

Miss Helen Mellor

Individual Homecare Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 19 December 2017. Individual Homecare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Individual Homecare Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service is operated by an individual and so does not require a registered manager. The registered provider is the 'registered person.' 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 provider had employed a manager, referred to in this report as the deputy manager, who supervised the day to day running of the service.

Individual Home Services currently supports 13 people who receive some element of support with their personal care. This is the service's first inspection under its current registration.

People were protected against the risks of experiencing avoidable harm. Staff could identify the potential signs of abuse and knew who to report any concerns to. Assessments of the risks to people's safety were carried out although the reviewing of these assessments needed to be completed more frequently. People told us they felt safe when staff supported them. People were supported by an appropriate number of staff to meet their needs. Safe recruitment procedures were in place, although a small number of staff carried out shadowing shifts prior to the results of their criminal record checks being received. This process was amended immediately after the inspection. Where people needed support with their medicines staff did so safely. Assessments of the environment people lived in were carried out to ensure they were safe. Staff had completed infection control training that enabled them to identify any potential infection control risks in people's homes. Accidents and incidents rarely occurred, however processes were place that ensured they were investigated appropriately.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. People were supported by staff who had completed a detailed induction and training programme and had their performance reviewed. Staff felt supported by the deputy manager and the registered person. Where people received support with their meals staff did so effectively. The deputy manager and the registered person had built effective relationships with external health and social care organisations to aid with providing people with effective healthcare. 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 support this practice.

People felt staff were caring, treated them with respect and dignity and listened to what they had to say. Staff showed a genuine interest in building positive relationships with people. Staff were knowledgeable

about their needs and where able people or their relatives were involved with making decisions about their care. People's diverse needs were respected. People were encouraged to do things for themselves. Following the inspection, people were provided with information about how they could access independent advocates. Care staff communicated effectively with people.

Prior to starting with the service people's needs were assessed to determine whether the service could meet those needs. People and their relatives were involved with agreeing the level of care and support they would receive when they started to use the service. Care records contained detailed, person centred guidance that enabled staff to respond to people's individual preferences. People were treated equally, without discrimination and systems were in place to support people who had communication needs. A small number of people felt communication with the office based staff could be improved. People felt able to make a complaint and that it would be dealt with appropriately.

The service was well led by a dedicated, enthusiastic and caring deputy manager, who managed the day to day running of the service for the registered person. Although the registered person was not always present at the service, twice daily contact was made with the deputy manager to ensure any issues or concerns were discussed and actions agreed. The deputy manager felt supported by the registered person to carry out their role and was in the process of becoming registered with the CQC. People spoke highly of the deputy manager. The provider's aims and values were respected by staff who in turn provided people with the support they needed. People felt their views mattered. A formal questionnaire to gain people's views for the previous calendar year was about to be sent out. The deputy manager continually looked to improve the service provided and expanded their knowledge by attending locally run forums. Quality assurance processes were in place and these were effective.

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 felt safe when staff supported them. People were protected against the risks of experiencing avoidable harm.

Assessments of the risks to people's safety were carried out although more frequent review of these assessments was needed.

People were supported by an appropriate number of staff to meet their needs.

Where people needed support with their medicines staff did so safely. Assessments of the environment people lived in were carried out to ensure they were safe.

Staff had completed infection control training that enabled them identify any potential infection risks in people's homes.

Accidents and incidents rarely occurred, however processes were place that ensured they were investigated appropriately.

Is the service effective?

Good ●

The service was effective.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines.

People were supported by well trained and competent staff who felt supported by the deputy manager.

Where people received support with their meals staff did so effectively. Effective relationships with other healthcare agencies were in place to support in meeting people's needs.

People were able to make choices about their care and staff respected their wishes.

Is the service caring?

Good ●

The service was caring.

People felt staff were caring, treated them with respect and dignity and listened to what they had to say.

Staff showed a genuine interest in building positive relationships with people. Staff were knowledgeable about their needs and where able, people or their relatives were involved with making decisions about their care.

People's diverse needs were respected. People were encouraged to do things for themselves.

Following the inspection people were provided with information about how they could access independent advocates. Care staff communicated effectively with people.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved with agreeing the level of care and support people would receive when they started to use the service.

Care records contained detailed, person centred guidance that enabled staff to respond to people's individual preferences. People were treated equally, without discrimination and systems were in place to support people who had communication needs.

