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Lillyfields Care

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

The inspection took place on 12 and 13 October 2016 and was announced.

Lillyfields Care provides a domiciliary care service for people living in Petersfield and the surrounding area. At the time of the inspection 60 people were receiving care visits.

Lillyfields Care is not required to have a registered manager in post. This is because the provider is an individual person who acts as a registered manager as well as the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 18 September 2014 we found a breach in regulations. We asked the provider to take action to make improvements to the implementation of the principles of the Mental Capacity Act 2005. As a result of the breach, the provider sent us an action plan detailing how they would ensure the regulations were being met. We found this action had been completed fully.

People were asked for their consent before care or treatment was provided. Staff told us they asked people for their consent before providing any care. The provider had taken action to ensure that those people who did not have capacity to consent to their care were identified and that they followed the principles of the Mental Capacity Act 2005 (MCA) when providing care.

People were protected from abuse. Staff had knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. There was a safeguarding policy which was available to staff. This detailed the action staff should take in these events along with contact telephone numbers for the relevant authorities where they could seek advice and report concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Assessments were carried out before people accessed the service to identify any potential risks to their safety. Care plans were written which addressed the risks so that staff were informed about how to provide care in a way which protected people.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The allocation of staff was carried out part electronically and part manually. The system ensured consistency of staff for people, identifying appropriate travel routes and provided sufficient travel time. The system ensured that any shortfalls in availability of staff could be identified and recruited to. This ensured there were always enough staff available to cover all calls.

Recruitment and induction practices were safe. Relevant checks such as identity checks, obtaining

appropriate references and Disclosure and Barring Service (DBS) were being completed for staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There was a system in place to ensure the safe administration of medicines. Some people had their medicines administered by staff. Staff had received training to ensure they were able to administer medicines safely. Information was recorded in people's care plans which informed staff where medicines were kept in people's homes and how to administer them.

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food safety and health and safety. Staff told us they had received sufficient training to meet the needs of people. Staff received an induction in line with the Care Certificate.

Staff had regular supervision meetings with management and an annual appraisal. Staff received extra supervision and appraisal during their induction period. Records showed that staff were regularly checked for their competency in delivering care.

The service liaised with community health care professionals to ensure that people were able to access services in relation to their health needs and that there was good communication to support people's needs.

Relatives and people were happy with the care provided and thought that staff were kind and caring.

Staff respected people's dignity. Staff described how they protected people's dignity by closing curtains and doors and covering people with towels when they were washing them. People were supported to be as independent as possible. Care staff told us they always offered people the opportunity to do things for themselves. They supported people where they were unable to do things for themselves.

People were involved in decisions about their care and were offered choices. People told us they and their relatives had been involved in their plan of care and had participated in six monthly reviews.

People had care plans that clearly explained how they would like to receive their care and support. Care plans were regularly updated and amended where necessary to meet people's changing needs. Care plans included an assessment of people's needs and were written to reflect people's individual needs and wishes. Staff were knowledgeable about people's needs and preferences. They told us they had read and understood care plans and ensured they followed them.

The provider responded to feedback, concerns and complaints. The management team sought feedback from people using the service to ensure they were happy with the service. Any concerns or complaints were investigated, managed and resolved quickly.

The provider had a complaints procedure. Details of this were included in care plans so that people and their relatives would know how to complain if they needed to. Most people and relatives contacted the office if they had any issues or concerns they wanted to discuss.

There was a positive and open culture within the service. Staff said they felt able to raise concerns, and were confident they would be responded to. People and staff were happy with the service and praised the management team.

The inspection was supported by a knowledgeable management team, who were helpful and able to provide the information requested and answer questions throughout the inspection.

The registered provider demonstrated good management and leadership, through the effective management of the service and the quality of care provided. She was supported by the management team who demonstrated they were aware of their statutory responsibilities as a provider. CQC had received appropriate notifications from the service. Policies and management arrangements meant there was a clear structure which ensured the service was effectively run and closely monitored. The provider had identified areas of the service which needed to be improved and prepared a plan to address these.

The quality of the service was monitored by management through a series of checks. Feedback was in the form of feedback surveys and care plans were checked on a sample basis every month. Staff received regular 'spot checks' to ensure the quality of care provided.

