Care Outlook Ltd

Care Outlook (Brighton and Hove)

Inspection report

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Ratings

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

Overall summary

This inspection took place on 27 and 28 July 2015 and was announced.

Care Outlook (Brighton and Hove) is a domiciliary care agency. Personal care and support is provided for people living in their own home in the Brighton and Hove area and West Sussex for the local authorities and people who pay privately. Care was provided to adults but predominantly older people, including people with a physical disability, people with a sensory loss and people with mental health problems or living with dementia. At the time of our inspection around 130 people were receiving a service.

On the day of our inspection, 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

Summary of findings

'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.

Policies and procedures to ensure safe recruitment practices were in place for staff. However, agreed procedures had not been followed. There was no record that people's work history had been discussed to ensure there was evidence of a full work history with a written explanation as to any gaps when people were not working. This had not fully ensured the suitability of the new care staff to protect adults. This is an area of practice that needs improvement.

There were policies and procedures in place for staff to reference. They told us they had been taken through key policies and procedures as part of their induction, and knew where these were available to read should they need to. These had been updated to ensure current guidance had been considered. However, we looked at a sample of the policies and procedures and found that staff had not been following the most up-to-date policy and procedures. This is an area of practice that needs improvement.

People and their relatives told us that they or their relative were safe with the staff that supported them. Detailed risk assessments were in place to ensure people were safe within their own home and when they received care and support. One relative said, "They are all very trustworthy." Another person told us, "I have no worries at all when they are in the house." There were clear policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were identified.

People told us they always got their care visit, that they were happy with the care and the care staff that supported them. The times that care staff arrived to support people enabled people to have the agreed support provided. For example, to take their medicines at the right time. One person told us," They go over and above what they need to do." Another person told us," She (the carer) never says no. She goes the extra mile for me and I couldn't do without her. I would recommend this company to anybody who asked."

Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately.

People told us they were involved in the planning and review of their care. Where people were unable to do this, the manager told us they would liaise with health and social care professionals to consider the person's capacity under the Mental Capacity Act 2005. Care staff had a good understanding of the need for people to consent to their care and treatment. People were consulted with about the care provided. They knew how to raise concerns or complaints. One person told us," I'm absolutely happy."

Care staff received an induction, basic training in areas such as caring for people living with dementia. Care staff had supervision in one to one meetings, spot checks and staff meetings, in order for them to discuss their role and share any information or concerns.

People and their relatives told us they were supported by kind and compassionate staff. One relative told us, "It's lovely to see how they are with (my relative). They couldn't be kinder. They do anything and everything and are always cheerful. It's not like having strangers in the house because they are so kind."

The registered manager, along with senior staff provided good leadership and support to the care staff. They were involved in day to day monitoring of the standards of care and support that were provided to people using the service.

Summary of findings

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 not consistently safe. When new care staff were employed safe recruitment practices were in place, however agreed procedures had not been followed in all instances.

People and their relatives told us that they or their relative were safe with the staff that supported them.

Detailed risk assessments were in place to ensure people were safe within their home and when they received care and support.

There were systems in place to manage people's medicine safely.

Requires improvement

Is the service effective?

The service was effective. Staff had a good understanding of peoples care and support needs. Staff had the skills and knowledge to meet people's needs.

Care staff had an understanding around obtaining consent from people and the Mental Capacity Act 2005 (MCA).

Staff supported people to eat and drink and maintain a healthy diet and to access social and health care professionals where required.

Good

Is the service caring?

The service was caring. Care staff involved and treated people with compassion, kindness, and respect.

People and their relatives told us care workers provided care that ensured their privacy and dignity was respected.

Care records were maintained safely and people's information kept confidential.

Good

Is the service responsive?

The service was responsive. People had been assessed and their care and support needs identified.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

The views of people were welcomed through spot checks and reviews and the completion of quality assurance questionnaires. Information received informed changes and improvements to the service provision.

Good

Is the service well-led?

The service was well led. Systems were in place to audit and quality assure the care provided. People were able to give their feedback or make suggestions on how to improve the service.

Good

Summary of findings

The leadership and management promoted a caring and inclusive culture.

