

Majestic Care Northwest Ltd

Majestic Care North West Limited

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 31 January 2018 and 1 February 2018 and was announced.

During our previous inspection on 27 and 28 July 2016, we found concerns relating to the recruitment of staff, the management of people's complaints and lack of effective systems to monitor and develop the service. At that time we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Responsive and Well Led to at least good.

During this inspection visit we found the necessary improvements had been made.

Majestic Care North West Limited is a domiciliary care agency. The service provides personal care and support to people living in their own homes in the Burnley and Pendle area. The range of services provided includes personal care, domestic support, meal preparation and shopping. The agency office is located in the centre of Burnley.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for people supported in their own homes; this inspection looked at people's personal care and support. At the time of the visit there were 89 people who used the service.

We gave the service 48 hours' notice of the inspection visit because it is domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

At the time of the inspection, the service did not have a registered manager. Two new managers had been employed from December 2017 and an application to register them with CQC had been forwarded. 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 told us they felt safe and staff were caring and treated them well. They told us staff were like their family and they trusted them implicitly. People said they received care and support from a consistent team of staff with whom they were familiar. They told us staff mainly arrived on time and stayed for the full time allocated. People spoke positively about the staff that supported them and told us they were always treated with care, respect and kindness. Staff had developed good relationships with people and were familiar with their needs, routines and preferences. The management team told us additional work was underway to ensure everyone was provided with a consistent team of staff.

Safeguarding procedures were in place and staff understood their responsibilities to safeguard people from

abuse. Potential risks to people's safety and wellbeing had been assessed and managed; further improvements were needed. People told us they received their medicines safely; there were systems in place to monitor safe practice in this area. The recruitment process had improved and additional improvements were made during the inspection to ensure a safe process.

Staff had sufficient knowledge and skills to meet people's needs effectively. New staff completed an induction programme and all staff were provided with regular mandatory training, supervision and support. Staff felt they were supported by the management team and told us they enjoyed working for the agency.

People were involved in the development of their support plans and involved in any discussions and decisions about their care. Staff had clear and up to date information about people's needs and wishes and there were systems in place to respond when their needs changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported with their healthcare needs as appropriate and supported with their dietary needs in line with their support plan. Staff supported people to access the local community and to pursue their leisure interests in line with their support plan.

People spoken with had no complaints about the service they received or about the staff that provided their care and support; they were aware of the complaints procedure and processes and were confident they would be listened to should they raise any concerns.

People made positive comments about the leadership and management of the agency. Systems to monitor the quality of the service had been improved and people's feedback was sought and acted upon in relation to the standard of care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People consistently told us they felt safe and staff were caring and treated them well. They told us staff were like their family and they trusted them implicitly.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Improvements to the recruitment procedure had been made. There were enough staff available to provide people with safe, flexible care and support.

People were enabled to take risks and measures were in place to minimise these risks. The provider was aware that some risk assessments in relation to skin integrity, nutrition and falls could be further improved.

Improvements had been made to the way that people's medicines were managed.

Good ●

Is the service effective?

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

People were supported by staff that had the right competencies, knowledge and skills to meet their individual needs. Staff were well supported by the management team.

People were able to make their own choices and decisions. The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005.

People were supported to maintain their nutritional, physical and mental health.

Good ●

Is the service caring?

The service was caring.

People were involved in making decisions about their care.

Staff supported people to maintain their dignity and independence and people were supported in the way they preferred.

People made positive comments about the caring and kind approach of the staff.

Good ●

Is the service responsive?

The service was responsive.

Assessments were undertaken and support plans developed to identify people's care and support needs. Staff were aware of people's preferences and how best to meet their needs.

People were involved in their care and support planning, decision making and reviews.

The system to manage complaints and comments had improved. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Good ●

Is the service well-led?

The service was well led.

People, their relatives and staff told us the agency was well managed.

