Care Quality Commission

Guardian Homecare UK Limited

Guardian Homecare (Gillingham)

Inspection report

7 The Courtyard
Campus Way
Gillingham
Kent ME8 0NZ
Tel: 01634264611
Website: www.guardianhomecare.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 5 February 2015 and on 12 and 13 February 2015 and was announced. Forty eight hours' notice of the inspection was given because the managers are often out of the office supporting staff. We needed them to be available during the inspection. At the previous inspection in January 2014, there were no breaches of legal requirements.

Guardian Home Care provides care services to people in their own homes, mainly in the Medway, Maidstone, Sidcup and Bromley areas. The care they provided was tailored to people's needs so that people could maintain their independence. From what we saw during the inspection people had been assessed as low risk in terms of the care they needed. This included older people who have been discharged from hospital who needed help with day to day tasks like cooking, shopping, washing and

Summary of findings

dressing and help to maintain their health and wellbeing. Other people had moved into extra care housing schemes. This was their home and they remained as independent as possible, but staff were available to deliver care where needed. There were 200 people using the service at the time of our inspection.

There was a registered manager employed at the service. 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 registered manager was not available on the day of our inspection; we were informed that they had a new position within the organisation. A new manager had been appointed and they were applying to register with CQC.

People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate. People said "I feel very safe when they help me have a bath as I am partially sighted and can't see very well". The manager and staff assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. As the service is provided in people's own homes DoLS did not necessarily apply, however we found that the manager understood when an application should be made and they were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. They were also aware of when people should be assessed under the Mental Capacity Act (2005) Code of Practice

Staff were trusted and well thought of by the people they cared for. People's comments included, 'Staff arrive on time', and 'They always ring if they are going to be late'. There was mixed feedback about the reliability of staff and people knowing which staff were coming to their call. We have made a recommendation about the way staff were deployed.

Working in community settings staff often had to work on their own but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place.

The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work. Some people needed more than one member of staff to provide support to them. The manager ensured that they could provide a workforce who could adapt and be flexible to meet people's needs and when more staff were needed to deliver care they were provided. People said, "Compared with other companies I think they are quite well organised, reasonably on the ball". They went on to say "I am getting all that can be expected".

People felt that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

The manager gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids.

There were policies in place which ensured people would be listened to and treated fairly if they complained. The manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

Summary of findings

People were happy with the leadership and approachability of the service managers. They said “I am very pleased with the service” and “It’s excellent – I would recommend it to anyone” They felt that they were well communicated with and that they could approach staff and managers with no reservations. Staff felt well supported by managers.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always sure that they would know which staff would arrive for their care and if they would be on time.

People felt they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. Staff told us they understood the risks people faced and how they followed safe working practices.

Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

Staff understood their responsibly to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough.

Staff received an induction and training and felt that the training and support they got from managers gave them the skills and confidence to carry out their roles well.

Is the service caring?

Good

The service was caring.

People spoke highly of staff and the way they cared for them. People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

Staff wanted people to experience good care and they were committed to doing this.

Is the service responsive?

Good

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

Summary of findings

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes were agreed with people and put into their updated care plan.

People were encouraged to raise any issues they were unhappy about. It was clear that the manager wanted to resolve any issues people may have quickly and to their satisfaction.

Is the service well-led?

Good

The service was well led.

The manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day to day basis.

Continuous improvement was high on the manager's agenda, people had noticed this and felt improvements happening. People were consulted about changes to the service and were asked about their experiences of receiving care.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

Guardian Homecare (Gillingham)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 February 2015 and on 12 and 13 February 2015 and was announced. The inspection team consisted of an inspector and three experts by experience. The experts-by-experience had been carers for older people and understood how this type of service worked.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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.

We talked with 24 people about their experience of the service. We talked with seven people's relatives. We received feedback from three people from the local authority social work care management team. We spent time looking at records, which included forty people's care files, ten staff record files, the staff training programme, the staff rota and medicine records. We spoke with eight care workers, a service co-coordinator in the office, the manager and the provider's area manager to get their views about the service. We looked at the systems in the office used for planning people's care. This enabled us to link the processes of assessment, planning and delivery of care with what people actually experienced.