Staff members told us the management and leadership of the service was approachable and very supportive.

There was a clear vision and values for the service.

Care Outlook (Brighton and Hove)

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. We last visited the service on 2 October 2013 and we found that there were no concerns.

This inspection took place on 27 and 28 July 2015 and was announced. We told the registered manager three days before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection, with an expert-by-experience, who had experience of older people's care services. 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 helped us with the telephone calls to get feedback from people being supported by the agency.

Before the inspection, we reviewed information we held about the agency. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and any complaints we have received. The provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. We telephoned two local authority commissioning teams, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. We also asked two social care professionals from a local authority commissioning team about their experiences of the service provided.

During the inspection we went to the agency's office and spoke with the nominated individual for the organisation, the registered manager, the deputy manager, a field quality monitoring officer, a co-ordinator, an administrator working with the telephone monitoring system and five care staff. In addition to this we spoke with 25 people using the service or their relatives. We spent time reviewing the records of the service, including policies and procedures, 12 people's care and support plans, the recruitment records for five new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe with their carers from the agency, telling us that they felt staff were well-trained and competent, and provided a good level of care. One person told us, "I have no worries at all when they are in the house." One relative told us, "They are all very trustworthy.

One member of staff told us when asked about the recruitment process for the agency, "We recruit all the time." New care staff had completed an application form and a health questionnaire. There was a record that an interview had been conducted. However, there was no record that people's work history had been discussed to ensure there was evidence of a full work history with a written explanation as to any gaps when people were not working. This had not fully ensured the suitability of the new care staff to protect adults. We discussed this with the nominated individual and the registered manager during the inspection. They produced a format which had been omitted to be used to record discussions about peoples work history and any gaps in service. This would now be used to fully document this as part of the recruitment process. Checks had been carried out by the provider to ensure that potential new care staff had no record of offences that could affect their suitability to protect adults, and two written references had been received. New care staff were able to confirm the recruitment procedures which had been followed. This is not a breach of regulation but an area of practice that needs improvement.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These were accessed from the organisation's own shared information portal of their computer system. These had been reviewed to ensure current guidance and advice had been considered. However, a number of the policies being referenced in the agency were not the most up-to-date. We discussed this with the nominated individual and the registered manager during the inspection, who have confirmed that they have ensured that the most current policies and procedures were on the system for staff to access. This is not a breach of regulation but an area of practice that needs improvement.

There were clear systems on protecting people from abuse. Senior staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. However, staff did not have access to the most recent guidance. We discussed this with the nominated individual and the registered manager during the inspection, who have since confirmed that they have ensured staff have access to the latest guidance. Care staff told us they were aware of safeguarding policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is the process in which a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the service's whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

There were arrangements to help protect people from the risk of financial abuse. Care staff, on occasions, undertook shopping for people. Records were made of all financial transactions which were signed by the person and the staff member. Care staff were able to tell us about the procedures to be followed and records to be completed to protect people. These records were then audited monthly and as part of the reviews of the care provided.

People told us there was good continuity of care staff undertaking their care calls. One person told us, "I generally get the same people and I feel very safe with them." Another person told us, "I call my morning girl, 'My darling' because that's what she is. It's always her unless she's on holiday and she's really good and reliable." Another person told us, "Very good continuity. We have a good relationship." They told us their care calls were not missed, and care staff usually arrived on time. One person told us, "There have been a couple of times when the carer has been late but they do ring to let me know. Then I've found out it's because somebody else has taken ill and they've been waiting for the ambulance. Well you can't fault them for that can you?" People with more care calls told us they usually had their care calls covered by a group of care staff, on a rota to provide their care. People received rosters of

Is the service safe?

which care staff were due to call and when. Care staff told us they usually had their regular people they went to, sometimes with additional people to cover for staff vacancies, annual leave and sickness. Care staff tended to work in a geographic area so that when they provided cover it was often with people they had visited before. They told us they had adequate travel time to travel between care calls and if there was any problem they could discuss travel time with the co-ordinator. One member of staff told us when moving between care calls, "It's never been a squeeze."