The systems to consult with people and to monitor and develop the quality of the service provided had been improved. New systems were being embedded into the service.

Good ●

Majestic Care North West 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 31 January 2018 and 1 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

In preparation for our visit, we checked the information we held about the service and the provider. This included complaints, safeguarding information and statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law. We contacted the local authority monitoring team and received positive feedback about the service. We also received feedback from Healthwatch UK.

We used information the provider sent us in the Provider Information Return (PIR). 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 visited the office location to meet with the nominated individual, the managers and office based staff and to review care records and policies and procedures. We reviewed a range of records about people's care and the way the service was managed. These included the support plans and associated records for four people, three staff recruitment files, staff training, supervision and appraisal records, minutes from meetings, quality assurance systems, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the provider's

recent customer satisfaction survey and at the most recent report from the local authority monitoring team.

Following the visit to the agency office we spoke with four people using the service, two relatives and five care staff over the telephone. Following the inspection we asked the provider to send us some additional information; this was done promptly.

Is the service safe?

Our findings

At our last inspection we found the provider had not made sure robust recruitment procedures were carried out. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found not all checks had been completed before new staff started work. We also noted there was a lack of recruitment and selection procedures. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made.

We found recruitment and selection policies were available although the procedures needed further review. Following the inspection the revised procedure was forwarded to us. We looked at three staff files and found all contained proof of identity and references from the applicant's previous employment. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff. There were records of interview and information regarding the applicant's physical or mental health conditions. We noted the application form did not provide sufficient space for a full employment history and offer of employment letters were not routinely sent; however this information was revised and sent to us following the inspection visit. This helped to support a fair and safe recruitment and selection process.

People told us they were happy with the service they received from the agency. They said they felt safe and secure in their homes and they considered staff were honest and trustworthy. They said, "They [the care staff] are all trustworthy and I feel safe with them", "They help me with shopping; they bring a receipt and I sign the form for them. All correct and above board", "I feel so safe. I am never alone as I can ring them if I need help" and "I feel safe and have confidence in the agency staff."

We asked people about the support they received. They said, "I sometimes get a change of carer which is a surprise; it would be nice to know who was coming", "I have regular carers and I know any others that come. They always try to cover with staff that I know" and "I get the same team of carers and they let me know if they are going to be delayed. I appreciate that other staff need to cover for holidays and sickness."

Relatives told us they had no concerns about the safety of their family members. Relatives said, "We don't always get the regular staff. It would help if we had a weekly rota; we would know who was coming", "They try not to send new staff here as they need to be experienced" and "We know all the staff team. We get the same staff who know how to keep [family member] safe." We were also told that when two care staff were needed 'sometimes' one member of staff could be delayed which had an impact on the time allocated.

Staff told us, "I have regular clients. The office try very hard to maintain that", "I sometimes have to visit people I don't know. The support plans are very good and the office let me know about the person", "I ring the office if I'm going to be late. They let the client know" and "I have my own clients. People like consistency. It's a big thing having strangers in your home; they need to trust us."

From looking at records and from our discussions with people and staff we found there were sufficient numbers of staff, provided flexibly to meet people's needs and keep them safe. Staff confirmed they had adequate time to travel between visits without rushing and that there was enough staff to make sure every person received a personalised service in a safe and flexible way.

People using the service and their relatives told us there were sufficient staff to meet their needs and confirmed staff always attended and mostly arrived on time. People told us they mainly received support from familiar and consistent staff; they told us staff arrived on time and stayed the correct length of time and they had never missed a visit. They said they were informed if the care staff was delayed due to unexpected circumstances. There was information in the service user guide advising people what to do if the care worker was late or had not arrived within a certain time. Staff attendance was being closely monitored and appropriate action had been taken as needed.

The provision of staff was determined by people's assessed needs, individual support package and contractual arrangements. Each person was allocated a team of staff to help provide some consistency and to help develop good relationships between people. However, people told us they didn't always get the same staff or know who was coming. The manager told us this had been recognised and was being addressed.

