Impeccable Healthcare Services Limited

Impeccable Healthcare Services Limited

Inspection report

TMS House
Cray Avenue
Orpington
Kent
BR5 3QB

Tel: 01689885002
Website: www.impeccablehealthcare.co.uk

Date of inspection visit:
26 June 2018

Date of publication:
22 August 2018

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 26 June 2018 and was announced. Impeccable Healthcare Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, at the time of this inspection, 14 people were using the service.

At our comprehensive inspection on 30 and 31 May 2017, we found breaches of regulations as appropriate systems were not always in place to ensure that people's medicines were managed safely, adequate management plans were not developed to ensure risks were managed safely, and the quality of the service was not effectively monitored and assessed. Following that inspection, the provider wrote to tell us the actions they would take to address our concerns. At this inspection we found that the provider had completed these actions and complied with the regulations.

There was a registered manager in post. 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's medicines were now managed safely. People were given their medicines as prescribed by healthcare professionals and the support people required to take their medicines was documented in their care plans. Staff had completed medicines training and their competency had been checked to ensure they had appropriate knowledge and skills to support people manage their medicines safely.

People were now protected from avoidable harm because risks to people had been identified, assessed and had appropriate management plans in place. The provider now had appropriate systems in place to assess and monitor the quality of the service including regular visits to people's homes and audits. The provider had implemented an electronic call monitoring system which was used to monitor staff attendance and to ensure people's needs were met.

The provider had policies and procedures in place to protect people from the risk of abuse and staff knew of actions to take if they had any concerns of abuse by reporting and recording it. The provider followed safe recruitment practices to reduce the risk of unsuitable staff working at the service. There were appropriate numbers of staff available and deployed to ensure people's needs were met. People were protected from the risk of infection because staff followed appropriate infection control protocols such as washing of hands to prevent the spread of diseases. Where accident or incidents occurred, this was reported and recorded appropriately to drive service improvement.

Before people started using the service, their needs were assessed to ensure they would be met. Where required healthcare professionals were involved in these assessments to ensure they adhered to best practices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have good health, to eat and drink sufficient amounts for their wellbeing and access healthcare services where required. The provider worked in partnership with other health and social care services to ensure people had adequate support when moving between services or using multiple services. Staff were supported through induction training and supervision to ensure they had the knowledge and skills required to perform their roles.

People were supported by staff that were kind and caring. People were given choices and were involved in making decisions about how they would like to be supported. People's privacy and dignity was respected and their independence promoted. People's needs were met because staff followed the guidance in their care plan. Staff understood the requirement of the Equality Act and supported people without discrimination. People were supported to participate in activities that interest them.

The provider had a complaint policy in place which provided information to people and their relatives on how to make a complaint. Complaints were addressed in line with the provider's procedures to ensure people were satisfied with the service. Where required people were supported at their end of their life. People's communication had been assessed and information was presented in formats that supported their understanding.

The provider had an effective out-of-hours system which people, their relatives and staff used to contact the management team in the event of an emergency. People's views were gathered through annual surveys, telephone monitoring checks and homes visits to improve on the quality of the service. The provider worked in partnership with key organisations such as the local authority to provide an effective service. There were systems in place to support continuous learning and improve the quality of the service.

The provider worked within the requirements of the Health and Social Care Act 2008 (Regulated Activates) Regulations 2014 and submitted notifications of significant events at the service. The provider had displayed their CQC rating both at their office location and on their website. Staff were happy working at the service and felt supported in their role. Regular team meetings were held to provide updates, training and gather feedback to improve on 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's medicines were managed safely.

Risk to people had been identified, assessed and had appropriate management plans in place.

The provider had safeguarding policies and procedures which provided guidance for staff on how to protect people in their care from abuse. All staff knew of their responsibility to safeguard people.

The provider followed safe recruitment practices in place and deployed staff appropriately to meet people's needs.

The provider had infection control policies and procedures and care workers knew of actions to take to prevent or minimise the spread of infections.

Accident and incidents were reported and recorded appropriately to drive improvement.

Is the service effective?

Good

The service was effective.

Before people started using the service their needs were assessed to ensure they would be met.

Staff sought people's consent and worked within the principles of the Mental Capacity Act 2005 when supporting them.

