Renaissance Personnel Limited

Renaissance Personnel Ltd (Kentish Town)

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

This inspection took place on 17 June 2016. We gave the provider 14 days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure that the registered manage was available on the day of the inspection to support us with the process. At the last inspection in September 2014, the service was meeting all the regulations that were looked at during that time.

Renaissance Personnel Ltd (Kentish Town) provide personal care and support to people living either in their own home or in a supported living scheme. There was approximately 22 people using the service at the time of the inspection.

There was a registered manager in post at the time of our inspection. 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.

People we spoke with told us that they were happy with the care and support that they received and felt safe in the hands of the care staff that supported them.

Care staff that we spoke with were able to describe the different types of abuse, how to recognise abuse and the actions they would take if abuse was suspected.

The agency ensured that detailed assessments were completed which identified people's individual risks. As part of the assessment information and direction was recorded to guide care staff on how to reduce and/or mitigate the risk to ensure that people were kept safe.

Where the service supported people with the administration of medicines, we saw appropriate records in place to ensure that people were supported safely. Six monthly medicine audits were completed as a method of checking that care staff were adhering to the company policy and to check that people's medicines were being administered correctly.

The service had robust recruitment process in place to ensure that only suitable staff were employed. This included an enhanced check for fraudulent documents and the persons legality to work in the UK.

People who used the service and relatives that we spoke with were positive about the care staff that supported them and had confidence in their skills and abilities. Care staff also confirmed that they received regular training in the areas that they needed in order to support people effectively.

Care staff confirmed that they felt supported by the registered manager and the care co-ordinators and received regular supervision with them.

The registered manager, senior carers, care co-ordinator and most care staff were able to explain to use their understanding of the Mental Capacity Act 2005 (MCA) and how this was relevant to the care and support that they provided to people. However two care staff members that we spoke with were not able to explain the basic principles of the MCA and confirmed that they had not received any training in this area.

Care staff were able to explain the importance of ensuring that people were able to choose and make decisions about the way in which they were supported. People's preferences, likes and dislikes were recorded in their support plan. People and relatives confirmed that the care staff were aware of this and followed the directives outlined within the care plan.

An assessment of activities and daily living skills was completed as a pre-service assessment to determine whether the service was able to meet the needs of the person requiring care and support. Care plans had been signed by the person receiving care and support and where the person was unable to sign, relatives had signed on their behalf. People and relatives confirmed that they were involved in the planning of their care and were changes were required, appropriate discussions and communication took place between the person and the service.

People and relatives told us that where they had any concerns or complaints, they knew who to speak with in order to raise the concern and felt confident that these would be dealt accordingly. People and relatives also told us that they were positive about the management of the service but felt that communication between office staff and care staff could be better improved.

The provider carried out six monthly quality surveys in order to obtain feedback from people and relatives about the quality of care they received and to highlight where improvements could be made.

The registered manager had a number of quality assurance systems to allow for management oversight with a view to improving and continued learning in order to provide a high quality care service. These included spot checks, random audits of people's care plans and care staff files, medicine audits and onsite care staff supervisions.

The provider had positive links with the local community and were involved in local community events which included the service offering free blood pressure checks to the community and awareness sessions on mental health issues and the Patient Advice and Liaison Service (PALS).

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 told us that they felt safe with and trusted the care staff that supported them.

The service identified and assessed people's individual risks and provided clear guidance and direction to care staff on how to reduce and/or mitigate risks to ensure people's safety.

Where people were supported with their medicines, appropriate systems and processes were in place to make sure this was done safely. Care staff and records showed that they had received training in the management of medicines.

Safe and robust recruitment systems were in place to ensure that only suitable staff were recruited to support vulnerable people.

Is the service effective?

Good

The service was effective. People and relatives told us that they felt staff had the appropriate level of skills and knowledge to support people efficiently.

Care staff told us and records confirmed that they had received training in areas that they required in order to deliver care and support.

Most care staff understood the principles of the MCA however, two care staff had not received any training in this area and could not explain what the MCA was and how this would impact on the care and support that they delivered.

Is the service caring?

