Care Help Line (West Midlands) Ltd

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Inspection report

72 Binley Close
Shirley
Solihull
West Midlands
B90 2RB

Tel: 01217082999

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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

Care Help Line (West Midlands) Ltd is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection the agency supported approximately 100 people with personal care and employed 56 care staff.

Following our last comprehensive inspection of the service in April 2015 we found the provider was not providing the standard of service we would expect and the service was rated 'Requires Improvement' in all areas. During our comprehensive inspection in January 2017 we found the required improvements had been made.

We visited the offices of Care Help Line on 17 January 2017. We told the provider before the visit we were coming so they could arrange to be there and for staff to be available to talk with us about the service.

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. The registered manager was also the provider of the service.

People felt safe with care staff that provided their care and staff understood their responsibility to protect people from abuse. There were processes to minimise risks to people's safety, these included procedures to manage identified risks with people's care and for managing people's medicines safely. Care staff were properly checked during recruitment to make sure they were suitable to work with people who used the service.

People told us they were supported by care staff who they knew and who had the right skills to provide the care and support they required. Care staff understood people's needs and abilities as they visited the same people regularly and had time to get to know people and read their care plans.

People felt involved in their care and care plans provided guidance for staff about how people liked their care delivered. Plans were regularly reviewed to make sure people continued to have the support they needed.

There were enough care staff to deliver the care and support people required. Care staff received the training and support they needed to meet people's needs effectively. People told us care staff were kind and respected their privacy, dignity and independence.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People made their own decisions about their care and had given agreement for the care to be provided. Care staff respected people's decisions and gained people's consent before they

provided personal care.

People knew how to complain and information about making a complaint was available for people. No complaints had been made about the service in 2016. People and care staff said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

The management team checked people received the care they needed by monitoring the time care workers arrived at people's homes, reviewing people's care records and through feedback from people and staff.

The provider's quality monitoring system included asking people for their views about the quality of the service through telephone conversations, visits to review their care and annual questionnaires. There was a programme of other checks and audits which the provider used to monitor and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of avoidable harm or abuse because staff understood the processes they needed to follow to keep people safe. Risks to people's health and wellbeing were assessed and staff knew how to manage risks to keep people safe. People received their medicines as prescribed and there were enough care staff to provide the support people required. Checks were made on staff to make sure they were suitable to provide care before they worked with people in their homes.

Is the service effective?

Good

The service was effective.

Care staff completed an induction and training to make sure they had the knowledge and skills to deliver effective care to people. The registered manager understood the principles of the Mental Capacity Act and care staff respected decisions people made about their care. Where people required support with their nutritional needs, staff made sure people had enough to eat and drink. The service involved other healthcare professionals, and supported people to manage their healthcare needs, if required.

Is the service caring?

Good

The service was caring.

People received care and support from staff they were familiar with and who understood their individual needs. People were supported by care staff who they considered kind and caring. Care staff respected people's privacy and encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs and abilities were assessed and people received a service that was based on their personal preferences. Care plans were regularly reviewed and care staff were kept up to date

about changes in people's care. People were able to share their views, and knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led

People were satisfied with the care they received and were encouraged to share their opinion about the service provided. Care staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the management team. The registered manager provided good leadership and regularly reviewed the quality of service people received.

Care Help Line (West Midlands) Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The service was last inspected in April 2015 when we found the provider was not meeting the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and improvement was required in all areas.

After the comprehensive inspection in April 2015, the provider sent us a plan of action to say what they would do to improve the service. At our comprehensive inspection in January 2017, we found the provider had followed their plan of action and improvements had been made.

The office visit took place on 17 January 2017 and was announced. We told the provider before the visit we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care staff. The inspection was conducted by an inspector, an inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services provided to people. They had no concerns about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

The provider also sent a list of people who used the service; this was so we could send surveys to people and contact people by phone to ask them their views of the service. Surveys were sent to 35 people who used the service, 35 relatives and 45 staff.

We spoke with 20 people by phone, 18 people who used the service and two relatives. Surveys were returned from 14 people who used the service, one relative, and seven staff.

