better to ask for help than make a mistake or do the wrong thing. Also if someone makes a mistake let us know and we can act quickly to rectify it (not cover it up) but bring in help to nullify the harm that might be caused. We have not had such an incident yet. We work as a team and all are equal including the managers, we just have different jobs to do. We encourage suggestions and input from everyone for the benefit of our service users and as staff see them every day they can bring back ideas to achieve their desired choices and life wishes."

Staff said they felt the agency was very open and the provider was 'one of the team' and approachable. The provider said, "We don't like employee of the month schemes as all our staff are awesome." The PIR said, "We always tell staff what we want to achieve and involve them as members of the 'A Team'. All staff sign up to the 'A Team' Rules and agree to follow them which say what we are all about." Staff said they knew what was expected of them, had an employee handbook and felt valued.

The provider's mission statement promoted people's independence, their motto being 'To enable your independence'. We saw this happening in a very person centred way. The management team promoted these values and visions for the service to make sure the service was person centred and provided a stimulating and enabling environment for people. The vision was communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about the work they did. They all said they loved their job and found it a privilege to work with people enhancing their lives and said it was a pleasure to visit people.

The registered manager/provider was well respected by people and relatives. People told us the provider was open and approachable and keen to make improvements where necessary. One person said, "If you haven't had a laugh, you will get one. No-one is a patch on [provider's name], she leads from the front and is always smiling." The management team and staff often attended social events with people even on their days off and enjoyed spending time with the people they supported, promoting real, meaningful relationships within professional boundaries. The management team kept their practice up to date with regular training. Staff were also 'dignity champions' and 'dementia friends' having undertaken additional training to join a national awareness scheme.

When the registered manager/provider was not available there was an on call system available that ensured the safe running of the service. This meant someone was always available to staff to offer advice or guidance

if required. Staff told us they felt very well supported by the registered manager/provider and office team. Staff felt fully involved in the work of the agency and there were ways for them to share their views and make suggestions which were actively encouraged.

There were robust quality assurance processes in place which included regular audits. All staff received regular spot checks of their work and supervision sessions. Records were kept and issues followed up and discussed in individual supervisions. Where additional training was identified as a need this was put in place.

People could be sure their care plans were kept up to date and reflected their current needs and wishes. All care plans were regularly audited and people were visited for a full review each month. There were annual satisfaction surveys for people using and working for the service. Results of these surveys were analysed and changes in practice were made where needed. The results the last staff survey showed good levels of satisfaction. Two people had commented that they were unsure about how to exit their premises in the event of a fire. The provider laminated a fire escape plan for them to keep.

To the best of our knowledge the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.