AngelcareservicesUK Ltd

Angel Care Services UK HQ

Inspection report

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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

We inspected this service on 3 and 5 May 2017. We informed the registered manager that we would be inspecting the service the day before our arrival to ensure that someone would be in the office. This meant that the provider and staff knew we would be visiting before we arrived.

Angel Care Services is registered to provide personal care to people living in their own homes. People are supported with a variety of tasks including personal support, meal preparation, and supporting people to take their medicine.

At the time of our inspection, the service was providing support to four people who all lived in the Stretford and Urmston areas of Greater Manchester. The service was run from an office in Longsight, Manchester.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This service had not been previously inspected by the Care Quality Commission.

When we spoke with people who used the service they told us they felt secure with the care workers who provided their care and support. We saw that there were good systems in place for the safe recruitment of staff, and the care workers we spoke with were aware of their responsibilities in protecting people from harm, and knew how to report any concerns about people's safety or wellbeing.

People told us the staff responded to their needs and provided care in the way they wanted it to be provided. Having a small and dedicated staff team meant that people who used the service had the same group of staff for all visits which was important to them and made them feel safe. Staff told us that they had enough time with people to meet their assessed needs.

Care records identified risks to people, and care plans directed staff on how to minimise these risks. Where people required assistance with their medicines we saw that this was given safely by staff who had undertaken medicines competency training.

People received care and support from staff who had the skills and training to meet their needs. We saw from training records that new starters received a thorough induction and ongoing training was provided to ensure staff were able to carry out their duties. Staff told us that they were well managed and received good instruction, but we saw that formal supervision was not provided in line with the service's stated policies, and there was no system in place to provide an annual appraisal of staff performance.

People who used the service had agreed to the delivery of their care, and signed to consent to this. They told us that staff always offered and respected their choices, but would be attentive to their needs, such as

dietary requirements or medical needs.

The service had established good links with healthcare professionals and ensured that people who used the service maintained good access to healthcare.

Staff were kind and caring, and people who used the service told us that they were treated with dignity and respect. We saw that care was person- centred, and recognised the individuality, culture and values of the people being supported. Care plans were written in a way that ensured the person who used the service was central to the planning of care, and gave people who used the service the opportunity to say how they wanted their care to be provided. Well written daily notes reflected changes and issues which were picked up by the next member of staff on duty.

The people who used the service were complimentary about the care they received. One told us, "Angel Care is marvellous, the carers are excellent. There is lots I can't do but the girls will do everything I ask".

People told us that they were happy with their care, but knew how to complain if they were not, and we saw that there were systems in place to investigate any complaints or concerns raised about the service. They told us that they were able to contact someone in the office when they needed to; support was also available out of hours. They told us that they were contacted daily by the manager or deputy manager who checked their welfare.

The service had good quality assurance systems in place to manage, audit and review all aspects of the service. Surveys and regular spot checks were used to identify trends, including good practice and areas for development.

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.

Consistent staff teams ensured that people were supported by people with whom they were familiar.

Staff understood how to keep people safe and protect them from harm.

People were supported to take their medicines safely.

Recruitment procedures ensured that staff were suited to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People were offered choices and their consent was sought regarding their care and support.

The service had established good links with health care professionals.

People were supported by well trained and competent staff.

Is the service caring?

Good

The service was caring.

Care was person centred and recognised the individuality of the people who used the service.

We saw people were treated with respect by staff who knew them well.

People told us that staff were kind and caring and that they had developed positive caring relationships with the staff that supported them.

Is the service responsive?

Good

The service was responsive.

People's care records contained detailed information to guide staff on the care and support to be provided.

Regular spot checks allowed managers to act to improve the quality of care.

The registered provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Staff told us the management team were supportive.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Angel Care Services UK HQ

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 3 and 5 May and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of one inspector. Before this inspection, we reviewed notifications that we had received from the service. The provider had also completed and returned their 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.

During this inspection we visited and spoke with two people who used the service. We spoke to the registered manager, deputy manager, care coordinator, and two care workers. We observed how staff cared for and supported people. We reviewed four people's care records, four staff records, the staff training plan and weekly staff rotas and other records about the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person who used the service told us, "They look after me, and make sure I am OK. They are really careful when they transfer me and they make sure I am safe. When they leave they make sure I have everything I need close by, and they make sure the house is secure."