Requires Improvement

Is the service safe?

Our findings

People said "I feel safe because they (staff) know what they are doing and are very professional" and "The staff are good, they don't manhandle me" and "The staff always make sure he is safe". "They seem to be up on the medication they are good at making sure I get mine and it is on time".

The majority of people were happy with staff punctuality and consistency. However, there was mixed feedback about what people had experienced. People said, "I normally have the same staff, we have a bit of a team, the main lady is spot on" and "I normally get the same carers, they are very good, they let me know if they are going to be late". Another person said, "They always send someone to fill in if the carer does not arrive". But others said, "In the morning they are usually on time but evenings can be later, they may have had difficult calls before and it has a knock on effect". And "There had also been times when staff had been late for the lunchtime call and not been able to make the food she had prepared as a consequence". Another person said "One carer was constantly late and I need my meals at regular times because I am diabetic". There were issues for people about staff arriving late for calls and about not knowing who would be coming, especially in the evenings. People did say that staff carried identity badges so that they could check who they were before they let them into their homes. No one told us that they had been completely let down by the service.

People viewed staff in a positive light and this was transferred into feelings of being 'safe' as they 'trusted' them. People felt that staff behaved professionally and knew what they were there for which was conducive to having confidence in the service. One person told us, 'I do feel safe, the staff always explain what they are doing, I trust them'.

The use of medicines had been individually risk assessed to establish if staff needed to be involved in administering medicines for people. There were very few people who needed staff to administer their medicines for them, but staff assisted people to manage their medicines independently. People who received assistance with their medicines told us that this worked well for them. Staff told us that they were trained to administer medicines and that they were happy and confident to do this. Medicines administered were full recorded by staff.

The provider's operations guide set out how medicines should be administered safely by staff. This included the use of the Mental Capacity Act 2005 where staff had concerns about people's mental capacity to make certain decisions about taking their medicines. For example, if they refused to take it and what was in their best interest. Consideration had been given to maintaining people's independence with their medicines. There had to be reasons in people's assessments and care plans as to why staff needed to administer medicines for people. Guidance was available for staff about medicines on an individual basis.

Before our inspection we had received information that a person had been missing their medicine because staff were not calling on them. However, when we checked the person's medicine administration records (MAR) we found that any gaps in the administration of medicines had been fully recorded and were due to the person being out when staff called or in some instances away with relatives. We could not check if the person had taken their medicines themselves as they were kept in their home, however we cross referenced the MAR sheet dates with the call records made by staff and found that calls were logged with reasons medicine's had not been administered; managers were aware of this.

The manager had ensured that risks had been assessed and that safe working practices were followed by staff. For example, people had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. Staff understood the risk people faced and made sure that they intervened when needed. We found as soon as people started to receive the service, risk assessments were completed by staff as a priority. This kept people safe.

Incidents and accidents were monitored through computerised logs. These enabled managers to check for patterns of risk. Although there were no recent incidents recorded, the manager was able to describe in detail how incidents would be logged and followed up on the system.

When staff needed to use equipment like a hoist to safely move people from bed to chair, this had been risk assessed. Staff told us they had received training to use equipment safely. Equipment was visually safety checked by staff before they used it. Some people needed more than one member of staff to visit them due to their needs.

Requires Improvement

Is the service safe?

We found that staff were sent to people in the right numbers to be able to deliver care safely. Staff told us that when two staff were needed this was planned in advance. People told us they experienced safe care from two staff in their home when they needed it.

People told us they would raise concerns they had with the provider if they did not feel safe with any staff. They were given information about this when they started to receive care from the service. Part of their initial assessment included a discussion about things they needed to consider around safety, like restricting access to their personal possessions. Staff confirmed that they had received safeguarding training and had a good understanding of how abuse could occur. Staff told us about how they had raised concerns about people's health and wellbeing when they did not have enough food in their homes. New staff were provided with information about safeguarding people as soon as they started working at the service. Staff had been asked to stay vigilant in relation to safeguarding people at a staff meeting on 13 January 2015. Staff competency around safeguarding was tested through quizzes and questionnaires. These were marked by managers and held on staff files. The ones we looked at showed staff had a good understanding of safeguarding.