During our visit we spoke with three support workers, a care co-ordinator, the monitoring officer, the assistant trainee manager, the business/marketing manager and the registered manager who was also the provider of the service. We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits.

Good

Is the service safe?

Our findings

All the people who completed surveys and who we spoke with by phone told us they felt safe with the care staff who visited them as they were regular care staff they knew. One person told us, "My carer always makes sure that I am safe." People told us they would ring the office and speak to the registered manager, if they had concerns about their safety.

The provider had a safeguarding policy and procedure to guide staff on how to protect people from harm. This included safeguarding training for staff so they knew how to protect people from abuse. Staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. One staff member told us, "I've had safeguarding training so I know what to look out for. If I was concerned about anything I would ring the office and report it." Care staff understood the signs of abuse and told us these could include unexplained bruising or neglect, by not providing the care people required. They said any concerns would be referred to the registered manager or office staff and they were confident concerns would be acted on.

There was information on the front of people's care plans about who to contact if people or staff, had any safeguarding concerns. We asked the registered manager what they would expect staff to report as concerns. They said "I would expect staff to report any concerns at all about people's wellbeing. They are my eyes and ears out there so I depend on them to be vigilant." The registered manager understood their responsibility for reporting any concerns they had about people to the local authority safeguarding team and to us. The provider also had a whistleblowing policy and procedure which meant staff knew they could share concerns about other staff's practice in confidence.

There were processes to minimise risks to people's health and wellbeing and to staff safety. People were visited by a member of the management team before the start of their service to assess their care needs and identify any risks associated with their care. People's care plans included the actions care staff should take to minimise the identified risks to keep people safe. For example, for people who required equipment to move around, there were instructions for staff about people's mobility aids. Where a hoist was required, care staff were reminded two staff were needed to carry out the transfers. A care worker told us, "The risk assessment will tell you about the equipment to use. I've had training that showed us how to use the hoist, and how to check the sling or other equipment before we use it to make sure it's in good condition."

Where people were at risk of skin damage due to poor mobility, care plans instructed care staff to check skin for changes and to report any concerns to the office staff, who would contact the GP or district nurse. Completed records of calls showed care staff carried out checks and applied creams to prevent skin damage as advised. Care staff told us if they noticed any skin changes they completed a body map to show where they were and reported the changes to the office. The management team made sure people had the correct equipment to minimise skin damage where required. For example, people at high risk had pressure relieving mattresses on their beds.

The managers and all the staff we spoke with said there were enough staff to deliver the care and support

people needed. However, we were told staff cover at weekends could be difficult if care staff were ill at short notice. To ensure people received support as required, all the office staff, except the business manager, were trained to provide care to people, and covered calls to people if required.

The provider used an electronic call monitoring system for scheduling and monitoring calls to make sure staff arrived around the time people expected. The call monitoring system showed calls people required were allocated to care staff at specific times and included the time allowed for the call to take place. The monitoring system recorded when staff had arrived and left people's homes so the office staff knew where care staff were. There was a computer screen in the office that was monitored, and which alerted office staff by turning red if a care worker had not arrived at the time they were scheduled to. The staff member monitoring calls would then contact the care worker to check where they were, and the reason for any delay. This minimised the risk of people receiving late or missed calls.

The provider had an 'out of hours' contact system when the office was closed. Care staff told us this reassured them that someone was always available if they needed support. The on call person had access to the electronic monitoring system, so they could continue to monitor care staff had arrived at calls when the office was closed.

People were protected by the provider's recruitment practices. The registered manager checked staff were of good character before they started working for the service. They checked with staff's previous employers, obtained proof of identity, their right to work and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care staff told us they did not start working with people until all the checks were completed. We found some information about recruitment checks on one staff file was not clear. We discussed this with the registered manager who acknowledged the providers recruitment process had not been fully followed to obtain a full work history for this staff member. They gave assurance this information would be completed in full for all future new staff.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. Where care staff supported people to manage their medicines it was recorded in their care plan. People had no concerns about how they were supported to take their medicines.