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 they felt safe. Staff had received safeguarding training and knew how to recognise the signs of abuse.

Risks were identified and appropriately addressed.

There were sufficient staff to meet people's needs.

Staff had received medication training in order to administer medicines safely.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training to meet people's needs and had detailed knowledge about people's individual preferences.

People gave consent to their care. The provider understood the requirements of the Mental Capacity Act 2005.

The service liaised with community healthcare professionals to ensure that people had access to health services.

Is the service caring?

Good

The staff were caring.

Staff treated people in a kind and compassionate way. They took time to get to know people.

Staff described how they provided care to people and respected their dignity.

Independence was promoted wherever possible.

Is the service responsive?

Good

The service was responsive.

Staff responded appropriately to people's needs due to the detailed care plans.

The service sought feedback from people, relatives and staff and responded appropriately to it.

Is the service well-led?

Good

The service was well led.

There was a positive and open culture.

The registered provider demonstrated good management and leadership, through the effective management of the service and the quality of care provided. She was supported by the management team.

The provider actively monitored the quality of care and took appropriate actions where necessary to drive service improvements.

Lillyfields Care

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 October 2016 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service. The provider ensured that people were available to speak with us on the day of the inspection. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

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 used this information to help us decide what areas to focus on during our inspection. We reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we spoke with 19 people and five relatives. We also spoke with the provider, the operations manager, the manager, the care co-ordinator, the Human Resources officer and nine care workers. We reviewed records relating to the management of the service, such as audits, and reviewed three staff records. We also reviewed records relating to ten people's care such as their care plans and risk assessments.

We last inspected this service on 18 September 2014 and found a breach of regulations.

Good

Is the service safe?

Our findings

People told us they felt safe with the service provided. One person said "I feel safe with them. I have never not felt safe. I have two carers and I have always felt safe with them." Another person said "I feel safe physically and financially." One family member said that care workers kept her husband safe by following regulations.

People said they could raise concerns if they felt unsafe but had not had reason to do so. One person said "I could raise concerns. I've never had any. They are as good as gold. A smashing bunch of people." A family member said "We are told to ring if we are not happy and they (agency) will arrange something else." A number of people told us they had chosen not to receive care from particular care workers and this had been arranged by the agency to their satisfaction. Staff told us they could report any concerns they had about people. One member of staff said "There is always someone on the end of a phone." Another member of staff told us "If I was really worried then the 'on call' would come out." The provider told us that an 'on call' service was provided to support staff when they were providing care outside of office hours.

Staff had completed safeguarding training and knew had to report signs of abuse. Safeguarding training was completed as part of a comprehensive induction program. Staff told us that during the induction they were also given an opportunity to discuss their safeguarding responsibilities. Staff were issued with a copy of the provider's safeguarding policy in the staff handbook. One member of staff said "I have a folder with the policy in so I can refresh my knowledge whenever I need to." Most staff said they would report concerns to office staff in the first instance but were aware there were other avenues to report safeguarding concerns such as the local authority.

Staff told us they would feel confident whistle blowing without fear of reprisal should this be necessary. A whistle blower is a person who raises a concern about a wrongdoing in their workplace. One member of staff said "It's not about the carer, it's about the client. When it comes to a client's wellbeing no one should be bothered about blowing the whistle." Another member of staff told us "If I saw something I didn't agree with, I would report it." The provider told us she encouraged staff to come forward if they had any concerns. She said "I tell them we are all responsible and reassure them it's confidential." There was a whistle blowing policy in place which protected staff if they chose to whistle blow.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Assessments were carried out before people accessed the service. The assessment identified risks to people. For example if people were at risk of falls. This meant the service and staff were aware of risks to people before they received care. Care plans were written which addressed the risks so that staff were informed about how to provide care in a way which protected people. Staff told us they knew about individual risks for people. One member of staff told us they always checked for trip hazards and ensured people were strapped in when using the stair lift. Another member of staff said "One client is really wobbly, I always make sure I walk with him." People told us they felt protected from risk, "One person said "I do feel protected from risk. They've done risk assessments. I have multiple food intolerances. I say exactly what food I would like and they weigh it." Another person said "They talked about risks when they did the assessment."