The service could continue if there was disruption caused by bad weather or a failure in the office computer systems holding information about people's call times and allocated staff. In the first instance the manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. All of the people would receive regular telephone calls from the team in the service's offices to make sure they were okay. Computer systems were backed up daily to a secure main server. This could be accessed by staff in other locations should the office be closed for any reason. This protected people's continuity of care.

Staff told us that they had been though an interview and selection process before they started working at the service. This included literacy and numeracy test to ensure new staff could cope with the levels of training required for their role. The manager followed a policy which addressed all of the things they needed to consider when recruiting a new employee. Staff records were well laid out, showing that applicants for jobs had completed applications and been interviewed for roles within the service. Health questionnaires were in place to check if staff were fit to carry out their roles. New staff could not be offered post unless they had proof of identity, written references, and confirmation of previous training and qualifications. The manager had made checks to ensure that people were eligible to work in the UK. All new staff had been checked against the disclosure and barring service records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. We noted that, the manager continued to monitor staff for any convictions during their employment. This ensured that people were protected from the possibility of staff becoming unsuitable to work with them after they had been employed.

We recommend that the service seek best practice guidance on the way staff are deployed to people to improve their experiences of staff punctuality and consistency.

Good

Is the service effective?

Our findings

Staff understood people's needs and were trained for their roles. People said,, "They are good at what they do; mind you they have been coming so long I've got used to them and they know exactly what I like". And "I feel they (staff) are well trained and am impressed by the knowledge and skills they have, they all seem very aware of things".

Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely. One person commented about how staff had been practicing to use a new hoist that helped people stand up and how gentle the staff were when using the equipment. Everyone said they had a care plan and staff filled in the daily sheets at each visit. People told us that staff followed their care plans and logged the activities appropriately.

This service was not providing food and drink to most people. This was because there were others at home with them that took care of their needs around food and drink. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Comments included, 'There's nothing wrong with the food staff prepared'. Staff were provided with training about food hygiene. Staff followed people's care plans if they needed a specialist diet. Some people needed their food prepared so that it was easily digestible as they were at risk of choking. Staff told us how they did this in line with people's assessed needs.

People told us about their care plans and books that were left with them at home for staff to follow. They could look at these at any time. A relative said, "The care plan was good, I always read the notes, they are very comprehensive". People were happy that staff followed their care plans and that the care provided was recorded. Comments included, 'The individual carers are very good, they chat to me and talk things through'. 'I am happy they do a reasonable job'. People had agreed their 'care goals' which staff worked to, for example when assisting with personal care staff described what had happened in people's daily visit report sheets. This kept other staff aware of people's most up to date needs.

Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised.

People's experiences of the service indicated that staff were competent and well trained. It was possible for people to make choices about the staff they have. If they could not build a good relationship with certain staff they could ask for other staff to call. One person said, "I did get a choice of whether I wanted ladies or gentlemen staff to call".

The manager wanted staff to have the skills and support they needed to do their job. Staff received a comprehensive induction when they started working for the service. Managers used a range of methods to ensure that staff could develop the right skills for their role. They provided a competency test for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe.

Staff were observed by a manager at work and were provided with guidance about their practice if needed. Managers met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When managers met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff answers were recorded and managers gave guidance to improve staff knowledge.

Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively. Staff records demonstrated that new staff were provided with training as soon as they started working at the service.

Good

Is the service effective?

They were able to become familiar with the needs of the people they would be providing care for. They had a mentor who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the manager at the end of their induction to ensure they had reached an appropriate standard.

The manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Good

Is the service caring?

Our findings

People told us they felt the staff were caring and they formed good relationships with them. They also felt staff treated them with dignity and respect and spoke to them appropriately. People said, "They (staff) always treat me with dignity and respect". "Staff are very good at assisting my son" and "The staff are very caring with mum, she gets confused but they are very good with her".

Staff took the time to get to know people so that people felt comfortable with staff they knew well. This put them at ease with the care they received. People said, "They listen to you and they're efficient" and "Quite a few of the staff knew my mum from when they looked after my dad so this had been conducive to developing a positive rapport". Others said "I like the way they have got to know her and are gentle with her". People told us they liked familiar staff. One person said, "I wouldn't want to change my regular carers as they had got to know me, I like the way they know where everything is".