Care staff told us, and records confirmed; they had received training to administer medicines and had been assessed as competent to give medicines safely. Care staff we spoke with were confident they knew what to do. They said they checked medicines against a medicine administration record (MAR) sheet, recorded in people's records that medicines had been given and signed to confirm this on the MAR.

MARs were checked by staff during visits and by the monitoring officer during observations of staff for any errors. There was an auditing process to check the MARs had been completed accurately when they were returned to the office. The completed MARs we looked at in people's office files had been accurately signed and dated by staff when medicines were administered.

Good

Is the service effective?

Our findings

All the people who completed surveys, and who we spoke with thought care staff had the right skills and knowledge to provide the care and support they needed. Comments from people included, "Yes, I do think the care staff are well trained, everyone who comes to me really knows what they are doing"

Care staff told us they completed an induction, which included reading the provider's policies and procedures, shadowing experienced staff (worked alongside) and completing training. The registered manager told us new staff completed the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Care staffs' competency was checked during their induction to make sure they had learned from this and understood their responsibilities.

Staff told us after their training and shadowing experienced staff, they felt prepared to provide care. One staff member told us, "The shadowing and training was really good, I hadn't worked in care before and it gave me confidence to work with people and understand how to do things." Care staff told us the training courses included online, and face to face training. Comments from staff included, "I think the training is very good. I do prefer face to face practical training, I learn better this way, but the computer training is thorough and they check you have understood the course. We have regular updates as well." Another said, "I was shown how to use a hoist and other equipment like a slide sheet and standing hoist. We were shown how to check to make sure it's safe to use, and how to put the sling on properly. We even had a go in the hoist so we would know how it felt for people."

A training programme was in place that included courses that were relevant to the needs of people using the service. The provider considered some training as essential for staff working in care, this included moving and handling people, safeguarding adults from abuse, and medication awareness. A record of staff training was maintained, to make sure staff had their skills refreshed and updated. Training records confirmed staff completed training and had their training refreshed in line with the provider's timescales.

Care staffs' skills, competence and behaviours were continually assessed by senior staff through observations of their practice at people's homes. Care staff told us, "We have regular spot checks; we never know when they will turn up. They watch what we do, check the records and MARs, speak with the person and give us feedback about our practice." Another said "They do observations to see if we read and follow the care plan, and provide the right standard of care."

Staff told us that the training and supervision procedure included discussions about their personal development. For example one care worker said, "We discuss my personal development in my one to one meetings. We discuss my training needs and I have completed my level 3 qualification."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered manager was working within the principles of the Mental Capacity Act 2005 (MCA). The registered manager understood their responsibilities under the Act and provided training for staff about the MCA and about obtaining people's consent to receive care. Where concerns had been identified about people's capacity to continue to make certain decisions, referrals had been made to the local authority for assessment.

People told us care workers respected their right to make decisions and obtained their consent to provide care. One person told us, "Oh yes they always ask before doing anything for me." People or relatives had signed their care plan to agree for the care and support to be provided.

Care staff understood the principles of the Act. They told us all the people they visited could make their own decisions, or had a close relative who supported them to make decisions in their best interests. One care worker said, "MCA is about rights, choices and decisions. Everyone I visit has capacity to make their own decisions." Care staff were confident the registered manager would address their concerns, by assessing the person's capacity and involve other health and social care professionals if decisions needed to be made in people's best interests. For example, "If I was concerned about anyone's capacity, I would phone the office; they would visit the person and arrange for a social worker to assess them."

Care plans reminded staff to obtain people's consent before they provided care. Care staff knew that people had the right to refuse care. One staff member said, "I always ask for consent before I do anything, sometimes people refuse. If they do, I will explain why they should (receive care) and ask again, this usually works. If they continue to refuse, I would record it and inform the office."