Risks to staff, in relation to lone working, had been identified. Staff provided care in the evening and this was a higher risk to staff working alone. A lone working policy was in place. The policy included actions for staff to take to keep them safe when working alone at night.

There was a policy in place to deal with bad weather and emergency situations. This identified how the service would prioritise calls and take into account whether people had family available locally who may be able to assist them in the short term leaving more staff to be available to support those most at risk. The provider told us that the last time it had snowed, they had rented a four by four vehicle to take care workers to calls and that during that period the service had not missed any calls. The provider had taken action to reduce the risk that people would not receive care in an emergency situation.

Incidents and accidents were recorded and where appropriate actions taken to reduce the risk of reoccurrence. During monthly managers meetings, incidents and accidents were compared across both offices (Petersfield and Havant) to identify any possible patterns. The provider took action to identify learning from incidents and accidents to ensure future events were minimised.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The management team explained how staffing numbers were matched to people using the service to ensure there were always enough staff to cover calls. They were able to do this via their system called 'Care planner' which tracked calls against care worker availability and identified possible shortfalls. This allowed recruitment to match the actual requirements of the service. This protected people and the service from the risk that there would not be enough staff to meet people's needs. The allocation of staff to calls was carried out using the 'Careplanner' electronic system. 70% of calls were pre-allocated on the system leaving the remaining 30% to be allocated manually. Information was stored in the system about which care workers were walkers or drivers and how much travel time was required by each method of transport. The system would not allow a call to be allocated if there was not enough time available for the care worker to travel to the call. The system also identified preferred and disfavoured care workers so that it would not be possible to allocate a disfavoured care worker to a call. Everyone we spoke with said that they had not received any missed calls and that care workers arrived within the allocated time frame. One person told us "Sometimes they are a little bit early or a little bit late; but they have never not turned up." Another person said "If they are going to be more than half an hour late, they phone and let you know."

Recruitment and induction practices were safe and followed the provider's recruitment policy. Relevant checks such as identity checks, obtaining appropriate references and Disclosure and Barring Service (DBS) were being completed for staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There was a system in place to ensure the safe administration of medicines. Some people had their medicines administered by staff. Staff had received training to ensure they were able to administer medicines safely. Medicines training was updated annually. Staff also had their competency checked before they were able to administer medicines to people. One member of staff said "We get our competency checked every six to eight weeks and we get called in to have an assessment." The provider told us that she had recently attended a medicines course which enabled her to provide medicines administration training to the staff. This was the next planned step to provide the training in-house although currently it was still provided through an accredited online course. Information was recorded in people's care plans which informed staff where medicines were kept in people's homes and how to administer them. When staff administered medicines they completed a medication administration record (MAR). MAR charts were kept in people's home and collected at the end of each month. One person told us "I have a blister pack. They get them out and pass them to me, and I take them." A blister pack is a pre-measured dosage system. Another

person said "I do my own medicine but they help me with my eye drops at night." In both these cases we checked the person's MAR chart and the blister pack for one person. Both were correct and up to date. This meant medicines were administered safely and as prescribed to people.

Good

Is the service effective?

Our findings

Everyone we spoke with said their preferences were included in their care plan and their choices were respected. One person said "They always ask me how I like things done." Another person said "I plan all my care myself. I ask them to do it in the order I say, so that I don't get confused."

At our last inspection in September 2014, we found that the provider had not complied with the requirements of the Mental Capacity Act 2005 (MCA). During this inspection we found that the provider had considered people's capacity and where the person did not have the capacity to consent to the care provided, appropriate decision making had been recorded within the person's care plan.

Where people lacked capacity to make specific decisions, the service acted in accordance with the principles of the MCA. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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. Where they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Most people had capacity to make their own decisions. Capacity to consent to care was considered for each person as part of their assessment. If it was considered, following assessment, that the person did not have capacity to consent, then relatives were included in a best interest decision which was recorded in the care plan.