Good

The service was caring. People and relatives confirmed that they received care and support from a regular team of care staff with whom they had developed positive relationships with.

As part of the inspection process we visited people in their own homes. During this time we observed positive interactions between care staff and people using the service.

Care plans provided detailed information about the person

which included their life history, likes and dislikes and direction on how they would like their care and support to be delivered.

Is the service responsive?

Good

The service was responsive. People and relatives told us that they knew who to speak with if they had any complaints or concerns and were confident that these would be dealt with.

Care plans were developed and written in partnership with the people requiring a service and their relatives. Care plans that we looked at evidenced that regular reviews were taking place and where changes were required the care plan had been updated accordingly. However, the service had not clearly evidenced that people and relatives had been involved with the review process.

Is the service well-led?

Good

The service was well-led. The registered manager had systems in processes in place to check areas of service delivery so that potential issues could be identified and as a result learning and improvements could be made.

People and relatives were asked to complete six monthly quality surveys to monitor and gain feedback about the quality of care that was being delivered.

People, relatives and care staff were positive about the registered manager and the overall management of the service although some relatives did comment that communication between office staff and care staff could be better improved.

Renaissance Personnel Ltd (Kentish Town)

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 17 June 2016 and was announced. The provider was given 14 days' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to support us with the inspection process. The inspection visit was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return. 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. We reviewed the completed (PIR) and previous inspection reports. We also looked at other information we had about the provider which included notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

Prior to the inspection we also wrote to a number of professionals which included local authority commissioners for their feedback about the provider.

On the day of the inspection we visited and spoke with two people in their own home. For one person we also spoke their relative who was present. After the inspection we spoke with four people who were using the service and four relatives.

During the inspection we spoke with the registered manager, one care co-ordinator, one senior carer and five care staff members. We also looked at a variety of documents which included five people's care plans, risk assessments, seven staff files, meeting minutes, quality audits and surveys and a number of policy

documents.

Good

Is the service safe?

Our findings

People told us that they felt safe with and trusted the care staff that supported them. People's comments included, "Yes I do feel safe and I trust the carers" and "Yes I am safe." Relatives also confirmed that they had no concerns around the safety of the person being cared. One relative told us, "Oh yes [name of person] feels safe. Our home and possessions are safe." Another relative stated, "Yes [name of person] is safe in their [care staff] hands."

A safeguarding policy was available which defined the different types of abuse and the procedures to follow if abuse was suspected. A poster defining abuse and the actions to be taken was displayed around the office for all staff to refer to.

Care staff were able to explain the different types of abuse, how to recognise abuse and the processes to follow to report suspected abuse. Records that we looked at confirmed that care staff had received training in safeguarding. One care co-ordinator told us, "If staff alert me to information that warrants my attention then I would carry out some fact finding. I would possibly carry out a spot check or unannounced visit and then discuss the concerns with [name of registered manager] and notify the relevant local authority." One care staff member when asked about their knowledge of safeguarding stated, "Abuse can be physical, emotional or financial. I would go to my line manage and report any concerns, which I have done in the past." Another care staff member said, "Abuse can be physical or financial or when you force someone to do something that they don't want to do. First of all I would inform the office of my concerns."

Care staff understood the term whistleblowing and knew the steps to follow if they had any concerns. They were aware that in the first instance all concerns would be reported to senior managers of the service. Care staff were confident that senior managers would take the appropriate action but were also aware that they could report their concerns to external organisations such as the local authority or the Care Quality Commission.

As part of the care planning process, the service identified and assessed all risks associated with the persons care and support needs. This included a home care worker risk assessment which covered environmental, health and safety risks and how to minimise and mitigate those risks to ensure the safety of the person and the care staff. In addition to this, assessments were completed which identified people's personal risks such as risk of falls, pressure sores, personal hygiene, violence and aggression. Completed risk assessments documented the risk, the type of injury that may occur, the people that would be affected, level of risk, detailed control measures and the list of people responsible for implementing the control measures to keep people safe. Risk assessments were reviewed on an annual basis or sooner if changes were required.