People told us that they experienced care from staff with the right attitude and caring nature. People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening. People said, "The staff are fine they are very warm and cheerful – they always have a laugh which is good". Other comments were, 'They chat all the time they are here and keep me informed about what they are doing'. 'I feel confident they know what they are doing, they are very caring'. People could tell staff about their likes and dislikes. This enabled staff to understand more about who people were and how they liked to live.

We noted that it was recorded that people consented to care verbally and staff we talked with told us they asked for consent before delivering care. People felt that staff were flexible with the care they delivered. One person said "They (Staff) are very willing and always ask if there is anything else they can do for me".

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they give people time to do things, they tried not to rush people. People described that staff were attentive to their needs. The care provided wider benefit to people as it enabled those closest to them to live as independently as possible. The husband of a person cared for by the service explained that care provided enabled them to go out to work. They said, "I am confident the staff treat her well, she would tell me if they didn't", "I feel they know what they are doing, they are very caring". Another relative said "They are very nice staff one person comes regularly she is lovely with him. They support me too they allow me a bit of time to myself".

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged people to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs. Some people used this service for certain aspects of their care and other services they liked for other parts of their care. This approach gave people choice and was supported by Guardian Home Care.

Staff took account of the views of people's wider support network such as family members. However, we found that they put the person themselves at the centre of the decision making processes so that they could make their own choices. For example, people changed their minds about their daily routines, when they wanted to eat and what they wanted to eat. Staff respected their rights to do this, but sometimes family members wanted more control over people's lives. We found that in these cases staff met with relatives to make sure that people's rights and independence were protected. In some cases we saw that full care reviews had been held with care managers from the local authority so that the care people received was what they were choosing themselves.

Good

Is the service responsive?

Our findings

People felt their needs were reviewed and kept up to date. People told us that there were care plans in place. They said, "They come in regularly to update it (care plan), every six months or so". Others said, "There is a booklet I don't sign it the staff do but I can read it if I want it is here". And "The company were in touch yesterday, they are coming to reassess me next week".

A care manager told us that the service was flexible to people's needs and that calls times were changed to support people's health and wellbeing. For example, call times were changed so that staff could administer medicine's as directed by a health care professional.

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed, for example if their skin integrity needed monitoring to prevent pressure areas from developing. There was evidence that when people started using the service their risk assessments were completed as a priority.

People told us they had been asked their views about their care. To ensure care was personalised different ways of communicating were used. We saw from a recent care plan review that a person developing dementia had been involved through the use of pictures and a memory aid white board. They could use this to leave messages for themselves and others to help things run smoothly for them.

Others gave examples of staff being flexible in the way they delivered care. People told us staff involved them in the care process by talking to them and explaining what they were doing. One person commented, 'The staff offer a stand up wash if my health issues mean that a shower is inappropriate'.

People were living in their own homes and had others with them who could look after their social needs. We noted that sometimes people went away or they were out when the staff called. They had the opportunity to cancel calls and to rearrange call times and the service tried to meet their requests. Staff recorded this in people's care notes whenever possible.

At the time of our inspection we found that the manager was undertaking a full review of people's care plans. This was necessary as the service size had increased. People told us that they had been contacted about care plan reviews and some had already happened. There were examples of the service responding to issues where people's care had been transferred from another service.

Staff did not use equipment they were not trained for. For example, one person had asked staff to use a heart monitoring machine. Staff raised this as a concern with their managers because they were not sure where the machine had come from or how it was used. Managers called an urgent care review meeting with care managers and the person to ensure their health needs were met.

Staff told us about a recent incident where an ambulance needed to be called for a person they found unwell when they arrived for their call. Staff told us this was handled well and they were supported by a manager who checked on people after the event. Relatives were pleased with the way they were kept informed about people's care needs by staff as this enabled them to promote people's health and wellbeing. For example they could book GP appointments.

People gave us examples of how the service had improved after they had raised issues with the manager. For example one person told us that they had complained that on occasions staff had not been prompting their mother to take her medicines. This issue was resolved to their satisfaction and they have had no problems since. Also, people told us they were able to outline any concerns they had about the service through their feedback interviews which had recently taken place.