People felt able to make a complaint and were confident it would be dealt with appropriately. A small number of people felt communication with the office based staff could improve.

Is the service well-led?

Good ●

The service was well-led.

The deputy manager managed the service well with the support of the registered person. People spoke highly of the deputy manager.

The provider's aims and values were respected by staff who in turn provided people with the care and support they needed. People felt their views mattered.

The deputy manager continually looked to improve the service provided and expanded their knowledge by attending locally run forums.

Quality assurance processes were in place and these were effective.

Individual Homecare Services

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 comprehensive inspection took place on 19 December 2017 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 took place on 19 December 2017. We visited the office location to see the deputy manager and office staff; and to review care records and policies and procedures. Prior to the inspection we carried out telephone interviews with people and a relative to gain their views about the quality of the care provided.

The inspection team consisted of an inspector 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. The Expert by Experience carried out the telephone interviews with people prior to the office based inspection.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant. We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

During the inspection we spoke with seven people who used the service and one relative. We also spoke with two members of the care staff and the deputy manager. After the inspection we gave the registered person the opportunity to respond to our findings, which they did.

We looked at all or parts of the records relating to five people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the deputy manager to send us a copy of their training matrix, which they did prior to this report being completed.

Is the service safe?

Our findings

People were supported by staff who understood how to protect them from avoidable harm and to provide care in a way that kept them safe. People felt safe when staff were in their home or supported them with activities or accessing the community. One person said, "I have no worries about my care and I feel safe. I can trust the staff." Another person said, "I have no concerns about the care, I feel very safe."

People were provided with the information they needed to keep themselves safe. One person told us they knew the staff who came to see them, trusted them and would report any concerns they had to them.

The risk of people experiencing avoidable harm or abuse was reduced because processes were in place to protect them. A safeguarding policy was in place. This policy was in place to ensure people were protected from abuse, neglect and harassment. We did note that the safeguarding policy needed reviewing to ensure that it met current best practice guidelines. After the inspection the provider contacted us and told us they would ensure this was amended.

Staff had received safeguarding adults training. They spoke knowledgeably about how they ensured people were protected and the deputy manager was able to explain the process they followed if they needed to inform relevant authorities such as the Local Authority safeguarding adults team and CQC, where risks to people's safety and wellbeing had been identified. One staff member said, "I know what to do, I'd report things if I needed to."

Risks to people's health and safety had been identified through assessment, however these were not always reviewed as regularly as expected to ensure that people's needs were met by staff. The deputy manager assured us that when people's needs changed they amended their care records and staff were informed accordingly, however they agreed that a more formal and timely review process should have been in place. After the inspection we were informed that this was now in place.

Assessments had been completed in key areas such as people's ability to manage their own medicines and to make their own meals. The people we spoke with told us the staff understood how to provide them with the safe care and support they needed. A family member told us their relative had "complex needs" and staff "understand what is needed." Assessments of the environment people lived in were carried out to ensure they were protected from potential hazards within their own home.

Recruitment procedures were in place which were designed to ensure that people were protected from the risks of unsuitable staff attending their home. We reviewed three staff files and found the appropriate number of references and identification documentation were in place to assist the deputy and registered manager with making informed recruitment decisions. Criminal record checks were also carried out. However, we did note that new staff carried out a small number of shadow shifts prior to the results of their criminal record check being received. The deputy manager agreed that although the risk this potentially placed on people's safety was low, they would amend this process to ensure all checks were in place prior to staff commencing their role.

Regular monitoring of staff arrival and departure times were carried out by the deputy manager to ensure that people received the allocated time for each call. Staff told us they had enough time to get to and from each call. Some of people were satisfied with the arrival and departure times of the staff who supported them. One person said, "They always come and are usually pretty much on time." Others told us if staff were going to be late they received a phone call. One relative told us that although staff normally phoned their family member to say they would be late, they were concerned the impact this could have on their health and safety. The deputy manager told us that the majority of calls were carried out on time, but there were occasions when staff were late, but they always phoned people to explain.

People's care records were detailed and relevant to people's current health needs. This ensured that when people required a visit to their hospital or other health or social care service, they had clear and up to date information that would enable those services to provide people with the care and support they needed quickly.

The deputy manager told us that examples of people presenting behaviours that may challenge were rare; however guidance was in place for staff on how to support people safely. We noted in each care plan that we reviewed that less restrictive options were always considered to ensure that people were free to lead their lives with as much freedom as possible. The deputy manager told us ensuring staff protected people without impacting on their freedom was fundamental to their role.