Following on from the risk assessment a care plan was devised for each identified risk which gave detailed information to care staff about the expected outcomes and the planned interventions required to support the person.

The service had available an accident and incident book which was used to record any incidents reported by

care staff. The service had no recorded accidents or incidents since the last inspection. The registered manager explained that care staff knew that all accidents were to be recorded within people's daily notes and reported to the office immediately. Staff within the main office would then inform people's relatives where appropriate. Care staff we spoke confirmed this process.
People and relatives did not raise any concerns about staffing levels. Everyone that we spoke with confirmed that they normally received care from a regular team of care staff members. People and relatives also confirmed that care staff were usually on time and stayed the full allocated time. The agency had an electronic monitoring system in place where carers were required to log in the time they arrived and the time they leaved by dialling a telephone number which logged their call. Where a carer had not logged a call for an allocated shift an alarm would alert office staff and send messages to the directors and registered manager notifying them that a care staff member had not arrived for their allocated shift. This alert system allowed the service to notify people where a carer was possibly running late and inform them of the alternative arrangements that had been made.

Rotas that we looked at confirmed that care staff were allocated travel time between shifts so that they had enough time to arrive to their next allocated shift at the agreed time. The registered manager explained that all care staff who were booked on shifts for the whole day between 8am and 9pm and where there was not enough time for them to go home for a break, care staff were paid for the full 12 hours with a one hour break which meant that in addition to the pay the received for providing care, care staff were paid for their travel time as well.

We looked at seven care staff files which contained the necessary documentation to ensure that only suitable staff were employed at the agency. This included references, criminal record checks, verification and the experience and skills of the individual. The registered manager, as good practice, reviewed every staff members criminal record check on an annual basis.

The registered manager in addition to these checks had implemented the use of a mobile phone application that scanned documents such as a passport or driving licence which would identify any potentially fraudulent documents. The registered manager gave an example of where an individual had expressed an interest in working for the agency. As part of these checks they found the individual to be holding a fake passport. This individual was reported to the police and was subsequently apprehended.

The agency was also enrolled with the employer checking service which is run by the Home Office. The service confirms the validity of a person's right to work in the UK and also alerts the agency to when an individual's visa is due to expire so that the agency could begin making then necessary enquiries with the care staff member to ensure their eligibility to continue working within the UK.

The registered manager told us about a new process that they were planning to implement to all new care staff recruited. As part of the recruitment process all potential individuals would be required to complete a pre-employment knowledge assessment. The questionnaire assessed individuals knowledge base around areas such as safeguarding, the Mental Capacity Act 2005 (MCA) and equality and diversity.

Care staff confirmed that they had received training in the management and administration of medicines. Training records that we looked at also confirmed this. We looked at medicine records held at one person's home that we visited and found that the receipt, administration and storage of medicines was being managed as per the provider's medicine policy. The registered manager told us that the agency had devised their own Medicine Administration Record (MAR) sheet which was compiled by a qualified nurse employed by the service to ensure all entries of the medicine and the dose to be administered were correct. Care plans that we looked at had a detailed medicine administration procedure which gave direction to care staff on

how medicines were to be administered for each individual person. We also saw evidence that people were asked to sign a consent form where support with medicine administration was required.

Audits of medicines took place every six months whereby the registered manager would visit each person where medicine support was required and look through the records completed and the storage of medicines to ensure that safe medicine administration was being practised and that this was being completed as per the provider's policy and procedure.

Good

Is the service effective?

Our findings

People who used the service and relatives told us that they felt care staff that supported them were adequately trained and skilled to carry out their role effectively. One person told us, "Yes I do believe they are trained and skilled." Another person stated, "Yes I think that they are trained." Relatives comments included, "Yes, I do think they are trained and skilled" and "I think they have had training but they have also had to get used to [name of person] needs and have had to learn around [name of person]. They cope very well."

All care staff, before starting their employment were required to attend a one day induction session with the agency which covered elements such as background information about the provider, training requirements and dress code. Following the induction session, care staff that had no past experience in care, were require to attend training sessions that covered the mandatory topics which included health and safety, person centred care, safe administration of medicines and safeguarding. For those care staff with past experience and where evidence of their previous training could be provided, they were enrolled on refresher training courses to validate their knowledge. Training records and certificates within staff files confirmed this. We also saw evidence that the provider ensured that each care staff member undertook annual refresher training sessions in all mandatory training topics.