People were supported to eat and drink adequate amounts for their health and well-being.

People were supported to access healthcare services where this was required.

The provider worked in partnership with other health and social care services to provide joined-up care.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People were involved in planning their care and support.

People's privacy and dignity was respected and their independence promoted.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their needs and had care plans in place that provided staff guidance on how people's needs should be met.

Staff adhered to the principles of the Equality Act and supported people in a caring way.

People were supported to participate in activities that interest them.

The provider had a complaints policy and followed its procedures to ensure people were satisfied with the service.

Where required people were supported with end of life care to ensure their wishes were met.

People were supported to communicate effectively and information was presented in formats that met their needs.

Is the service well-led?

Good

The service was well-led.

The provider had systems in place to assess and monitor the quality of the service and had implemented an electronic call monitoring system to monitor staff attendance.

The provider had an out-of-hours system for people to contact in the event of an emergency.

People, their relatives and staff views were sought to improve the quality of the service.

There was a registered manager in post who supported staff to undertake their roles efficiently.

The provider worked in partnership with key organisations to plan and deliver an effective service.

Impeccable Healthcare Services Limited

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 26 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity was on 26 June 2018 which included a visit to the office location to see the manager and office staff; and to review care records, staff files and other records used in managing the service such as policies and procedures. On 6 July 2018 an expert by experience made calls to people on the telephone whilst they were in their homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection team consisted of a single inspector and an expert by experience. Prior to the inspection we reviewed information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority that commissioned services from the provider to obtain their views about the service. Information acquired was used to help us plan our inspection.

We spoke with two people and six relatives. We also spoke with six staff members including the registered manager, an office administrator and four care workers. We reviewed four care files including care plans and risk assessments. We looked at five staff files which included recruitment checks, supervisions and

appraisals. We also looked at other records used in managing the service and this included policies and procedures, accidents and incidents, minutes of meetings, audits and complaints logs.

Good

Is the service safe?

Our findings

At our comprehensive inspection on 30 May 2017 we found breaches of legal requirement as people's medicines were not managed safely and identified risks did not always have appropriate management plans in place. At this inspection the provider had made improvements.

People's medicines were managed safely. People and their relatives told us they were satisfied with the support they or their loved ones received with their medicines including the application of prescribed creams. Comments included, "I take my own medication, if necessary [care workers] will pop into the chemists and pick it up for me."; "My [loved one] takes their medication but [care workers] check it has been taken and write on the log sheet," and "□My [loved one] has eye drops and eye washouts, I prepare this and [care workers] do it."

The provider had policies and procedures in place which provided staff guidance on safe management of medicines. Medicine administration records (MAR) were used to document the list of medicines, dose, strength, frequency and time of day the medicine should be taken. MAR sheets we reviewed were completed correctly and without gaps. Where people were prescribed 'as required' medicines there was guidance available to staff on when they could administer this medicine.

The support people required with their medicine was documented in their care plan such as if they required prompting to take their own medicines or were supported by their relatives. Training records showed that all staff had completed medicines training and their competency had been assessed to ensure they had appropriate knowledge and skills to support people safely. The provider audited MAR sheets monthly to ensure people were supported with their medicines as prescribed by healthcare professionals.

People were protected from avoidable harm as risks to people had been identified, assessed and had appropriate management plans in place. Risk assessments covered areas such as skin integrity, personal hygiene, nutrition, falls and mobility, use of equipment and the risk of people's home environment. For each identified risk there were management plans in place which provided guidance for staff on how to manage risks safely. For example, one person was identified at risk of falls when being transferred with a hoist. There was a hoist management plan which provided care workers good practice guidance to follow when transferring the person and this included the number of staff and equipment needed to carry out safe transfers.

People were protected from the risk of abuse. People and their relatives told us they felt safe with care workers in their home. One person told us, "I am safe, I can stand up for myself and I know what I want." A relative said, "I have no reason to think my [loved one] is not safe, I am sure they will tell me if there were reasons." Another relative said, "My [loved one] is safe, I have every confidence in the [care workers]." The provider had safeguarding policies and procedures which provided guidance on the processes staff should follow to protect people from abuse. All staff had completed safeguarding adults' training and knew the types of abuse that could occur as well as the signs to look out for. They said they would report any concerns of abuse to their line manager. The provider had a whistleblowing policy which staff said they

would use to escalate any concerns of poor practice. Staff told us they were confident their manager would take appropriate actions to ensure people were safe. The registered manager knew of their responsibility to report any concerns of abuse to the local authority safeguarding team and CQC. Where required the provider had sent notifications to the Commission and worked in partnership with the local safeguarding team to ensure people remained safe.