Most people told us they or their relative provided their meals and drinks. People who relied on care staff to assist with meal preparation were satisfied with the support they received. One person told us, "If [staff member] comes at dinner time we choose what I am going to have to eat and she gets it out of the freezer and then heats it for me." Care staff spoken with said they always made sure people were left with drinks of their choice before they left. People confirmed care staff left a drink if they were unable prepare their own. One person told us, "The carer never leaves without making sure I have a drink near me." Some people relied on staff for all their food and drink, and some required their food to be prepared in a specific way, for example to prevent choking. Care staff understood how people required their food to be prepared and told us they had time to assist people at mealtimes without having to rush.

Most people we spoke with managed their own health care appointments, although care staff said they would assist in making appointments if they asked. People's care plans included their medical conditions so care staff could offer support with this and also knew the signs to look for that might indicate a person was unwell. We found two care plans where health conditions had not been recorded. We discussed this with the registered manager and these conditions were added to people's plans while we were there. Care staff told us, if a person was unwell during their call, they would ask the person if they would like to see a doctor and call the GP. They would also inform the family and contact the office to let them know so they could follow this up if needed. Records showed health professionals such as GP's and district nurses, were consulted where concerns had been identified. People were supported to manage their health conditions where

needed and had access to health professionals when required.

Good

Is the service caring?

Our findings

All the people who completed our survey and who we spoke with said they were treated with respect. One person told us, "Very much so, total respect." People also said care staff had a caring attitude and they had formed friendships with their care worker. Comments from people included, "Everyone who comes to me is very caring," and, "My family feel secure in knowing I am cared for and certain individuals go above and beyond."

During our discussions, care staff demonstrated they cared about the people they supported and understood the importance of developing positive relationships with people. A member of staff told us, "We are like a big family. I love my job and all my clients." Another said, "We always have a laugh and joke about things."

The registered manager and care co-ordinator made sure people were able to develop good working relationships with staff by regularly allocating the same care staff to people. This supported staff to learn about people's needs and abilities and get to know and understand them well. Care staff confirmed they visited the same people regularly and told us continuity was important so they could gain people's trust and develop a good relationship with people.

Care staff told us they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. Most of the comments from people confirmed this, although one person did tell us they felt rushed. We spoke to the registered manager following our office visit about this. They told us the person paid for a 15 minute call and liked the care staff to sit and talk, but was reluctant to extend the time for them to do this. The registered manager said she would contact the person and discuss this with them.

Care staff we spoke with told us how they upheld people's privacy and dignity. Comments included, "I visit the same people so they know me and it avoids embarrassment. If it's a new client I try to put people at ease by talking to them." While providing personal care staff told us how they maintained privacy. They said "I make sure people are covered while I'm washing them," and, "I make sure curtains or doors are closed when people use the bathroom." Another said, "I will ask them if they want to wash their bottom half themselves, if they are able to and will stand outside and ask them to call me when they have finished."

People told us they were supported to maintain as much independence as possible so they could remain at home. Care staff told us they had enough time allocated for calls to encourage people to do things for themselves where possible. For example, one staff member said, "Some people are able to do things so I get them involved. I will encourage people to have a walk around the lounge to keep mobile," Another said, "There is one person I visit at breakfast time that I encourage to help get their cereal and make a cup of tea, they enjoy this."

Information in care plans showed concern for people's wellbeing in a caring and meaningful way, and included the action staff should take to relieve people's distress or discomfort. For example, in one care plan we saw staff were alerted to 'observe the person for signs of pain……observe facial expressions and report

any concerns about pain management." In another care plan there was detailed instruction about how the person should be positioned in bed to ensure they were comfortable and to reduce pain. Care records completed by staff showed they followed instructions to minimise people's discomfort.

Records confirmed people were involved in making decisions about their care, and had signed their care plans to agree the care and support they required.

Good

Is the service responsive?

Our findings

People told us they had regular care staff that knew their likes and preferences about how they wanted their care provided. Staff told us, as they visited the same people regularly they got to know how they liked their care provided. One staff member told us, "I know all my clients really well, I know their likes and preferences and how they want me to do things." Staff said they were made aware of any changes in people's care by phone calls and emails. They said they received their rotas on a daily basis which included any updates they needed to be aware of. For example, on one rota we saw staff were reminded a person was to be looked after in bed until an assessment for a hoist had been completed.