In addition to the mandatory topics the provider also provided training in areas such as physical intervention training for the management of violence and aggression/ challenging behaviours and brain injuries. The registered manager told us that they will now be delivering the care certificate to all newly recruited care staff. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support.

Care staff confirmed that they received training with the agency and this was refreshed every year. One care staff member told us, "They get us to do training that is compulsory." Another care staff member commented, "Yes I received training and some of it is yearly." A third care staff member told us, "When I started work I went on an induction which covered dementia, person centred care and the role of a care worker."

Care staff members confirmed that they received regular supervision and for those who had been in employment with the agency for more than one year, they confirmed that they had received an appraisal. Care staff records that we looked at confirmed this. One care staff member commented, "I feel supported and receive regular supervision with [name of registered manager] and [name of care co-ordinator]. A second care staff member stated, "I receive three monthly supervisions and I have had an appraisal with [name of registered manager]. [Name of registered manager] is quite supportive." Spot checks and on site observations also formed part of the supervision process. Supervision sessions looked at care staff feedback, details of any specific incidents, what lessons could be learnt and any identified training needs.

The registered manager told us that they had just started an initiative to recognise the good work of the care staff members by introducing an annual award to recognise outstanding candidates and to motivate them.

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.

Most care staff that we spoke with understood the basic principles of the MCA 2005. Care staff explained that there were some occasions where people were unable to make certain decisions and that decisions needed to be made on their behalf which were in their best interest. The care co-ordinator that we spoke with explained, "The MCA is about acting on behalf of the client. We must first empower people to make decisions but sometimes where this is not possible it has to be controlled where a group of people have to come together to make a best interest decision for the person. This includes the GP, family or an advocate." One care staff member told us, "It's about the person's ability to make decisions. We first have to talk to them at a level that they can understand. Where this is not helping, we then keep in close contact with the family and other professionals to help the person." A second care staff member stated, "It's about helping the person make the right decision. Giving them choice and where possible encouraging them to do things themselves. If they can't do this then I would report it to my supervisor and the family."

However, a couple of care staff members that we spoke to did not have an awareness of the MCA and stated that they had not received training in this area. Feedback was given to the registered manager about this who as a result organised training for all care staff to attend within seven days of the inspection taking place.

People and relatives told us that care staff always asked their permission before carrying out any required tasks for them and were always respectful of their choices and decisions. One person when asked if the carers asked their permission before doing anything replied, "Oh yes, they don't take any liberties and when I ask them to do something they will do it." One relative told us, "Consent, they are very hot on that and about asking permission. They are sensitive towards not forcing things on [name of person]."

People and relatives confirmed that they had consented to the care and support that they received from the agency. Care plans that we looked at confirmed people had consented and signed their care plan. Where people were unable to sign their relatives had signed on their behalf.

Care plans contained information about people's likes and dislikes in relation to any support that they required with eating and drinking. Where care staff were required to support people with their nutrition and hydration a care plan had been devised so that care staff were aware of the level of support the person required with a record of their likes and dislikes as well as any food requirements as a result of a cultural or religious need.

People and relatives who received support with eating and drinking told us they were happy with the support they received. One person told us, "The food that they prepare is really good, one of them [care staff] is a gourmet cook, they are really good." One relative explained, "The care staff cook [name of person] soft meals. [Name of person] has certain dietary needs and the staff manage that well."

For one person who had a specific health condition, care staff were completing food and fluid charts to monitor the persons food and fluid intake. This was on the request of the GP so that the GP could monitor their food and fluid intake.

Care plans that we looked at contained detailed information about the person's health and medical needs. Care staff that we spoke with had a good understanding of people's health and medical needs and knew

who to contact if they had concerns about a person's health which included family members as well as emergency services.

Good

Is the service caring?