All staff had access to the agency's Safeguarding Adults policy which provided guidance to the staff on their responsibilities to protect vulnerable adults from abuse. Staff told us that they were aware of these procedures and understood how to safeguard residents from different types of harm. Staff we spoke to said they had received training about protecting vulnerable adults and discussed with us the signs that would alert them to potential abuse and the actions they would take. We looked at the service's safeguarding files and saw that where alerts or concerns had been raised, appropriate action was taken to protect the individuals concerned.

The service had a whistleblowing policy and we saw in staff records that where issues of poor conduct had been raised either by other staff or people who used the service, these were dealt with appropriately through the whistleblowing and disciplinary procedures. A whistle blowing policy allows staff to report genuine concerns with no recriminations.

We looked at the recruitment procedures which gave clear guidance on how staff were to be properly and safely recruited. This helped to protect the safety of residents. We looked at four staff records. These contained proof of identity, an application form that documented a full employment history and accounts for any gaps in employment, a job description, and two references. Further checks were made to ensure that the staff were eligible to work in the United Kingdom. Checks had been carried out with the Disclosure and Barring Service (DBS) before the member of staff began work. The DBS identifies residents who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staff being employed by Angel Care.

Angel Care was a relatively new organisation, first registered in November 2015 and there were only four people using the service at the time of our inspection, with five care workers. People told us that having the same staff care for them was important to them and made them feel safe. They informed us that they knew the staff who visited. One person said, "I always have the same staff, and I always know who is coming." Another was able to name the different staff who supported them, and describe the relationships they had formed. They told us that before anyone new began working with them, the deputy manager would bring them to their home and introduce them, giving them the chance to get to know them.

All care workers were given a weekly rota which detailed the visits they were required to make. As the service was small, rotas were similar from week to week. In addition to times of visits, rotas also included a 'work summary'. This encouraged workers to read the care plan but noted any concerns or specific actions which may need to be addressed, such as appointments or medicine reviews.

Rotas allowed for enough time for travel between visits, which meant that staff did not have to rush to meet the identified needs before moving on to the next visit. When we asked them, staff agreed that they had enough time. One care worker told us, "We always have enough time. If there is an incident and we need extra time, we will ring the office and they will arrange cover for the next person". The deputy manager told us that any member of the management team would cover emergencies and the care staff would cover for sickness and annual leave.

When we looked at care records we saw assessments identified risks to people, and care plans directed staff on how to minimise these risks. These included generic risks such as environmental hazards or risks to individuals such as trips and falls or risk of choking. Where specific risks were identified, for example risk of developing pressure sores, care plans gave detailed instruction to staff to minimise these risks. The service also identified risks to care workers and staff were familiar with the service's lone working policy.

We saw that all written information provided to staff included a statement reminding staff of the need to maintain good standards of hygiene, and people who used the service told us that the staff who worked with them were careful to avoid the spread of infection. One person told us, "They don't wear jewellery to work and they are very careful when they are washing me. They wear different gloves for washing and toileting, and change them when they are preparing my meals." Staff were trained in infection control and provided with the necessary equipment to help protect their health and welfare. Staff we spoke with confirmed they had undertaken infection control training, and we saw that the deputy manager regularly checked to ensure compliance with best practice to prevent and reduce the risk of spreading infection.

We saw from training records that all staff had been given instruction on the safe management and administration of medicines and creams. People told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "they do it for me because I'm a little shaky. They pop them into a little pot then make sure the tablets go into my mouth". Another person was able to administer their own tablets, but told us, "they bring me my blister pack and watch me take them, then they note on my chart what I have had. There is one tablet I don't like, they always prompt me with that one". They told us that they also applied creams and eye drops, and "they are all very gentle, and take great care".

Staff confirmed that they had undertaken medicine training. This included training on medicine errors. We saw in case notes and incident logs that where one person informed staff that they had taken the wrong medicine by accident appropriate precautions were followed to ensure that the person did not come to harm. Staff confirmed that when errors occurred they would contact the general practitioner (GP) to seek advice, and follow up any instruction, including remaining with the person if necessary until support arrived.