Most people we spoke with said staff arrived around the time expected, stayed for the agreed length of time and completed all of the care that was needed. Comments included, "I never have a problem, my carers are usually on time and they seem to have enough time to do what I need." Some people told us calls were often later than they expected. The registered manager told us it was policy for staff to arrive within 30 minutes of the scheduled call time. If staff were going to be later than 30 minutes, they contacted the office so they could let people know they were running late. People we spoke with did not seem aware of this policy, but accepted hold ups in traffic could delay staff.

Care staff told us they always had enough time to deliver the care and support people needed. They said, "I have plenty of time allocated for each call. I visit the same people regularly, and I get there about the same time each day." Another said, "We don't need to rush. We stay and do everything we have to before we leave." Care staff confirmed if they were running late, they called the office who would phone the next person to let them know. One person told us, "I have no problems with what time my carers arrive….I always get a phone call if they are going to be late". Although some people said they were not always informed if staff were going to be later than expected.

Care staff told us that although they had allocated times to complete calls, this was flexible depending on the needs of the person during the call. One staff member told us, "Sometimes you can get done more quickly than others, if so, I will stay and talk but quite often people want you to leave so you do arrive at the next call a bit early. Another told us, "At the moment I go into a person who has half an hour call. The call is now taking at least 45 minutes as the person is more unsteady on their feet. I have told the office and they are monitoring this. If it continues they will ask social services for more time."

We looked at the call schedules for four people who used the service and the rotas for four care staff. These confirmed people were allocated regular care staff at consistent times, where possible. We noted there was no time on staff rotas for care staff to travel from one person to the next. The registered manager said the 30 minute policy usually covered staff travel time. Staff told us visits were 'patched' (arranged in the same area), so they did not have far to travel between calls

Care staff said there was enough information in care plans to inform them what to do on each call. If people's needs changed, they referred the changes to the managers so plans could be updated. Staff had a 'concerns' email address where they reported any changes in people's care. This was monitored by staff in

the office so they could respond quickly to any changes in care needs. Care staff told us this system worked well, and any changes they reported about people's care were reassessed promptly so they continued to have the required information to meet people's needs. People remembered being involved in reviews of their care, one person told us, "I think my care plan is sorted about every three months."

People's care and support was planned with them when they first started to use the service and care plans were developed following an assessment of their needs. The registered manager told us, each person had a care plan which detailed the care and support they required and how they preferred to receive this. We looked at four people's care files. These contained care plans with details of what staff needed to do on each call and included peoples preferences. For example if they preferred to have a shower or a strip wash, and to apply cream after a shower or personal care. The registered manager told us, "We work in a person centred way," and plans provided staff with the information to ensure each person received care and support in a way they preferred.

It was unclear in two plans we looked at how certain health conditions were being managed, for example one person had diabetes. Although the district nurse managed the person's medicines for this condition, there was no information in the care plan to advise staff what to look out for, or what to do if the person became unwell because of high or low blood sugar. In another plan, the registered manager and staff had told us the person had a PEG, (percutaneous endoscopic gastroscopy) tube. A PEG is a way of introducing nutrition, fluids and medicines directly into the stomach when the person is unable to eat and drink by mouth. The person's relative was responsible for managing food, fluid and medicines through the PEG, but there was no mention of the PEG in the care plan or risk assessments we viewed. We discussed this with the registered manager who advised the care plan had been updated since the PEG was fitted. However, information in the revised care plan did not include all the accurate nutritional information about eating and drinking. The registered manager arranged for both plans to be updated while we were there.

The provider's call monitoring system enabled senior staff in the office to check people received the care they needed and if there were any changes in people's needs or abilities that would need a care plan review. The registered manager told us at times they also provided care to people, which gave them the opportunity to assess if call times were accurate and sufficient to meet people's needs.