The provider used a system of telephone monitoring. This system required care staff to log in and out of their visits when they arrived and left. This system created information to reflect the time taken with each person and the time to travel in between visits. Staff told us that the telephone monitoring system was used by them and commissioners of their service to provide information on calls completed the monitoring of times of care calls and where changes to rotas and travel time were required.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and protect people from harm. Each person's care plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these had been discussed with them. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for staff to take. For example, for the security of the property at the end of a care call. One person told us about the routine the care staff followed at the evening call, "When she (the carer) leaves at night she is very careful to close the windows and lock the door because she knows I can't get out of bed to do it myself." These had been regularly reviewed to ensure the information was up-to-date.

Equipment maintenance was recorded, and care staff were aware they should report to senior staff any concerns about the equipment they used. Any incidents and accidents were recorded and the manager told us she kept an overview of these, and the provider was also informed and kept an overview of these to also monitor any patterns and the quality of the care provided and provide guidance and support where needed.

Procedures were in place for staff to respond to emergencies. Care staff had guidance in their handbooks and were aware of the procedures. For example care staff were able to describe the procedures they should follow if they could not gain access to a pre-arranged care call. The care staff told us they would report this to the office straight away and enable senior staff to quickly locate the person and ensure they were safe. There was an on call service available so that care staff had access to information and guidance at all times when they were working. Care staff were aware how to access this and those who had used this service told us it had worked well. One member staff told us, "I have always been able to get hold of someone." Another member staff told us, "I felt listened to."

Staffing levels were determined by the number of people receiving care and their needs. Staffing levels could be adjusted according to the needs of people, and we saw that the number of care staff supporting a person could be increased if required. For example where a person's mobility had changed. A co-ordinator showed us how calls were rotered. They told us the system used highlighted individuals preferences to be considered, such as if a person had specifically requested the care call be undertaken by a male or a female worker when scheduling the care calls or if there was a specific time the call had to be made for example if they had assistance with their medicines. All the care staff had received training to meet people's care needs, and the co-ordinator was aware of care staffs particular strengths and availability when allocating calls. One staff member told us, "I try to get the right carers with clients." If staff were unable to attend an appointment they informed their manager in advance and cover was arranged so that people received the support they required.

People told us that care staff managed their medicines well. One person told us they had help with their medicines due to their memory, "I was in a muddle. It's good to know I have had my tablets." People told us medicines were administered efficiently, and were always well documented in the care notes in their home. Another person told us, "They aren't allowed to deal with (my) tablets, but they will help with cream for my dry skin and help me with my eye drops. They are always very gentle and kind."

Medicine policies and procedures were in place for care staff to follow and there were systems to manage medicine safely. Care staff told us they had received medication training, and they were aware of the procedures to follow in the service. One member of staff told us the instructions for people's medicines were in their home file, "It's all in the

Requires improvement

Is the service safe?

front which is very good. They spot check the meds and the recording.“ The recording of any administration of medicines was audited by as part of the review of the care provided. Completed records were also submitted to the office monthly for monitoring of their completion. Care staff told us that they received feedback from the senior staff if there were any recording issues and this had been a topic covered during their staff meetings. One member of staff told us they had received feedback when, “I had not filled out a medicines form properly.”

Good

Is the service effective?

Our findings

People told us they felt care staff were well-trained and competent. Care staff put them at their ease, and provided a good level of care. One relative told us the care staff, "They know him well."

There were clear policies around the Mental Capacity Act 2005 (MCA.) The MCA is a piece of legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Senior staff told us that if they had any concerns regarding a person's ability to make a decision they worked with the health and social care professionals to ensure appropriate capacity assessments were undertaken. Care staff told us they had completed this training and all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. We asked care staff what they did if a person did not want the care and support they were due to provide. One member staff told us, "I would explain to them why it was necessary. If you explain things it helps. "Another member staff told us, "I would try to persuade them, if not report it." Another member of staff told us, "Try to get a solution.You can't leave it, and then report back to the office." Another member staff told us, "I try to gently encourage them."