The provider had safe recruitment practices in place and ensured that staff were well checked before they could work at the service. Staff files contained completed applications forms which included educational qualifications and employment history, criminal record checks, references, health declaration, proof of identity and the right to work in the United Kingdom. All staff we spoke with confirmed the provider carried out these checks before they started working at the service. This reduced the risk of unsuitable staff working with people who used social care services.

There were sufficient staff available that were appropriately deployed to meet people's needs. People and their relatives told us they had regular care workers, two care workers where this was planned for and that staff mostly arrived on time. Comments from people and their relatives included, "It can be up to 30 minutes later than expected, but [staff] will phone and let me know, they spend the full 45 minutes with my [loved one]," and "[Care workers] are punctual, I have never been let down."

The registered manager told us that staffing levels were planned in consultation with the service commissioners and according to each person's needs. Each person's care plan included the number of staff required to deliver safe care and support. The provider had an electronic call monitoring system (ECMS) in place to monitor staff attendances. The ECMS we reviewed showed people were supported safely as planned for. All staff we spoke with confirmed there were sufficient staff deployed for each visit and they had enough time to support people's needs.

People were protected from the risk of infection. People and their relatives told us care workers wore appropriate personal protective equipment (PPE) and washed their hands before supporting them. The provider had policies and procedures which provided staff guidance on how to prevent or minimise the risk of infection. Care workers told us they wore PPE such as gloves and aprons when supporting people and they washed their hands regularly and used hand sanitizers to prevent the spread of infection. All staff had completed infection control and food hygiene training and they had appropriate knowledge on how to prevent the spread of diseases.

Accident and incidents were reported and recorded appropriately to drive improvement. Staff knew of the provider's policy for reporting and recording accidents and incidents at the service. For example, we saw that when one person had a fall prior to their care workers arrival, the care worker contacted emergency services promptly, reported the incident to their manager and completed an accident and incident form appropriately. Learnings from this incident were shared at a staff meeting to ensure all staff knew of the actions to take and to prevent repeat occurrence.

Good

Is the service effective?

Our findings

Before people started using the service, they were assessed to ensure their needs would be met. One person told us, "The manager came to do an assessment arranged by Bexley Council, this is the best agency we have had." A relative commented, "My [loved one's] care package was arranged before they left hospital, the two [care workers] were here as the ambulance arrived and we have more or less had the same ladies since."

The registered manager carried out all initial assessments within 24 hours of people being referred to the service by health and social care professionals. Initial assessment records included people's medical, physical and social needs. Various areas of their care needs including continence, eating and drinking, medicines, mobility and personal hygiene were assessed. Personal history, people's likes and dislikes and their preferred visit times were discussed and recorded during these assessments. Where required, the provider involved healthcare professionals such as district nurses or occupational therapists in these assessments to ensure they adhered to best practices. Information attained at the assessment and a referral information from the local authority were used to develop people's care plan and risk assessments.

People's rights were protected because staff sought their consent before supporting them. People and their relatives told us care workers sought their consent and one relative said, "I hear the carers talking to my [loved one] and asking "is it alright if we do...?" Another relative said, "There is always a lot of chat going on and I have heard [care workers] saying "right let's start by doing …. shall we?" A third relative commented, "[Care workers] talk to my [loved one] in a nice way, they always ask before they do anything."

The registered manager told us people had the ability to consent and make choices about their day-to-day care and support. Care workers knew of their responsibility to work in line with the requirements of the Mental Capacity Act 2005 (MCA). One care worker said, "We always seek consent from people before supporting them, I always ask them if they want to have a shower or a wash." Another care worker said, "I always ask people if they want to eat and what they will like to eat and I show them the choices available."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any applications had been made to the Court of Protection.