We looked at how complaints were managed by the provider. People told us what they would do if they had any concerns. They commented "If I had something to complain about I would," and "I would feel happy in complaining if I had a problem." Another person told us "I had a problem at the start I told them at the office and it was sorted straight away." This demonstrated people felt at ease to raise concerns if they needed to.

Care staff knew how to support people if they wanted to complain. We were told, "There is complaints information in the folders in people's homes. It tells them exactly who to complain to." Another said, "People have the phone number and know they can phone the manager at any time. There is also complaints information if they need it."

There had been no complaints about the service in 2016.

Good

Is the service well-led?

Our findings

People and relatives we spoke with, and who completed surveys, indicated they were happy with the service they received and thought the service was well managed. Comments included, "Overall care is superb. It is just the occasional care worker that prevents an overall excellent service with occasional blips," another said, "I couldn't ask for better care at all."

The registered manager, who was also the provider of the service, understood their responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us and had submitted a provider information return, (PIR) which are required by Regulations. We found the information in the PIR reflected how the service operated.

At the last comprehensive inspection in April 2015, the service was rated 'requires improvement', in all five key areas as the provider was not meeting the fundamental standards. At this inspection we found improvements had been made and the provider was meeting the required standards.

The management team and care staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. Care staff told us they were given information about the provider's policies during their induction and in the handbook they had received when they started working for the service. They were also reminded about policies in the quarterly newsletter. Care staff said the provider's policies supported their practice. For example, all staff knew they could not use a hoist unless they had been trained to do this and knew about the provider's whistleblowing policy for reporting concerns about other staff practice.

All the staff we spoke with enjoyed their role and thought the service was good to work for. One told us, "I really enjoy my job, I feel very valued." Another said, "I love working here." Staff were positive about the management team and particularly the registered manager, one staff member told us, "She is the best manager I've ever had." The registered manager told us they were proud of the staff team, and said, "We all care compassionately about our service users."

Care staff said communication from the office worked well and that they were kept up to date about changes in peoples care and changes in policies. Comments included, "Everything seems to work well," and "I think the training and support for staff is very good." Two staff members said they would prefer their work rota's on a weekly basis instead of daily.

Care staff told us they received regular support, supervision and advice from the registered manager and senior staff via the telephone and face to face meetings. Care staff were able to access support and advice from the registered manager or staff in the office at all times as the service operated an open door policy and out of office hours 'on call' telephone system. Care staff told us the 'on call' system worked well.

People told us there was always someone available in the office if they needed to call. One person told us, "I never have a problem getting hold of anyone in the office" Another said, "If I ring the office and they don't

answer they ring me back as soon as they can."

The provider's quality assurance process included formal and informal opportunities for people to give their views of the service. People were asked about the service they received during reviews of their care, 'spot checks' of staff practice and telephone satisfaction calls. Some people said they had completed a survey about the service. We looked at the returned surveys for 2016, which had been completed in January 2016. People were mainly satisfied with the care but some people had mentioned receiving late calls. Although the returned surveys had been collated and analysed there was nothing to show any action had been taken about people's comments. The registered manager told us surveys were due to be sent for 2017 and they would ensure an action plan was devised for any negative feedback.

Senior staff visited people in their homes to ask whether their care plan continued to meet their requirements, to observe care workers practice, and to check people were happy with the service. The monitoring officer told us observations of staff practice included how the care staff behaved, how they spoke with people, whether people were given choices and if they carried out the instructions in people's care plan. Care staff told us they had feedback from observations in supervision meetings about what they did well and where they could improve. Some people remembered a senior staff member visiting them to find out their views of the service. They told us, "Sometimes I have a visit by the staff in the office, they check my care plan and make sure I am happy with everything."

The registered manager and staff in the office undertook regular checks of the quality of the service. When people's daily records were returned to the office, they checked the records matched the care plans and that people's medicines administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. The registered manager told us when errors or omissions were found in the records, care staff were reminded of the importance of accurate recording. The registered manager told us they were always looking for ways to improve the service. They said, "We are constantly asking how we can improve things." For example they were looking at implementing further technology to support the care planning and review process.