For those people who required support a medicines administration record (MAR) was kept in the person's home. One care worker we spoke to told us that even though they might be familiar with the tablets and medicines people required they would always check the record sheet, and if there were any changes, they would double check with the person before offering the medicines.

We looked at two MAR records and saw that staff signed when people had taken their medicine or recorded if not and the reason why. This showed us a clear audit trail was maintained to monitor people's medicine administration. Where creams were required the records gave clear instruction on how and where the cream should be applied, with a body map to identify where the cream was needed.

Good

Is the service effective?

Our findings

People told us that they felt staff had the necessary skills and training to support them. One person told us, "I don't think I could ask for better. They do what they've got to do and take care of me at the same time, I've no complaints at all". We saw that the service set clear expectations for the staff and provided on-going training to ensure that staff had the skills to carry out their role. From the training matrix, which maps out the training staff have completed, and helps to identify any training requirements, we saw that care staff had completed courses in mandatory subjects such as person centred care, handling and safe administration of medicines, moving and handling, safeguarding vulnerable adults, first aid, mental capacity, food hygiene and infection control. For each course, dates had been set for each care worker to receive refresher training within one year of completion. The matrix also identified any care qualifications staff had completed, and the registered manager informed us that they encouraged staff to continue to develop their skills and competencies through training. All staff had enrolled or completed the National Vocational Training in Care (NVQ) at level 2 or above. None of the current staff had enrolled on the care certificate, but when we spoke to the care co-ordinator they informed us that arrangements had been made to enrol all new staff on this course. The Care Certificate is a nationally recognised qualification and provides staff with the knowledge to ensure they provide compassionate, safe and high quality care and support.

The service had a supervision policy which stated that care workers would be supervised on a three monthly basis, but when we looked at supervision records we saw that this target had not been achieved, and records showed that three care staff had only received one formal supervision session in the previous six months. Records for a fourth person indicated more regular support. The deputy manager told us that they tried to provide supervision as often as possible, but the small size of the staff team made it difficult to take staff away from their caring role. She informed us that senior staff conducted regular spot checks on staff and oversaw their work, and by maintaining close contact with the people who used the service they were aware of any issues affecting staff performance. When we spoke with staff they told us that their work was regularly monitored and that they would be observed in the workplace on a regular basis by a member of the management team. They felt that they received good support and managerial oversight; one told us, "The managers are really helpful and supportive, they give good instruction, so we know what to do". No staff had received an annual appraisal of their work. Appraisals provide an opportunity for staff to discuss with their manager their strengths and weaknesses, and consider areas for development and training. When we raised these issues with the management team they agree to look at increasing the frequency of formal supervision and moving forward, would implement an appraisal system to monitor year on year staff performance.

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.

Staff were aware of the Mental Capacity Act and sought consent to support people. All the people supported

by Angel Care at the time of our inspection had capacity and all had provided written consent to their care and treatment which was recorded in their care plans.

We saw peoples' choices were respected, and that care staff did not use their role to impose their own values on people. One person who used the service said, "I tell them what to do, and they'll do it for me. They listen to what I want and they try to do things the way I want it done, like the cooking, they don't just bung it in the slow cooker, they listen to how I like it".

People were supported to have enough to eat and drink by staff who understood what support they required, and care records included details about any likes and dislikes people had. We asked staff how they ensured people had an appropriate diet, and they demonstrated a good understanding of dietary needs, and were able to talk of people who used the service who had specific medical needs, such as diabetes, or soft or pureed foods. One care record we looked at showed that the person was at risk of choking and we saw that a corresponding care plan asked staff to provide close supervision with eating and drinking. Staff told us that they ensured that food was soft and easy to digest.

People's records included contact details for health professionals who may be involved in their care, including specialist nurses and GP's. Care plans showed attention to people's clinical requirements and people told us that staff were diligent in meeting their health needs. One person told us that before Angel Care began to support them, district nurses would visit twice weekly to apply dressings to their legs, but they had seen an improvement and no longer visited as regularly. Another person we spoke with was nursed in bed, and was prone to developing pressure sores. This person told us that her doctor had complimented her and the staff on the care provided to reduce the risk of pressure sores developing. "Look at me now," she said, "My skin is perfect". Care workers told us how they followed the care plan and instruction to ensure equipment to reduce risk was in place and regular turns were documented. The deputy manager was a registered nurse and had maintained her registration with the Nursing and Midwifery Council (NMC). She told us that she maintained regular contact with doctors, district nurses and other health care professionals such as speech and language therapists to ensure that people received appropriate and prompt attention to their health needs. For example, during our visit they arranged for a reassessment of a person's mobility needs from an occupational therapist.