People were given a telephone contact number for any difficulties during and out of hours. Emergency and on-call procedures were included in the staff handbook; this helped to keep people safe. Staff were aware of action to be taken if they could not access a person's home; the manager was developing clear procedures to support staff with this and with lone working. Staff told us they had received a prompt and appropriate response when they had contacted the on call number.

We reviewed the systems in place to safeguard people who used the service from the risk of abuse. Policies and procedures for safeguarding people from harm were in place. Staff had received training in this matter and were able to explain the correct action that they would take if they witnessed or suspected that abuse had occurred. They told us they would feel confident to report any poor practice to the management team and were confident their concerns would be taken seriously. There was evidence the provider and managers worked in cooperation with other agencies when needed. We found records of alerts made to the local authority and notifications sent to CQC were not stored together. We discussed this with the manager who assured us staff would receive further instruction in this matter; clearer guidance for staff was developed and sent to us following the inspection visit.

Risks to people's health and well-being had been assessed. The level of risk and guidance on how to manage risks, ensuring people's independence, rights and choices were respected, was recorded in their support plans. However, some of the assessments with regards to skin integrity, nutrition and mobility, needed further detail to ensure any changes to people's health and wellbeing were promptly recognised and responded to. The manager was aware that further improvements were needed in this area and would be contacting the community nurses for advice and support with this.

Risks associated with the safety of working in people's homes were managed well. Records to support that any equipment in people's homes was safe and regularly serviced were currently under review. Staff were able to describe the action they would take in the event of accidents, emergency situations and on reporting any matters of concern. There were policies and procedures providing instructions for staff on responding to accidents, emergencies and untoward events.

Appropriate procedures and assessments were in place to support staff, where necessary, with handling

people's money. We noted receipts had been retained and were checked by the office staff and people had been asked to confirm the correct monies had been returned to them. This ensured people using the service and staff employed were supported with the safe management of their finances. Financial protection measures were in place to protect people; for example, staff were not allowed to accept gifts and assist in the making of, or benefiting from people's wills.

Records were kept of any accidents or incidents. The manager checked all accident and incident records to make sure any action taken was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again. The agency used the information to improve the quality of the service.

The agency had recently changed the medicine system. This meant it was difficult for us to monitor how the new system was working. However, people told us they were happy with the support they received with their medicines. The records we looked at demonstrated safe processes were in place and this was being monitored. The level of assistance people needed was recorded in their support plan along with guidance on the management of any risks. However, the medicine management procedures needed to be further developed to reflect current practice; the manager assured us this would be addressed.

People used a MDS (monitored dosage system) for medicines. This is a storage device designed to simplify the administration of medicines by placing them in separate compartments according to the time of day. We looked at both the old and new systems of recording people's medicines. We found some gaps in the recording on the old system but new medication administration records (MAR) and improved monitoring would address this.

Staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken but not recorded; staff confirmed this. The manager addressed this following the inspection.

There was a business continuity plan, which set out plans for the continuity of the service in the event of emergency events. Staff received additional training on how to keep people safe, which included moving and handling, infection control and first aid. They were provided with sufficient personal protective equipment, including hand gel, gloves and aprons.

We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office and in a designated place in people's homes in order to maintain their confidentiality.

Is the service effective?

Our findings

At our last inspection, we found the provider did not have suitable arrangements in place to ensure all staff received appropriate development and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found there were gaps in the provision of training and no processes in place to assess staff competence. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made.

We looked at how the service trained and supported their staff. We found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff confirmed they received ongoing training, supervision and support and said their training helped them to meet people's needs, choices and preferences. They told us they could access additional training if they needed to. The manager was aware of any gaps in the provision of training and weekly training dates were being held at the office. There were systems in place to identify when training was due.