People told us they received their prescribed medicines when they needed them. Some of these people were able to manage and administer their own medicines; others required some support from staff. One person said, "I have the same staff who I have got to know and they do my medication for me every day without fail."

Where people did require support from staff with their medicines guidance was in place for staff on how people preferred to take their medicines. When staff supported people with administration they completed medicine administration records which recorded when a person had taken or refused to take their medicines.

Staff responsible for supporting people with their medicines had completed appropriate training and competency checks were carried out to ensure they continued to support people safely and in line with current best practice guidance.

Staff had completed infection control training and training to ensure food was prepared hygienically and safely. This helped them to reduce the risk of the spread of infection within people's homes and also ensured when people needed support with preparing meals, they were able to do so safely.

The deputy manager told us that due to people's needs being assessed as low risk, accidents and incidents rarely occurred. We saw processes were in place that enabled the deputy manager to investigate incidents where needed and to ensure the appropriate regulatory bodies such as the CQC, were notified. The deputy manager told us if an incident occurred that required a review of staff performance or a change to company policies or procedures then this would take place.

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. The registered manager was aware of the National Institute for Health and Care Excellence guidelines and could explain how they were used to support people effectively. Where people had specific health needs, care plans were regularly updated with guidance from recognised professional bodies for areas such as epilepsy, to assist staff in providing people with effective care and support.

People told us they felt staff understood how to support them and they did so effectively. One person said, "I know most of the staff and they do everything for me that I need help with." A relative said, "The regular staff member has a good understanding of [my family member's] care needs and cares very well for them. [Staff member] always has their best interests at heart."

Staff received an induction and training programme designed to equip the staff with the skills needed to support people effectively. As part of the staff induction staff completed the Care Certificate induction programme. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff performance was assessed through regular spot checks, supervisions and appraisals. Staff felt well trained and felt supported by the deputy manager and the provider. We noted staff training records showed only three of the 10 staff employed had completed a diploma, (previously known as NVQs) in adult social care. The deputy manager told us this was area they looking to improve by supporting staff to obtaining these nationally recognised qualifications.

Where people required assistance with food preparation and eating and drinking, they told us they were happy with the support they received from staff. One person said, "I plan my meals and then tell them what I would like them to cook for me. It works well." Another person said, "They always offer me a choice with my breakfast but I mostly have the same each day."

Care records contained guidance for staff on how to support people with their meals and also detailed their likes and dislikes. Where more complex needs had been identified the staff received the training needed to support people effectively. For example, records showed saw one person had required the need to be supported by staff with receiving food and drink via percutaneous endoscopic gastrostomy, also known as 'PEG feeding'. This is a procedure where people receive their daily nutritional intake via a tube as they cannot swallow their food. We saw guidance had been obtained from the Chesterfield Royal Hospital along with formal 'PEG feeding' training for staff. Where staff carried out any tasks in relation to this procedure, detailed records were kept. We checked a sample of those records and found they had been completed appropriately. This ensured the person received safe and effective care and support from staff.

The registered manager had ensured that positive relationships had been made with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment. To enable a smooth transition between health and social care services and to reduce the impact on people,

care records contained detailed information which explained how people communicated, their personal preferences with regards to how they liked their healthcare to be provided and any known risks that other agencies should be aware of.

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. We checked whether the service was working within the principles of the MCA.

People told us they felt able to make decisions for themselves and that staff provided care for them in the way they wanted. One person said, "They do everything I need them to. They know what I like."

We were told by the deputy manager that people were able to make decisions for themselves at this service, however, if people started to show signs that they lacked the ability to consent to decisions about their care, then formal mental capacity assessments would be carried out. This, they told us, would ensure they adhered to the principles of the MCA. Staff had received mental capacity act training and were aware of how to implement its principles into their daily roles.

Is the service caring?

Our findings

People told us they had formed positive relationships with staff and found them to be kind and caring. One person said, "They are all good, kind and caring. They show me respect and have a chat as they are working." Another person said, "I like my staff, some more than others naturally but they all make me feel comfortable and will make time for a chat and show an interest in my day."

Each person's care plan contained information about how staff could communicate effectively with people if they had difficulty expressing their words. A staff member told us about a person they had visited regularly and how they had got to know the way they communicated and how they tried to help them voice their opinions. They told us, "[Name] has trouble talking, but they really do try to talk to me. I have picked up little words and the odd sentence and am now able to communicate with them better. It's a slow process, but we are getting there." A relative praised the approach of staff when communicating with their family member. They said, "We get on with the staff. We like them and we will sit and have a natter, they are inclusive with [name] despite them having communication issues."