Good

Is the service caring?

Our findings

The service had plans to expand, and the registered manager told us they were committed to providing a service based on caring principles and that quality was more important than quantity. He told us, "We will not overstretch ourselves. We want to grow in a manner which provides a good standard of care. I am proud of my team, all work hard to ensure that service users get a good standard of care." The care co-ordinator told us that recruitment of staff was based on values rather than experience, and the service sought to take on staff who showed a caring attitude and a willingness to respect and care for vulnerable people.

When we spoke to people who used the service they told us that they had developed good relationships with the care staff and were complimentary about the care they received. One person told us, "They are all marvellous, excellent, and make sure I'm alright. They will listen to my moans, and cheer me up. They really look after me and keep me going." Another told us, "They are all very good and treat me with dignity and respect. If I ask for anything they will comply, and never complain. I get on quite well with them all, especially the younger ones". A person who used the service commented on a survey, "The service has directors who genuinely care, and this feeds through the service. It is care no matter what!"

It was clear that people who used the service held the staff in high regard, and there was evidence that this was a two way process. A care worker told us, "I love helping and caring, and we have all developed excellent relationships. I enjoy knowing that people are well looked after; if I can leave them with a smile I know I have done my job well".

We saw that care was person centred and delivered by care staff who knew the people who used the service and had developed a good understanding of their needs and wishes. However, we were concerned that there was a risk that staff could overstep professional boundaries. We noticed that staff were prepared to do more for people than stated in their care plans, for example, run errands to the local shop or pick up items on the way to their visits. This could increase the reliance on specific individuals to perform tasks and increase the pressure on other staff to do likewise. Moreover, there was a risk of financial exploitation. We raised our concerns with the registered manager who agreed to review care plans to reflect any specific wishes, and to ensure that all financial transactions were fully documented and accounted for.

Support workers felt that they were given enough time to provide the right support and that they were not rushed to complete tasks. We asked one about their visits and they told us that they had time to check care plans and read up notes from previous visits before commencing any tasks, that they had opportunity to talk to the people they supported, and discuss their care needs. They informed us that they would offer choices where possible, for example, what the person would like to eat, or which clothes they would like to wear.

The service also showed respect for people's dignity. People who used the service were offered support from someone of the same gender if they preferred, and staff told us how they would protect people's dignity when conducting personal care.

Care records for people documented their interests and what they enjoyed doing. They were written in a way that ensured the person who used the service was central to the planning of care, and people who used the service told us that they were given opportunities to say how they wanted their care to be provided, and their wishes were respected. They told us that the service listened to them, and they could influence how their care was provided. For example, the times of visits could be altered to fit in with people's plans. One person for instance lived with a relative who provided some care, but when they had other priorities staff would arrange later or earlier calls to ensure the person's needs were met.

Nearly all the staff employed by Angel Care were from minority ethnic backgrounds, and some had heavy accents. One person who used the service said that this could sometimes be a problem, as they did not always understand what the care worker was saying. However they told us that they had developed good relationships with all the staff and felt comfortable asking them to repeat what they said. Moreover, care worker's personalities reflected their culture, and straightforward requests could come across as brusque. Even though this was not the intention their actions could be misunderstood and be seen as rushed and uncaring. When we spoke with the registered manager about this he told us he had recognised this issue and was working with staff to address cultural differences.

Good

Is the service responsive?

Our findings

Angel Care supported people in their own homes with a variety of tasks including personal support, meal preparation, supporting people to take their medicine and other activities of daily living. One person told us, "I've never looked back since they started. They all know what to do and how to do it the way I like it. They are very good". Another said, "They check the notes to see what has to be done and they check with me too, and then they get it done. I wouldn't want for more, they are all very thorough".