People told us they were happy with the service they received and felt staff had the skills and experience they needed to provide them with effective care and support. They said, "They never let me down", "They do things to a good standard" and "They are a wonderful crowd. They know you better than you know yourself. I'd recommend them to anyone." Relatives said, "It's the best company ever. [Family member] is totally reliant on the care staff. They are absolutely fantastic" and "We wouldn't change the service." One relative commented, "You've all done a good job. A big thank you."

Records showed new staff had completed induction training when they started working for the agency; people and staff confirmed this. This included an initial induction on the organisation's policies and procedures, completion of the provider's mandatory training programme and working with experienced staff to learn from them and gain an understanding of their role. Records showed their practice and conduct was monitored until their probationary period had ended. We discussed the induction process with staff and found the 'shadowing' arrangements for new staff were not clearly recorded and did not demonstrate that their competence was assessed prior to working unsupervised. The manager confirmed this had been addressed following the inspection.

Staff had either completed a nationally recognised qualification in care or were currently working towards one which was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The manager was aware the Care Certificate needed to be included as part of the induction process for any staff who were new to a social care setting.

Staff told us they received regular one to one supervision which enhanced their skills and learning. They told us the supervisions included observations of their practice and an annual review of their performance. They confirmed supervision meetings provided an important opportunity to discuss their progress, conduct and any learning and development needs they might have. Staff told us they felt supported by the management

team.

Staff told us communication was good and effective systems were in place to keep them up to date about people's changing needs and the support they needed. Records showed how key information was shared between staff; staff spoken with had a very good understanding of the people they supported.

Before a person received a service from the agency a detailed assessments of their needs was undertaken. Information was gathered about all aspects of the person's needs, choices and abilities. This helped to determine whether the agency could meet a person's care and support needs.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation 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's rights to make decisions was foremost in the planning of their care. People were consulted during their assessment as to the level and type of support they required. Staff understood the importance of gaining consent from people and had received training in this area. Useful information about people's routines, preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by family members.

People were supported at mealtimes in line with their support plan. One person receiving this support told us staff asked them what they preferred to eat and their meals were prepared and cooked to a good standard. The manager showed us a food and fluid intake chart which would be used if a person was at risk of malnutrition or dehydration. We noted from the records that staff had received food safety training.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. The contact details for people's GP and next of kin were recorded in the event of staff having concerns about people's health or well-being. A company car was available to take people to hospital appointments as needed.

From our review of records and from information in the PIR we found the agency worked in cooperation with other agencies such as the community nurses. This showed that people had been provided with safe and effective care to support them to remain in their own homes.

Is the service caring?

Our findings

People told us the management team and staff were kind and caring and always treated them with respect and kindness. Staff were described as, 'brilliant', 'fantastic', 'the best' and 'amazing'. People said, "They give me all the care and support I could possibly need", "They give me a great deal of comfort" and "They are actually my family. That's the feeling I get; they are like my granddaughters and grandchildren." Relatives were also complimentary of the care and support provided.

Recent compliments received by the agency highlighted the caring approach taken by staff. They included, "Just keep up with the great service", "The office staff are great too" and "Thank you for the care you gave to [family member]; nothing was too much trouble."

Care and management staff spoken with had a good knowledge and understanding of the needs of people they cared for and were aware of the content of people's support plans and care records. Staff described how they promoted people's independence where possible. One person said, "They make me use my own head to maintain my independence." We noted people's preferences for male or female staff support, ethnicity and sexual orientation was not recorded in their care documentation which meant people's needs may not be fully met. The manager told us consideration was always given to people's choices and assured us this information would be included as part of the pre-admission assessments and support plans in the future.

People told us they were treated with dignity and respect at all times and without discrimination. They told us their privacy was respected and staff were respectful of their homes and their belongings. Staff were aware that they were working in someone's home and had to be respectful. There were policies and procedures for staff about caring for people in a dignified way which helped them understand how they should respect people's privacy, diversity, dignity and confidentiality. Records referred to people in a respectful way.