Care files contained an assessment of people's mental health needs including their cognition. For example, one person's care notes stated they had a mental health condition, however, they were able to make decisions about the food they ate and clothes they wore but unable to make decisions regarding their

medicines. A mental capacity assessment was carried out and best interest decisions were made by the person, their relatives and the provider to ensure adequate support was in place for them. The registered manager told us that no one currently being supported by the service was subjected to any restrictions of their liberty and that where required they would ensure appropriate assessments and authorisations from the Court of Protection was in place for them.

People were supported to eat and drink sufficient amounts for their health and well-being. People and their relatives told us they received the support they needed with their meals. One person told us, "I am able to eat and drink independently but need support to prepare my meals." A relative told us, "My [loved one] selects a meal from the freezer for carers to prepare." People's care plans contained the level of support they required with eating and drinking and included guidance for staff on how to support people to meet their dietary needs. Where required, people's relatives supported them by purchasing their groceries and staff prompted them if they were running out. Care workers knew the support people required to eat safely. One care worker said, "I prepare the meals, I ask people what they want to eat or drink and I make sure they are in right position before eating."

People were supported to access healthcare services where required. The registered manager said where required they supported people to book and attend appointments and on days that people had a healthcare appointment, care workers attended to them earlier than planned to ensure they were ready before their transport arrived. One care worker told us, "I have accompanied one person to the GP, dentist and for respite care."

The provider worked in partnership with other health and social care services to provide joined-up care. The provider liaised with social workers and hospital teams to ensure adequate support was provided for people when they were discharged from hospital back into their homes. The registered manager told us they contacted healthcare professionals such as district nurses, GPs, and occupational therapists (OT) when they had concerns or needed support with, for example, pressure sores, pressure relieving equipment and/or barrier creams. People's care plans contained information about their medical condition, medicines, any known allergies and contact details of health and social care professionals to ensure information was readily available in the event of an emergency.

Staff were supported through induction, training and supervision to ensure they had the knowledge and skills required to undertake their roles effectively. People and their relatives said care workers had the knowledge, training and ability to care for them and that their needs were being met. They told us that new care workers shadowed experienced colleagues before they could work alone and that where hoist and mobility aids were used care staff had the skills and competence to use them safely and appropriately. One person told us, "I think they are competent; as far as training goes, it must be efficient because they are all good at what they do." A relative told us, "My [loved one] is totally safe, I leave them (care workers) to get on with it, they use the hoist and there are no worries."

New care workers completed the Care Certificate Standard which is the benchmark that has been set for the induction standard for new care workers. All care workers completed training in areas including safeguarding, moving and handling, infection control, safe administration of medicines, health and safety, equality and diversity and the Mental Capacity Act 2005 (MCA). Care workers were also supported with supervision every three months and their performance appraised every year to support their professional development. Discussions in these one-to-one meetings covered topics including wellbeing, work- load, training and developmental needs. All care workers we spoke with told us they were supported with regular training and supervision which had enhanced their knowledge and skills in the role.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. People and their relatives told us staff were kind, caring and respectful. One person told us, "I have a good relationship with my [care worker], they are kind and compassionate, one is especially caring." A relative told us, "The [care workers] are very good, very loving, very placid, they totally know my [loved one] they cuddle her, she loves them." Another relative said, "My [loved one] was very reluctant to have care, now I hear them chatting and laughing… and they look forward to the [care workers] coming." A third relative commented, "My loved one's [care worker] is brilliant, everything they do is good and they listen." People's preferred names were documented in their care plans and we noted that staff called people by their preferred names when referring to them.

People were given choices and were involved in making decisions about their daily care needs. People and their relatives told us they were involved in planning their care and their views were taken into consideration. Care plans showed people were involved in making decisions about how they wanted to be supported. This included the time they would like their care to be delivered and what they needed support with. Care plans included people's preferences and had guidance in place on how care workers should support people meet their needs. Care workers we spoke with told us they gave people opportunities on a day-to-day basis to make choices for themselves and respected their decisions.

People's privacy and dignity was respected. People and their relatives told us care workers treated them with dignity, and their privacy was maintained. Staff understood the importance of maintaining privacy and dignity. A care worker said, "I give people space during personal care to make them comfortable… I close the curtains, shut the door and windows and cover them with a towel. Information regarding people must be confidential." Another care worker said, "I make sure the door is closed." People's records were kept in lockable cabinets in the provider's office and computers were password protected to maintain confidentiality and ensure unauthorised persons did not have access.