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food safety and health and safety. Staff told us they had received sufficient training to meet the needs of people. Training was provided as e-learning and through 'Social Care TV online.' Training was monitored, refreshed and updated by the Human Resources officer. Staff were required to complete a 12 week induction program which covered local environment, employment information and job specific knowledge. The induction was in line with the requirements of the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. The induction program included an orientation day, a moving and handling day and a practical workshop day. During the induction staff received a supervision meeting at six weeks and an appraisal at 12 weeks and they were required to complete a reflective diary each week recording their thoughts on the training and their experience shadowing other staff. This comprehensive program ensured that staff were suitably trained to carry out their role.

Staff told us they had received appropriate training. One member of staff said "When I first started, they gave me all the training. I feel confident in using a hoist." Another staff member said "If you are worried about any equipment, you can go in the office and they will show you again." There was a training room within the offices which included all the moving and handling equipment that staff might be required to use. Staff told us shadowing was also part of the induction to ensure they were aware of the realities of the job and knew what was expected of them. The provider told us this was for a minimum of 15 hours but staff were able to shadow for as many hours as they wished to ensure they were comfortable. One member of staff told us

they had shadowed for a week before starting to work alone. Another staff member said "We could have as many days as we wanted to go out shadowing. It's a good way to see if you like the job."

Staff had regular supervision meetings with senior staff. Staff received two supervision meetings a year. One of these encompassed an appraisal. This was in addition to the supervision and appraisal received during induction. Records showed that staff were also regularly checked for their competency in delivering care. Staff told us they felt supported in their role and felt able to discuss any concerns with the management team at any time. One member of staff said "You have six and 12 week appraisals, if you have any concerns you can raise them."

People were asked for their consent before care or treatment was provided. Staff told us they asked people for their consent before providing any care. For example, one member of staff said "I always ask them what they would like me to do." People and their relatives told us that care workers sought consent before giving personal care and explained the care to be provided. One person said "They always ask permission. They are very good at asking. I am really pleased with them. I would recommend them to anyone." Another person told us "They always ask. They are very polite." Care workers respected people's individual choices and decisions. One person told us "If I don't want something done, for example, a shower, they have always respected that it is my decision." Another person said "They do respect my decisions and choices." One person told us "They don't just put a cup of tea down. They ask if you want tea and where you would like them to put the cup." People were able to make choices and staff respected their decisions.

Staff prepared people's own food for them and records demonstrated that they regularly checked the 'use by' dates of food stored in people's fridges to ensure it was safe for them to eat. Staff ensured that people had access to drinks. When we visited people in their home we noted that people had drinks within reach and we observed staff offering people drinks such as cups of tea.

The service liaised with community health care professionals to ensure that people were able to access services in relation to their health needs. Records of this were kept in people's care plans and a contact list was maintained so that the most appropriate community healthcare professional could be contacted in the event of staff identifying an issue. A communication book was kept in people's homes where a person had regular contact with professionals such as the District Nurse so that messages about care could be exchanged between Lillyfields staff and health professionals. One person told us that care staff had stayed with them when they fell ill. They said "A Lillyfields carer found me when I had (a serious illness). She rang the office and they rang 999. They covered her shifts so she could accompany me to the hospital. She stayed with me for five hours." The provider helped to support people with their serious medical conditions and ensured they received medical help.

Good

Is the service caring?

Our findings

People and their relatives thought that staff were caring. One person said "They are absolutely marvellous, I've never had such a bunch of girls. They understand my needs." Another person told us "I look forward to them coming. I don't look for carers, I look for friends."

Staff described how they provided care and supported people in a caring way. One member of staff told us "I do sometimes sit and have lunch with them, I find they enjoy that. If I go to (a local bakery), I buy a cake and that cheers them up. It's little touches like that, that make people smile." Another member of staff said "One of my clients has no family and it was her birthday, so I surprised her with a cake. I don't mind staying extra if people want to chat." Another member of staff described how she had supported a blind person to reminisce. She said "She wanted to talk through her Christmas cards and talk about who they were from and how she knew the person. She just wanted someone to listen, so I sat with her." People told us that staff had supported them when they felt upset. One person said "They are sensitive to my moods. I try to be cheerful. When I'm upset, they have been sympathetic." Another person told us "They have been very supportive emotionally in the last 14 months. They've been helping me get over the deaths of (my relatives)."