People told us they were involved in regular discussions with staff about the support they were receiving and the support they needed. They said they were involved in day to day conversations with management and care staff, discussions at regular reviews and by completing an annual customer satisfaction survey. People said they felt their views were listened to and responded to.

There was information available about advocacy. Advocates support people to access information and make informed choices about various areas in their lives.

Is the service responsive?

Our findings

At our last inspection we found the provider did not have suitable arrangements in place for receiving and acting on complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found there was a lack of information to demonstrate how people's complaints had been investigated, followed up and responded to. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made.

We looked at the way the service managed and responded to concerns and complaints. The agency's complaints process was given to people when they started receiving a service and was available in other formats if needed. All people spoken with said they had no complaints; they knew who to speak to if they had any concerns or complaints and were confident they would be listened to. New systems had been introduced to ensure people's contact with the office was recorded; the records detailed any action taken.

People said, "The office don't really ask me if everything is okay but I have no problems with Majestic Care. I'm happy" and "I had concerns about a carer once. I spoke to the office staff; they were ready to help and they sorted it out." Relatives said, "If you're unhappy [the provider] will sort it out straight away" and "I am confident to contact the office if I am concerned." However, one relative felt the office staff did not listen when they had contacted them.

There had been three complaints made to the service in the last 12 months; records showed appropriate and timely action had been taken to respond to the complaint. The information had been shared with the provider and discussed with staff to help improve the service and to prevent any reoccurrence. Systems had recently been reviewed to ensure improvements were made. For example attendance monitoring systems had been changed to improve the service. We noted there was also a number of compliments made about the service.

People told us the agency staff were responsive to their needs and flexible in their approach; they confirmed they were involved in decisions about their care. They said, "The carers know me well enough to know when I am not feeling well and need more help. They are like family" and "I can read my care plan. I know what is in there. There is no secrecy." Relatives said, "I am involved and asked to look at the information. I have suggested changes in the past which have been listened to" and "They try not to send new staff but we always have staff that know what [family member] needs."

We looked at the arrangements in place to plan and deliver people's care. The manager told us they tried to provide people with staff they could relate to or who had similar interests. One relative told us, "[Family member] gets on well with the carers. They have good fun together and I often hear lots of laughing and joking."

People had an individual support plan which included people's preferences and details about how they

wished their support to be delivered; the plans provided guidance for staff on how to respond to them. Records showed how staff had supported people with advanced decisions and preferences and with end of life care; staff had received appropriate training in this area.

People told us they were aware of their support plans and that they had been involved in discussions about care. The agency had recently changed from an electronic system to a paper system. This meant it was difficult to determine how the information was reviewed. However, people confirmed they had been involved in the development of the new support plans and that reviews had previously taken place. Records of care and support provided to people were completed at each visit which enabled staff to monitor and respond to any changes in a person's well-being. We looked at a sample of the records and noted people were referred to in a respectful way.

Staff said they referred to the new support plans during their work and found them to be clear and detailed. Staff described the systems in place to alert the management team of any changes in people's needs. This meant processes were in place to respond to people's needs in a timely manner.

We noted people were supported by care staff to attend appointments, visit the shops and attend leisure activities. This helped them remain part of their local community, minimised the risk of social isolation and helped them to feel valued as an individual. One relative said, "[Family member] goes out more than I do. [Family member] has fun and goes to the pictures and the seaside."

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted people were given an information guide when they began receiving a service from the agency. This provided an overview of the services provided, the aims and objectives and what they could expect from the service. The information was produced in a conventional style but we were told the information could be made available in other formats as needed. People said the information was clear and easy to understand.

We reviewed how the service used technology and equipment to enhance the delivery of effective care and support. We noted the service used a system to monitor staff attendance at people's home and used Facebook, texts and telephone calls to improve communication. E-learning formed part of the staff training and development programme.