People supported by the service were able to make their own decisions, or relied upon relatives to speak and act on their behalf when decisions were made about their care. A relative praised the approach of staff in ensuring their family member's opinions were requested and acted on. They also said, "[Staff member] is a good advocate for [name] when necessary." The registered manager understood the importance of ensuring people had the opportunity to have an independent person to speak on their behalf if they wished them to. They told us that as people had relatives to act on their behalf there had not been the need for an independent advocate to be consulted. Independent advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The registered manager told us, that following our inspection they would provide people with information about how they could access an advocate if they wished to, increasing people's options to having their voice heard.

People told us they were treated with dignity and respect by staff. One person said, "They are really very professional and have respect for my privacy and dignity." Another person said, "I get on very well with the staff. We are close and we have rapport. They are respectful and extremely professional." A relative said, "They are respectful towards [family member] and generally they are very good."

People were provided with a 'Service user guide' that provided them with important information about the how their care should be provided and what to do if they felt staff had dropped below these standards. A 'Charter of rights' was also included. This explained to people what their rights were. These included, 'Each service user is an individual with individual needs wants and desires. This individuality will be recognised and respected to ensure promotion and maintenance of the service user's dignity and self-worth'. From our conversations with people during the inspection process people did not raise concerns with us that staff were not providing care and support in line with the Charter of rights.

People's care records were treated respectfully within the provider's office. Records were handled

respectfully ensuring the information within them was treated confidentially. Records were stored in locked cabinets to prohibit unauthorised personnel from accessing them. The deputy manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

We asked the registered manager whether people had personal preferences that needed to be taken into account when scheduling staff rotas. They told us that people who had preferences for certain staff members, or where it was clear staff had the specific skills needed to communicate effectively with people then this would be accommodated wherever possible. People and their relatives told us they had preferred staff they liked to carry out the calls and the majority of the time those staff attended their or their family member's calls.

The deputy manager told us that currently there were no people using the service that had specific cultural or religious needs to be taken into account when providing care. However, they also said if people started to use the service who had needs within this area, then staff would be informed and rotas would be amended accordingly to ensure people's needs could be met by appropriate staff.

Is the service responsive?

Our findings

Before people started to use the service an assessment was carried out to ensure people could receive the support they needed. They, or where relevant an appropriate relative, were consulted and then agreed care plans were put in place detailing how they would like staff to support them or their family members.

People told us they had been involved with this process as well as on-going reviews of their care needs. One person said, "I have a care plan which was discussed with me when we agreed the care and [the deputy manager] deals with reviews and changes to it whenever it is necessary." Another person said, "I do have a care plan and they come out and review it from time to time." A third person said, "We have an annual review and my family attend to discuss the care."

People's care records included information about specific health needs such as the assistance needed with mobilising, medicines and personal care. Other more personalised information was also included, such as people's preferred daily routine. These records were reviewed on an on-going basis with people and where relevant their relatives.

People's personal preferences, life history and background were discussed with them and/or their relatives to ensure that staff had the information needed to support people but also to develop and maintain meaningful relationships. A 'one page profile' was included in the care records we looked at which referred to people's like and dislikes. This also included people's preferred hobbies and interests and the support people may need with these. Information within care records also included people's ability to carry out day to day tasks for themselves and the level of support needed from staff. Staff spoke knowledgeably about the people they supported and told us they enjoyed working with people to improve their lives.

Care staff were respectful of people's opinions and choices. People told us they felt their views mattered. The majority of people felt listened to and that staff would act on any changes they wanted made to their care. However, a small number of people did say that on occasions they felt the office based staff could communicate better with them. The deputy manager told us they and their staff always tried their best to accommodate any changes to people's care needs including the times they wanted their calls but on occasions this was not always possible. However, they told us they wanted people to receive the highest quality service they could and they would review the way staff communicated and responded to people's wishes.

Staff could explain how they ensured that people were not discriminated against and the provider ensured all people were treated equally and had the same access to relevant information. The deputy manager had an awareness of the Accessible Information Standard which requires that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The deputy manager told us whilst the majority of the people supported by the service were able to read and understand their care records and other documentation relevant to their care, they would review whether people required information to be provided in another way to further improve their experience.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. No-one currently required support with this; however, the deputy manager told us they would adapt their rotas to accommodate people's wishes wherever possible.