Staff provided care in line with people's wishes. One person said "The care is brilliant. They ask what you want." Another person told us "They talk to us every time they come. They always ask. They did an assessment and asked us what we wanted. If it wasn't right I would say." Another person told us "They are very caring and polite. They are very respectful of my wishes." A member of staff told us "I usually sit with them first, discuss with them what they want me to do. I always ask if I can read their care plan, then I ask if there is anything not in the care plan they want doing. If I have time I am more than willing to do it."

Staff respected people's dignity. Staff described how they protected people's dignity by closing curtains and doors and covering people with towels when they were washing them. One person told us "They do respect my dignity. They understand my embarrassment." Another (female) person said "We have some male carers, they always ask if I am happy for them to provide my care." One member of staff said that she ensured she left the room if people wanted to have a private conversation and another member of staff told us "I don't talk about others in front of them."

People were supported to be as independent as possible. Care staff told us they always offered people to do things for themselves. They supported people where they were unable to do things for themselves. Staff encouraged people to be independent where possible. One person told us "I feel they respect my dignity. They help me with a strip wash and dressing. I don't worry about my modesty. They encourage me to do things for myself." One member of staff told us how they helped a person to maintain their independence by supporting them to buy their own parking ticket when they took them out.

People were involved in decisions about their care and were offered choices. People told us they and their relatives had been involved in their plan of care. People told us they had participated in six monthly reviews which had taken place in their home with relatives and a member of management. Everyone said their preferences were recorded in their care plan and their choices were respected by care workers. The provider

told us the service was very responsive to change and therefore if a person's care needs changed they would review the plan of care with them to ensure it met their current needs.

Good

Is the service responsive?

Our findings

Staff were able to respond appropriately to people's needs because they knew them well and understood their care needs. Staff knew people personally so they could respond to their preferences, likes and dislikes providing personalised care.

People had care plans that clearly explained how they would like to receive their care and support. Care plans were regularly updated and amended where necessary to meet people's changing needs.

Care plans included an assessment of people's needs and were written to reflect people's individual needs and wishes. They contained emergency information, care plan updates, an assessment of needs in relation to personal hygiene, communication, hearing, sight, breathing, pain, skincare and continence. Tasks to be carried out were listed and people's care needs were recorded in an individualised way. For example care plans included information about people's preferred names, how they mobilised and things care workers needed to take into account such as whether the person had a poor memory. Information about people's background and social history was also included, for example, one person was very interested in classical music and the arts and had previously enjoyed walking in the country. Staff could use this information to have discussions with people about their interests and background.

Staff were knowledgeable about people's needs and preferences. They told us they had read and understood care plans and ensured they followed them. A relative told us their family member had a care plan that was followed and they had attended a meeting recently to review it. People told us that care plans were regularly reviewed and adjusted where necessary. The 'Careplanner' system allowed the management to send out update messages to staff and also to put diary notes on staff individual rotas. This ensured that all staff had the most up to date information available and that if there was any new or different information they needed to know, they would be reminded of this. One person told us "(The manager) sent all the staff an email to inform them of (my condition)." A member of staff said "The office send out emails. They will tell you anything that's changed." Another member of staff told us "If there's an outing or something special to get ready for, they flag it up to you."

The provider operated an 'on call' system to support staff working outside of office hours. There were very clear policies around the role of 'on call' and they were always supported by a member of the senior management team. Training was provided to staff who wanted to be part of the 'on call' system so that they knew how to respond appropriately and consistently in any situation. One member of staff said "They have given me an 'on call' phone and I have been trained for that." This meant that staff and people were supported to seek guidance and advice even when the main office was closed.

The provider responded to feedback, concerns and complaints. The management team sought feedback from people using the service and their relatives, by sending out feedback forms. The provider told us "We have a very open attitude, we are always talking to families." One person said "They have sent questionnaires asking for opinions on the care." The provider had collated the data from the feedback forms and where improvements were required, prepared a plan to address these. Mostly these were about

developing the service as a whole such as developing the 'Careplanner' system to use its full capability, thereby supporting the service to work more effectively.