Staff told us that they worked well as a team to ensure people were supported according to their needs and preferences. The service was well coordinated, so for example, there was little waiting for a second member of staff when they required 'double ups' where two support workers were required, such as for moving and handling. People who used the service lived in close geographical proximity which restricted the amount of travel time required between visits, and the registered manager informed us that the service had refused commissions, as staff reliance on public transport could lead to delays. The service was proud of the fact that they had never once missed a visit, although they acknowledged that staff would sometimes be delayed. The people we spoke with confirmed this. They told us that if staff were going to be late they would always get a phone call from the office to let them know. One told us that this was rare, but generally due to poor bus services. Allowance was made for one person who lived close to a large sporting arena, as travel plans could be disrupted on match days, so rotas were planned with this person to take this into account. The senior managers operated an on call system to ensure back-up cover would be available if care workers could not get to their appointments If there was an emergency or staff encountered issues on their round which might lead to a delay, they would immediately contact the office or on call manager would provide the necessary cover.

Before people started with the service they were referred by a local authority case worker who provided an indication of their needs. The deputy manager would complete a full assessment of their needs in their own home, and the managers of the service would plan delivery of support mindful of their personal care, wishes and aspirations, and needs or support with activities of daily living. The registered manager told us that they were aware of the service's limitations, and would not accept a new person into the service if they did not believe that they could provide a good quality of support. As they received care, each member of the team who would be working with them would be introduced to them and a full care plan would be drawn up to include their needs, likes and preferences.

We looked at four care records. These contained information about each person, which was comprehensive and contained sufficient detail to guide staff on the care and support to be provided, including their likes and dislikes. When we spoke with care staff they were aware of people's preferences as recorded in care plans. Information was held in a format which was well prepared and easy to understand, with tasks clearly presented, and gave a clear understanding of the person and their life history. There was evidence that people who used the service were involved in planning their care and they confirmed this when we spoke with them. Person centred care plans provided detailed instruction to support the person. We saw that assessments were carried out with the individual concerned, and their families if the person agreed. Plans were checked by the manager on a monthly basis, and reviewed every three months. However, when we

looked at one care record on the first day we noticed that an early entry regarding pressure care was no longer valid. This meant that the information was incorrect and could lead to the wrong support being provided. We raised this with the registered manager, and when we returned the second day we were shown that this information had been corrected.

Where people's needs changed the service responded quickly and appropriately. For example, if people were unwell any concerns were reported and followed up. Examples included treatment for infections, review of medicines and assessment for equipment in their homes. We saw during or inspection that the care staff had identified an issue regarding moving and handling for a person who used the service and the service had quickly arranged for an assessment to consider if a new mobile hoist would assist the person. We saw in one care file that where a person's health had deteriorated there was clear evidence of consultation with the person's GP, district nurse and dietician. We saw that daily logs recorded the person's food and fluid intake, elimination and turning, or changing position to ensure that the risk of pressure sores developing was kept to a minimum. A full review of the care plan included consideration of assistive technology to help with simple tasks at times when carers were not present, and a request that the commissioning social worker re-evaluate the package of care to consider if further support would be required on a long-term basis.

The service had a complaints policy and we saw that where complaints had been made they were investigated thoroughly and dealt with appropriately, with investigation notes and actions recorded. Two formal complaints had been made. Copies of the complaints, and copies of the outcome letter were stored on file. When we spoke with people who used the service and their relatives, they told us they felt confident to express their views and could always talk to a staff member or a member of the management team if they had any problems. They told us that they had seen the complaints policy and knew how to make a complaint. If they wanted to raise a concern of their own then they were confident that the issues would be addressed. People who used the service told us that that the registered manager and care manager kept in regular contact with them and informed them if there were any concerns. One person told us that the deputy manager or care co-ordinator would ring them on a daily basis to check their welfare and refer to the conduct of staff. When we spoke to the registered manager they told us that they deliver high quality care and consequently they will not wait for a complaint to come in, but support staff to recognise any mistakes. By identifying smaller issues at an early stage, they told us, they can proactively respond to any situations and deal with concerns before they developed into a formal complaint.

Angel Care sought the views of people who used the service, through regular contact and by conducting yearly customer satisfaction surveys. We looked at the most recent survey which was conducted in late 2016. Most of the comments were positive but where there was a concern raised this was followed up and dealt with.

Good

Is the service well-led?