People told us they understood how to make a complaint and the majority of the people we spoke with told us they felt confident any concerns they raised would be acted on. One person said, "You can ring [the deputy manager] at the office with any issues and she is always helpful. I would also tell my carers though if I had any worries." Another person said, "I have complained in the past and they sorted my issue out within two days. I feel comfortable that I could approach them again and confident that they would respond."

Records showed the deputy manager was aware of their responsibilities to ensure that when a formal complaint was made, a response was sent to the complainant in good time, outlining what they had done to investigate the issue and where appropriate, what action they would be taking. Learning from complaints made formed a regular part of the daily discussions between the deputy manager and the provider, and where improvements with staff performance were needed, these were held during supervisions.

Due to the type of service provided end of life care was not currently provided, however the provider had ensured that all staff had received training in this area. Additionally, following a request from some staff that they wanted further training and information in this area, staff were soon to attend a course run by a local hospice, to raise their awareness of how they can support people and families.

Is the service well-led?

Our findings

The service was currently managed by the deputy manager with regular visits and input from the registered person. The deputy manager told us the registered person was not always present at the service and did spend regular periods of time away. However, they told us they had twice daily telephone calls, as well as regular email communication to discuss how the service was progressing and if there were issues with people's care, how these could be addressed. The deputy manager told us they were supported by the registered person to manage the service effectively and felt confident in their role.

People spoken with were aware of the current management arrangements at the service and told us that they were able to speak with either if they had any concerns about their care. One person said, "I can always talk to [the deputy manager]. It is a good company and I would happily recommend it to others." Another person said, "If we have any concerns I can talk to the deputy manager and she will discuss things with my carer worker." A third person said, "The manager is accessible and approachable."

People spoke highly about the quality of the service although some people felt better communication with and from the office staff would improve their experience further. One person said, "I trust the company and I have got faith in them. They never let me down." However, a relative said, "I would recommend them [the service] but they need to look at their communication."

People were provided with the provider's 'Aims and objectives' when they first started to use the service. One of the fundamental aims of the service was, 'We will treat each client with respect and remain sensitive to his / her individual needs and abilities, and aim to promote the service user's independence and personal dignity'. The feedback we received from people reflected that this aim was successfully embedded in the performance of the staff.

The staff we spoke with told us they enjoyed their job and felt a valued member of the staff team. One staff member praised the support they had received when they first started working at the service. They said, "[The deputy manager] is lovely, she really puts your mind at ease and helps you."

People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

We noted that some of the provider's policies had not been reviewed to ensure that they met current best practice guidelines. Following the inspection the registered person assured us that a review of all policies would be carried out and where any updates were required they would be implemented. We received examples of amended policies after the inspection.

A questionnaire to gain people's feedback about the quality of the service they received was due to be sent out. Staff were also provided with a variety of formats to give their views. The deputy manager told us, due

to the type of service provided with staff carrying out calls throughout the day and night, arranging team meetings was not easy. Therefore staff were provided with access to an on-line 'App' where updates were provided by the deputy manager and registered person and staff were able to give their views. One staff member said, "I know they value my opinion."

The day to day management of the service was carried out by an enthusiastic and caring deputy manager. They had a clear understanding of their role and responsibilities. Although not currently registered with the CQC, the deputy manager could explain how they ensured the requirements of the CQC and other agencies such as the local authority safeguarding team were met. This included notifying the CQC of any issues that could affect the running of the service or people who used the service. The registered person told us that although they had full confidence in the deputy manager to manage the service in their absence, they had requested the deputy manager become registered with the CQC, which they were in the process of doing.

The deputy manager was keen to continuously improve the lives of people within the service and they and the registered person welcomed guidance, advice and support from the local authority, other locally run forums and groups as well as other registered managers working locally in similar roles. The deputy manager said, "I am always looking to improve my knowledge to ultimately improve the lives of the people we support." The deputy manager told us a business decision had been made to limit the number of total hours of care and support provided. They told us that when they reached their maximum number of hours, no more additional people were permitted to join the service. This, they said, enabled the service to continue to provide people with high quality, personalised care and support.

Quality assurance systems were in place to help drive improvement at the service. Regular 'spot checks' of the performance of staff were carried out. Where any areas for development of improvement were identified these were managed either via support from the deputy manager or additional training.