People's independence was promoted to ensure they maintained life skills. People and their relatives confirmed their independence was promoted where they had the capability to do so. Care records included information on things people could do for themselves and those that they needed support with. For example, we saw that some people could administer their own medicines and eat independently but needed staff support for personal care needs. Staff knew the importance of promoting independence. One care worker told us, "One person prefers to wash their own clothes and I support them so long as it is safe for them."

People were provided with information about the service in the form of a 'service user's guide'. People and their relatives confirmed they were given appropriate information about the service. The service user guide included information about the types of services available, staff team, care plans and records, confidentiality and the provider's contact details. This ensured that people were aware of the kind of service available and the standard of care they should expect.

Good

Is the service responsive?

Our findings

People received support that met their needs. People told us they had a care plan in place and that the care provided met their needs. Each person's care plan included a summary of their care needs. Care plans were devised based on each person's needs and covered areas such as personal care, medicines, mobility, eating and drinking, continence and communication. There was appropriate guidance in the care plans about the support people required at each visit. People's care plans were reviewed regularly or when their care needs changed. Daily care notes showed that people were supported in line with the care that was planned for them. Other health and social care professionals such district nurses, tissue viability nurses, occupational therapists and social workers were involved in planning and supporting staff to deliver safe care and support.

One relative said, "My [loved one] had a care plan review a year ago, there were no changes needed." Another relative said, "My [loved one] has a care plan, there hasn't been any changes in their condition." People said care workers were responsive and supported them to meet their needs. One relative told us, "[Care workers] don't miss anything, if they spot a red area they will show me and write it down… also a [care worker] told me they thought my [loved one] sounded a bit chesty and suggested I speak to the GP."

Staff understood people's needs regarding their disability, gender, religion and cultural background and supported them in a caring way. Care plans contain information about people's personal history to ensure staff knew about people's lives and what was important to them. This included their marital status, ethnicity and religion. Where people were actively practicing their faith, we saw that their care plans included guidance for care workers to respect people's beliefs and culture. Care workers had completed training in equality and diversity and supported people's diverse needs without discrimination.

Care records detailed people's communication needs and supports. This included whether people could communicate verbally, their language of communication and any support people required with their communication aids such as glasses or hearing aids. For example, one person who needed support with their communication had guidance for care workers to support and promote their understanding. The registered manager told us that people understood information in the current standard format and that they would present information in formats to support individual needs when required. Care workers told us they showed people alternative food or clothing to promote their understanding.

People were supported to participate in activities that interested them. People's care plans listed their hobbies and interests. For example, one person's care plan stated they enjoyed, "Going on the internet, reading, completing puzzle books and watching television." The registered manager told us staff supported one person to complete their puzzles and got another person ready for their transport to a day centre three day a week. Care workers told us they supported people to turn-on their television sets and had conversations with people whilst supporting them to ensure they were stimulated at each visit. One care worker told us, "I take them out to the shop to pick-up newspapers, they like to watch television and read a lot, they also like gardening so I try to chat with them at each visit about that."

Complaints were addressed appropriately to ensure people were satisfied with the service. People and their relatives knew how to complain if they were unhappy with the service and told us their complaints were addressed to their satisfaction. The provider had a complaints policy and procedure which provided guidance on what actions the provider would take when a complaint was raised including the timescales for responding. The provider maintained a complaint log which included both verbal and written complaints. We saw that complaints were investigated to ensure people were satisfied with the service. For example, one person complained that their care worker was not staying for the full duration of their visit. We saw that the provider suspended the care worker immediately whilst they investigated the matter. The local authority that commissioned the service was notified and updated with actions the provider had taken to resolve the matter. We saw that the person who complained was happy with the outcome of investigations and felt the service had improved.

Where required people were supported at the end of their life. The registered manager told us that no one using the service currently needed support with end of life care. They told us that if end of life care was required, they would tailor the care to the person's needs and ensure they were made comfortable if they wished. They would also liaise with district nurses, GPs, palliative care teams and the person's relatives to ensure their end of life wishes were met.

Good

Is the service well-led?