Our findings

People and relatives told us that they were happy with the regular care staff that supported them with their care needs. Comments about the care staff were very positive and included, "The carers are absolutely brilliant" and "I have a carer who is very good. I get on with her and I can talk to her." Relatives feedback included, "One of the carers has a real empathy and understanding of their job and genuinely care for my [name of person]" and "The team we have is very caring."

Feedback from a health professional whom we had written to included, "The staff that I have met already appear very professional and have a lot of knowledge around the care and clinical needs that has been required and appear very kind and caring."

On the day of the inspection we observed positive and caring interactions between people and care staff. One person we visited was waiting to go out but during the visit we saw the care staff offer them a drink and explain to them why we were visiting and as soon as we had finished they would be able to leave to go out. The person felt re-assured with the explanation given and was happy to enjoy their drink and speak with us. One relative explained to us, "The select team of carers work extremely well with [name of person]. The staff have got to know their mannerisms, behaviours and triggers."

People told us that care staff were respectful of their privacy and dignity and that this was maintained at all times. Relatives that we spoke with also confirmed that the care staff always maintained people's privacy and dignity. One relative stated, "Yes the care staff respect my [name of person] privacy and dignity. My [name of person] is very happy."

Care staff gave us examples of how they maintained people's privacy and dignity. One care staff member explained, "My client can use the toilet but requires support to go there. I take them to the toilet and once I have checked that they are ok I leave the toilet for a little while and close the door while I wait outside until they have finished. I then ask them if they are ready." Another care staff told us, "When I support someone with a strip wash I cover them with towels so that they don't feel exposed."

Care staff, where possible, were very aware of supporting and promoting people to maintain their independence. One care staff member told us, "Promoting people's independence is about building on their strengths and building in small steps to strengthen their weaknesses." People and relatives confirmed that staff tried to promote people's independence where possible. One relative told us, "[Name of person] likes to walk about everywhere and the care staff always follow her." Another relative stated, "The care staff arrange for [name of person] to get their hair cut and then they send me pictures once it has been cut."

People and relatives told us that they were involved in the planning of their care and support. Care plans were detailed and provided background information about the person including a brief life history. People said that care staff always listened to them and carried out tasks that they asked them to without question. One person told us, "They do listen to me." One relative told us, "My {name of person] does feel that they have choice and control even though on occasions they can be aggressive towards the care staff." Another

relative commented, "The care staff keep me constantly updated about [name of person] and send me regular text messages."

Good

Is the service responsive?

Our findings

The provider had a complaints policy in place which outlined the procedure for people and relatives to follow if they had a complaint or concern. The provider had not received any complaints since the last inspection. The registered manager stated, "We tend to deal with people and relatives to resolve any issues or concerns straight away. I would visit the client straight away."

People and relatives using the service told us that they did not have any complaints about the service but said that they felt confident in raising any concerns or complaints. One person stated, "The registered manager emphasises that I should tell them if there are any problems." Another person commented, "I know the registered manager and I know who to complain to, they do listen." One relative told us, "I feel able to complain when something is not right." Another relative commented, "To be fair when I complained, they rectified the issue and apologised." We also saw a number of very positive compliments that had been sent to the agency.

People and relatives told us that the management and staff were responsive to their changing needs and this was reflected within the care plan and the care and support that they received. One person told us, "My medicine changes quite a lot but the agency and care staff keep up with those changes." Relatives comments included, "If there is anything that changes we have discussions with the agency" and "There are individuals within the agency that I can go to and issues would be dealt with and if something is not working I would contact the agency. The agency is pro-active with changes."

Care plans that we looked at contained a pre-service assessment which showed that the agency had assessed people's needs to ensure that the agency would only support those people whose care needs they could meet. Once service provision was agreed, each person had a support plan in place that provided information about the person, their likes and dislikes and how they wished to be supported with their care needs.

For one person, whom English was a second language, we noted that they required a care staff member who spoke a specific language. When we spoke to the person's relative they confirmed that the person received care from a care staff member who could speak the required language. The agency had been responsive to this request and the relative commented, "The girls [care staff] can speak the language and [name of person] is very happy."