We looked at how people were supported at the end of their life to have a comfortable, dignified and pain-free death. Some staff had received training in end of life care to help ensure they were able to provide the best care possible at this important time. The service worked with other agencies as appropriate, when responding to people's specific needs. The agency provided people's with a bereavement pack, which included useful information and also the contact information for the local bereavement counselling groups.

Is the service well-led?

Our findings

At our last inspection we found the provider did not have an overall development plan available to demonstrate the service had been evaluated in response to the findings of audit systems and consultation surveys. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found there was a lack of suitable systems or processes to ensure the service was operated effectively. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found a number of improvements had been made.

We found the previous registered manager had left the service in October 2017. At the time of our inspection, there were two new managers in day to day charge of the agency; applications to register them with CQC had been forwarded. The managers had commenced in their role in December 2017. The management team was open and honest about the improvements needed and about how the service would be developed. Planned improvements for the service had also been detailed in the Provider Information Return (PIR) which showed a good understanding of the service.

We observed a good working relationship between the management team and a relaxed friendly atmosphere in the agency office. The managers were supported by the nominated individual who regularly visited the agency office. Weekly briefing meetings were held for the management team and the office staff; we were told updates, concerns and any action needed were discussed. We were told any issues relating to the day to day running of the agency were discussed and appropriate action taken. However, we noted the systems to monitor the manager's practice and the day to day running of the agency were not formalised and did not fully evidence the provider's oversight of the service. This was discussed with the managers and with the nominated individual who assured us this would be addressed.

There were systems in place to monitor the quality and safety of the service. We were shown the new auditing system which was recently introduced with the change from electronic to paper records. We found the monitoring systems covered aspects such as records, arrival and departure times of care staff and lengths of visits, training and supervision, care practice, medicines management and complaints. We saw shortfalls were acted upon in order to improve the quality of the service. We were told the auditing systems were being reviewed and improved.

Senior staff undertook a combination of announced and unannounced spot checks and telephone interviews to monitor staff practice and the quality of people's records. They visited people in their homes to talk to them about their care and their experiences of the service they received.

There were systems in place to seek people's views and opinions about the running of the service. People's views and opinion were sought through face to face or telephone conversations and during review meetings. Some people told us the office staff contacted them by telephone. People's views were also obtained from an annual customer satisfaction survey. A recent survey had been undertaken in January

2018; the results had not yet been collated or shared with people. However, we saw any negative comments had been followed up. The survey responses indicated people were happy with the service they received. Staff had also recently been sent a confidential survey to complete. We noted the electronic systems had been replaced by paper records following concerns raised by people using the service, their relatives and staff. This showed the service listened to people.

People made positive comments about the leadership and management of the agency. Their comments included, "It is the best agency I've ever been with." Care staff said, "It is a fantastic service", "The management team listen to us" and "Changes are being made for the better." The managers were described as 'supportive', 'helpful', 'accessible' and 'approachable'. People using the service told us, "I have met the owner. I can talk to him. He is very capable and I have a lot of respect for him" and "The owner is very nice person."

There was a clear management structure in place. Staff were provided with job descriptions, contracts of employment, policies and procedures and a staff handbook, which outlined their roles, responsibilities and duty of care. We were told policies and procedures were being reviewed. Staff told us they had received the training they needed and were well supported. All staff spoken with told us they enjoyed working in the service and found the management team to be approachable and always available for advice or support. One member of staff said, "I am happier than I've been. The new manager is making improvements."

Staff told us meetings were not held but they were able to raise their views and opinions with the provider, managers and office staff. They told us they were kept up to date with memos, text alerts, telephone calls and emails. They told us they could access a designated Facebook page which was used to keep staff updated with any changes or with any action they needed to take. We were assured this did not contain any confidential information about people using the service. Staff regularly attended the agency office so they could receive any required updates, discuss the quality of the service provided, the standards expected and any other issues. They told us their views were listened to.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC and other agencies.