Care managers told us that if they raised concerns about aspects of the service, these were addressed and no further issues were reported as managers at the service made sure the agreed changes to people's care were implemented.

There was a policy about dealing with complaints that the staff and manager followed. This ensured that complaints were responded to. If they could not be resolved to people's satisfaction, there was a mechanism for people in the organisation who were not based at the service to get involved to try and resolve the issues. For example, we saw that senior managers had responded to some complaints.

Good

Is the service responsive?

People who had complained told us that the new management team were responding better to their concerns; they had attended meetings and were agreeing how the service could be improved.

Good

Is the service well-led?

Our findings

People felt the service was well organised and said, "Overall I am pleased with them". People thought managers were approachable. Others said, "It is a very good service; they are a very good company, there is a local office which is handy". And "I think they are quite good and I am quite happy with what I am getting".

A care manager told us that they found the manager of the service supportive and responsive and that they were kept informed about any changes in people's needs or to the service provided. They told us they were kept up to date with people's health needs and staff fed back to them updates for people who were in hospital.

People were aware that there had been some changes to the management structure in the office. There had been periods of change that had made people feel the management of the service was not as good as it could be. However, during our inspection we spoke to the manager of the service and the area manager. They explained that the service had grown quickly in the last year because they had taken on people from other care providers in a short space of time. Both the manager and the area manager demonstrated a clear understanding of the issues faced by the service and of how they would improve on the quality of care people received.

The manager, and other senior staff provided leadership in overseeing the care given and provided support and guidance where needed. Feedback about the service was indicative of a well led service. People spoke positively about the service and felt that it was well led. People told us about how managers from the office kept in touch with them. We observed managers in the office responding to enquires from people and in one case calling someone back at an agreed time.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date and current. We found that the registered manager was very experienced and was passionate about the people they cared for. They spoke with enthusiasm and knowledge about people's needs.

The manager had a comprehensive plan which set out how the service would develop over the coming year. Their audit of the service had highlighted areas that required improvement and they had started working on this. Staff we talked with told us there had been improvements in the leadership of the service.

Staff told us they enjoyed their jobs. Staff felt the management team were more responsive and that they were listening to their views. Meetings for staff had been organised so that they were kept informed about changes to the way the service was led. Minutes from staff meetings were posted out to staff so that those who had not attended the meetings were aware of what had been discussed.

Other people from outside of the service came in every month to look at the quality and performance of the staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. All of the areas of risk in the service were covered; staff told us they were aware of the fire evacuation systems in the housing schemes for older people that staff went into. Where any issues were found during these visits, the manager was informed and time scales were set for completion. If a care plan had been due for review and it had not been done this was checked and signed off by the manager's own manager.

Area managers were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. Complaints were monitored by area managers and they had responsibility for ensuring that they were signed off when they were satisfactorily resolved. One complaint response we looked at had been quality checked after it had been resolved and a manager had contacted the person to check that the agreed outcome had been delivered by the service. This supported an organisational learning culture at senior management level.

People were asked for their feedback more formally by questionnaire, these were sent out annually. People's thoughts were collated and areas for improvement were fed back to the service. People were contacted by telephone as part of the quality checking process. They were asked about their satisfaction with their care and if they would like any changes. People's comments included, 'I have received nothing but an excellent service' and I am very happy with staff', another person said, "Guardian always deals with any issues promptly, I am very happy with the service".

Good

Is the service well-led?

Managers encouraged staff to deliver good quality care and support. Staff with supervisory responsibilities monitored staff performance and the quality of the care provided. The provider's area manager was often in the office. They were experienced in organising care packages for people in their own homes and they provided support and backup to the management team.

Managers met with staff to get their views about the service. These meetings, whether group or individual, gave managers and staff the opportunity to discuss issues affecting their work. This promoted a better understanding of staff job roles within the care teams. Staff told us that these meetings were useful.

Our discussion with the manager confirmed there were systems in place to monitor and review any concerns about abuse, accidents, incidents and complaints. Accident audit reports provided an analysis of accidents and identified any themes. Audits included responsive actions and lessons learnt.