Our findings

At our inspection on 30 May 2017 we found that the provider did not have an effective system in place to assess and monitor the quality of care people received and had not maintained a manual or electronic call monitoring (ECM) system to show they had monitored visits to people homes. At this inspection improvements had been made.

The provider had implemented an electronic call monitoring system (ECMS). Care workers used the ECMS which was an online application to log in and out of people's homes to demonstrate they supported people at the time it had been planned for and had stayed for the duration agreed. Office staff monitored the ECMS to verify staff attendance and punctuality. The provider's ECMS showed people were being supported at the time and duration it had been planned for. The registered manager told us they had plans to further develop the ECMS to enable people and their relatives to have access so that information would be readily available to them.

The provider had an effective out-of-hours system which people, their relatives and care workers used to contact management team in the event of an emergency. The out-of-hours system was being used to report staff absences, replacement and to report any accident or incident that occurred at the service.

The provider had systems in place to assess and monitor the quality of the service. This was done through regular visits to people's homes, unannounced visits to observe care worker performance and practices and the auditing of care files including MAR charts and daily communication logs. Where issues were identified for example with staff not following appropriate infection control protocols such as hand washing or issues relating to reporting and recording concerns. These were addressed at team meetings to remind staff of the importance of following the provider's policies and procedures when undertaking their role.

There was a registered manager in post who understood their responsibility in line with the requirements of their CQC registration and submitted notifications of significant events at the service. The provider had displayed their CQC rating at their office location and on their website. The registered manager was involved in the day to day management of the service and knew both people and staff well. There was an organisational structure and staff had the direction and leadership they required in their role. The provider had values that included providing person-centred care, respecting people, promoting independence and involving people in making decisions about their care and support. Care workers we spoke with knew of these values and told us they upheld them when supporting people.

People and their relatives were complimentary about the service and said it was well-led. Comments included, "They provide a good service,"; "The Manager is friendly she will always get back if you leave a message, but responds better to e-mails than telephone messages,"; "… the care is as good as can be, it is the best one we have had,"; "The manager and staff are not 'stand-offish', the whole family has got to know them and they have become like family," and "They seem to have everything under control, all our needs are being met, they do things as my [loved one] would like them done and we can rely on someone we know coming."

Staff were complimentary of the registered manager and provider. One care worker told us, "Management is okay, they are always transparent and we work like a family." Another care worker mentioned, "The manager is good, I have a lot of support… whenever I need them they give me the support." Staff views were gathered through monthly team meetings. The registered manager held regular meetings with care workers to provide updates, training and listen to their views. Minutes of staff meetings included discussions about policies and procedures, good practice principles and the duty of openness in areas such as safeguarding, health and safety, no response and accident and incident procedures. There were discussions also about staff training and development and about current issues and concerns faced in the role including staff conduct and punctuality and how these could be improved.

People's views were sought to improve the quality of the service. The provider used annual surveys, telephone monitoring and home visits to gather feedback from people and their relatives. People and their relatives told us they had recently completed a questionnaire about the service. A survey questionnaire was sent out in May 2018 and people were asked questions under caring, responsive, well-led, safe and effective. The results of the survey which was analysed in June 2018 showed that nine of 14 people completed the survey and rated the service 96% in caring, 94% in responsive, 92% in well-led, 81% in safe and 87% in effective. The registered manager told us they would follow-up on any concerns raised in the surveys from people or their relatives to improve the quality of the service.

The provider worked in partnership with key organisations such as the local authority commissioning, brokerage and contract teams to develop and improve on the quality of the service and to ensure people's needs were met. The local authority that commissioned services from the provider had carried out monitoring checks in February 2018 and had identified some areas that required improvement for example in relation to records management. At this inspection we found that the provider had acted and for example updated people's records to ensure it included important information and guidance for care workers to deliver safe care and support.

There were systems in place to support continuous learning and improve the quality of the service. Care workers received adequate support though training, supervision and competency checks in areas such as medicines, health and safety and meal preparation to ensure they had appropriate knowledge and skills to support people. Accident and incidents were reported, recorded and appropriate investigations were undertaken and learnings shared at team meetings to prevent repeat occurrences. Regular audits were carried out including spot checks and gathering people's views to improve on the quality of the service. Where issues were identified for example regarding poor documentation, additional support was provided to staff and information was shared at staff meetings to ensure staff documentation improved.