The agency created care staff profiles for each member of the care staff team which would be given to people and their relatives, where requested, prior to the start of a service. This allowed for people and relatives to look at and analyse the experience and background of the care staff that had been allocated to provide care and support in order to see if they were appropriately matched to meet their needs.

The registered manager showed us the computer system that they used where records were held for each person that they supported. This included rota's, contact details and logs of all conversations that took place between people and/or relatives and the agency. It also logged details of reviews that had taken place

with an alert mechanism that would inform the registered manager and care co-ordinators of when the next review was due. Care plans that we looked at evidenced that regular reviews of the care plan and risk assessments had taken place, however although most recent and up to date information was logged on the computer system the care plans did not clearly evidence that people and relatives had been involved in the review process. People and relatives had not signed the updated version of the care plan to confirm any changes as part of the review. We highlighted this to the registered manager who assured us that a more consistent system would be implemented to evidence more clearly that that all people and relatives had been involved in the review process.

Good

Is the service well-led?

Our findings

People and relatives told us they knew who the registered manager was and were positive of the interactions that they had with them. One person told us, "The registered manager is very approachable, he visits me roughly once a month." One relative stated, "[Name of registered manager] is on the ball."

Care staff that we spoke with were equally complimentary of the registered manager and the management team within the office. One staff member told us, "I love it here, everyone is very supportive. The registered manager is teaching me how to work through the system. They are teaching me." Another care staff member stated, "[Name of registered manager] is quite supportive, even if you call [name of registered manager], they will come straight away."

The provider organised monthly care staff meetings and we saw minutes of the last three meetings that had taken place. Care staff also confirmed that they attended regular meetings. One care staff member told us, "It's about keeping in touch with colleagues and management. You get to hear other stories which builds up on your ability and increases your awareness."

In addition to the care staff meetings the registered manager held daily planning meetings with all office staff and also received daily summary updates from the on-call care staff members with a brief update on what had taken place the previous day including details of any out of hours calls that had been received.

The registered manager told us about a scheme that they had set up with a local GP surgery whereby the agency would organise and fund for all care staff members to receive all relevant and required immunisations. This was to ensure that each care staff member was protected and supported to maintain their own health whilst supporting people within a care setting.

People and relatives that we spoke with confirmed that they had completed or had taken part in answering questions in relation to the quality of service that they received. The provider carried out quality surveys every six months. The latest survey was carried out in June 2016 and was completed through face to face meetings or telephone interviews. The registered manager told us that these methods of obtaining views and comments had proven to be more effective in terms of the response that they received as in the past, where surveys had been sent out through the post, a very low number of surveys were completed and returned. One relative stated, "I always feel like I can make suggestions."

An analysis of the results had been compiled and an action plan had been devised for where issues had been identified. We saw feedback from the last survey that had been carried out in December 2015 and that a number of people had raised concerns about care staff not arriving on time for their calls. An action plan was put in place following this feedback and when we looked at the analysis of the most recent survey, we found that people and relatives views on this situation had improved.

The registered manager had a number of systems in place to monitor the quality of service provision so that the service could continually learn and improve. We saw records of quarterly spot checks taking place at a

person's home, planned quarterly visits at people's home and random audits of care plans and care staff files. The provider also carried out random 'mystery caller' phone calls to assess how office staff answered the telephone and dealt with people's enquiries. These calls were recorded so that these could be played to all office staff with a view to deliver ongoing learning, improvement and development.

The provider was a member of the United Kingdom Homecare Association (UKHCA) and regularly received newsletters and updates about new developments and initiatives within the domiciliary care sector. The UKHCA have also developed and produced a detailed home carer handbook which was available for all members to purchase and give to care staff members. The provider ensured that each staff was given this hand book which gave detailed information about safeguarding, whistleblowing, complaints and a variety of other topics related to the provision of home care.

The provider had positive links with the local community and were involved in local community events which included the service offering free blood pressure checks to the community and awareness sessions on mental health issues and the Patient Advice and Liaison Service (PALS).

The provider had a detailed business continuity plan which gave details of the plans in place if an emergency was to occur. This included alternative arrangements if there was a loss of office, IT systems or a failure of the telecommunication system.