Our findings

The needs of people who used the service were central to the care provided by Angel Care. The people we spoke to about the service believed it was well managed and that they were made to feel valued. They told us that they felt supported and assisted to maintain their independence. One person who used the service told us, "They help me to do what I can for myself, but some days I really struggle. If I want some extra help they'll do it, meals or medicines, they always ask and make sure I have all I need".

Angel Care was a small service at the time of our inspection. The service planned to expand and had recently signed a contract with a local authority to provide care and support to people living in a scheme who required supported living. When we spoke to the registered manager, he told us that this expansion would not be to the detriment of the quality of care, and that they would not take on new referrals if they did not have the capacity. With this in mind the service had reorganised the management team. In addition to the registered manager and deputy manager there was a care co-ordinator in post and two team leaders had been appointed. The service was also looking to locate to new and larger offices and had identified a property which could accommodate the new team and include space for training and team meetings.

A care worker told us that staff were encouraged to make time for people who used the service. They said that the service did not try to cram calls and this meant that they always had time to meet the person's needs at their own pace, and did not have to rush.

People who used the service and staff told us that the office staff were helpful and they were able to contact someone out of hours if needed. The management team operated a duty rota to ensure that management cover was always available. For example one member of staff told us that they recently had to deal with an urgent family crisis whilst at work. The management team were fully understanding and quickly arranged to cover the remainder of their shift.

People told us that they were kept informed of any changes to the service and received regular visits from the care coordinator. We saw that people were encouraged to express their views through a range of methods. These included reviews and annual satisfaction surveys and questionnaires, which gave people who used the service the opportunity to comment on the delivery of care.

It is a requirement under The Health and Social Care Act (2008) that the manager of a service like Angel Care is registered with the Care Quality Commission (CQC). This service had a registered manager who has been registered since November 2015. The registered manager was present throughout the inspection. As this was the first inspection of Angel care by the CQC the service had not been previously rated and so it had not been required to display the CQC rating, but displayed the certificate of registration in the office.

The staff spoke highly of the support they received from the manager and members of the management team. One support worker said to us, "Our managers are really helpful. If we have a problem they will always listen, whether it's to do with work or anything else. Nothing is a problem to them and they encourage us to call them if we have any concerns. It doesn't matter who answers the phone, they are always cheerful and

polite". Another member of staff told us how they looked forward to coming to work because of the support they were given, and told us, "It's so relaxed and friendly. You can have a laugh and a joke, and they won't ever take offence". This view was reciprocated by the management team. One told us, "Our most important resource is the carers. If we don't show interest, even in personal issues, we cannot expect them to do the same for the service users. We take it upon ourselves to listen to them and support them".

We saw that there were good systems of communication on a day-to-day basis, but due to the small size of the company and the location of the office, team meetings were not held regularly. We were told by the registered manager that they would call meetings if there was a specific issue to address. Staff told us that they were involved in discussions about issues of service provision, and saw their managers and colleagues at work on a weekly basis.

We looked at some of the policies and procedures which included access and security, medication, confidentiality, record keeping, safeguarding lone worker security, and failure to gain access to a property. Whilst we found that some policies were up to date, for example, the medication policy was complaint with the National Institute for Clinical Excellence (NICE) guidelines for managing medicines for adults receiving care in their own homes, other policies were not updated in line with recent changes in guidance and legislation. When we raised this with the registered manager they informed us that they were looking to subscribe to a national database which would automatically send any updates so that they could revise their policies in a timely fashion. The service had a business continuity plan, which provided information about how the service would continue to function in an emergency.

There were effective systems in place to monitor the quality of the service, including reviews of care records, and communication logs were collected and reviewed monthly. Regular checks and audits were undertaken, for instance, all medicine records were monitored on a monthly basis, noting any issues or concerns, changes in need or any issues with dependency. We were shown recent audits of incidents, safeguarding concerns and complaints and saw that the service kept notes of any feedback received from people who used the service or other stakeholders, and would analyse this information to look for trends or patterns which could help to improve the quality of the service. Where shortfalls in the system had been identified action was taken to overcome the concerns. For example, as the service was growing the management team recognised that the systems for holding information were becoming disjointed, so had invested in a new computerised system to electronically store information securely.

Before the inspection we checked records we held about the service and saw incidents that CQC needed to be informed about, such as safeguarding allegations, had been notified to us by the registered provider. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.