The provider had a complaints policy and procedure. Details of this were included in care plans so that people and their relatives would know how to complain if they needed to. Most people and relatives contacted the office if they had any issues or concerns they wanted to discuss. A relative told us "If you ring them about anything, it gets dealt with." A person said "I can speak to (the manager). I wouldn't be worried about it. If (the manager) wasn't there I could speak to (the provider)." Any complaints received were recorded on the system, investigated and appropriately responded to. Staff had an opportunity to raise and discuss concerns during staff meetings or individually through calling or visiting the office. They all said they would speak to staff in the office if they had any concerns. One staff member told us "It's an open door policy, if you have anything you want to say, you can just ring up. They are all approachable in the office." Another member of staff said "You can literally just walk in and raise a query and it will be looked into. You feel very valued by what you say." People were supported by a service which actively encouraged them and staff to feedback on the quality of the service provided taking action to drive improvements where identified.

Good

Is the service well-led?

Our findings

There was a positive and open culture within the service. Staff said they felt able to raise concerns, and were confident they would be responded to. One member of staff said "I would feel 100% comfortable. I would happily go in and talk to them about anything." Another member of staff said, when asked about the culture of the service "It's all very relaxed and open."

The inspection was supported by a knowledgeable management team, who were helpful and able to provide the information requested and answer questions. Staff made themselves available to support home visits to people.

People and staff thought the management team were excellent and provided a good service. One person said "The management are very good. They will cover care even if they are short staffed." A relative told us "They are really good. We are quite happy with the care. What they do, they do well." Another relative told us that they were very happy with the service and had recommended them to several other people they knew. A member of staff said "I could talk to any of them. They are always there to help." Another staff member told us "I don't have any problems and if I did I could raise them. I feel valued as part of the team."

The provider demonstrated good management and leadership, through the effective management of the service and the quality of care provided. She was supported by the management team who demonstrated they were aware of their statutory responsibilities as a provider. CQC had received appropriate notifications from the service. A notification is information about important events which the provider is required to tell us about by law. People had regular visits from care supervisors and regular contact with office staff. They knew the names of office staff, which included the management team, and said they had spoken with them regularly.

Policies and management arrangements meant there was a clear structure which ensured the service was effectively run and closely monitored. The management structure within the office included clearly defined roles. This helped to ensure the effective working of the office and meant that staff knew who to talk to about any queries. For example if they had a query about training they would go to the HR officer. Policies included staff recruitment, safeguarding, induction, performance and appraisal, accident reporting and complaints. The provider was responsive to changes, for example an issue had arisen with communication to staff. They had been reviewed and a policy and procedure was put in place to ensure communication with staff was appropriate and effective. The management team told us the values for the service were 'Making a difference, making a better life.' They told us they took pride in what they were trying to achieve. They felt it was important to build a team ethos so that everyone felt involved in developing the service. Feedback from staff demonstrated that they had been successful in this goal.

The provider had identified areas of the service which needed to be improved and prepared a plan to address these. These included using aspects of the 'Careplanner' system which had not yet been implemented. These aspects included being able to confirm completion of the call online immediately, tracking staff locations and extra information for staff such as the inclusion of a map locating the person's

home they were attending. The plan also included information around a development plan for office staff and proposed activity days for all staff. The overall goal was to provide person centred care to the community and promote a staff focussed company that will keep providing high standards of care.

The quality of the service was monitored by management through a series of checks. Feedback was sought in the form of feedback surveys. Feedback from surveys had been acted upon where appropriate. A complete care plan audit had recently been carried out by management. Any identified issues had been immediately rectified. The provider told us that going forward the plan was to audit three to four per month. This would be set up using 'Careplanner' so that they would be highlighted on the system as they fell due. Regular staff 'spot checks' were carried out to ensure that care was delivered to appropriate standards. All staff were 'spot checked' on a 15 week cycle and new staff received at least two 'spot checks' during their 12 week induction period. One member of staff said "We have spot checks. I've had three since I've been here. They do give you feedback. Staff received feedback following a 'spot check' so that any issues identified could be rectified. For example one staff 'spot check' identified that the member of staff was not 100% confident with moving and handling techniques. They were invited into the office to receive additional moving and handling training and then a further 'spot check' was carried out to ensure they felt confident helping people to mobilise. It was evident that quality assurance methods were effective due to the positive feedback from people using the service about the quality of care they received.