People were supported by care staff that had the knowledge and skill to carry out their roles. The registered manager told us all care staff completed a four day induction before they supported people. This had recently been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care calls on their own. The length of time a new care staff member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. One new member of staff told us their induction was, "It was really good. Really thorough and informative. The trainer was an ex nurse and shared her experiences." Care staff confirmed they had received the information and support they needed to start working on their own.

Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, the administration of medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, infection control and in dementia care. Care staff told us the dementia care training had given them information and a greater understanding of how to support people living with dementia in their own homes. One member of staff told us the dementia care training had helped them with the support they gave people, "It helped me understand more. That they can get very wound up more easily." Care staff told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required. One member of staff told us, "I seem to do a lot of training." Another member of staff told us, "There is always extra training if you want it." People told us that they were matched with care workers they were compatible with.

Staff members told us there was good communication between staff in the agency. They were kept up-to-date with people's care needs; they were informed when they needed to complete refresher training. One member of staff told us, "We get lots of training updates." They received regular supervision though one to one meetings, spot checks and observations whilst they were at work and had an appraisal completed by their manager. These processes gave care staff an opportunity to discuss their performance and identify any further training they required. Additionally there were six monthly staff meetings to keep care staff up-to-date of any changes in procedures or to remind them of practices to be followed. One member of staff told us, "I feel very well supported."

Where required, care staff supported people to eat and drink and maintain a healthy diet. Care plans provided information about people's food and nutrition needs. People were supported at mealtimes to access food and drink of their choice. When asked what people had to eat one member of staff told us, "I see what they have got and what they would like." Another member of staff told us, "I ask them what they would like." One person who received help with their meals told us," My carer is very good. She knows I don't like to eat my tea until a bit later so she gets a sandwich and some cake or something ready for me and then I can have it when I want." In some instances food preparation at mealtimes had been completed by family

Good

Is the service effective?

members and care staff were required to reheat and ensure meals were accessible to people. One relative told us, "They ask him what he wants to eat. They help him eat and do not rush him."

If people had been identified as losing weight. care staff told us food and fluid charts were completed to monitor people's intake. One care staff told us where there were concerns for example, "I try to encourage them. I ask them to have a little drop of water." Care staff had received training in food safety and were aware of safe food handling practices. Further guidance had been circulated to care staff in the hot weather to remind them about the need for people to ensure they had adequate fluids during this period. One person told us, "My carer is ever so thoughtful. She always makes sure that I have a bottle of water at the side of my bed at night and that I can reach it ok. She loosens the top for me because I would struggle to open it without."

People had been supported to maintain good health and have ongoing healthcare support. We were told by people and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, care staff were available to support people to access healthcare appointments if needed. Care staff monitored people's health during their visits. They liaised with health and social care professionals involved in their care if their health or support needs changed. One person told us, "Office staff are very responsive. I have to cancel a visit sometimes when I have hospital appointments and they always ask how I am as well as dealing with that."

Good

Is the service caring?

Our findings

Caring and positive relationships were developed with people. People and their relatives were very complimentary about the care staff and the quality of care that they received. We were told of positive and on-going interaction between people and care staff. One relative told us," 'It really makes (my relative)'s day when the carer comes. They always have a bit of banter and the carer teases him which he really likes. He pretends to be cross but when the carer has gone, he laughs and tells me that he really likes him and enjoys having a bit of fun." Another relative told us, "They (the carers) suit us just fine and they always ask how I am as well which is nice." One staff member told us their thoughts about the agency, "I think although it's a business they care."

Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained detailed information about people's care and support needs, including their personal life histories.

People told us they felt care staff treated them or their relative with dignity and respect. One person told us," The carer never goes anywhere in the house where he's not supposed to be. If he needs to go into the kitchen, for example, he will always ask if it's ok and tell me why he is going in there." Their privacy and dignity was considered when they were supported with their personal care. One person told us, "I was very apprehensive at first about having people do very intimate things for me but they are so good and really respectful. For example, when they are washing me, they always give me a towel to cover myself so that I'm not sitting there naked. It makes a difference." One relative told us, "They empathise very well."

Care staff had received training on privacy and dignity as part of their induction, and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they how protected people's dignity and treated them with respect. One care staff told us when they assisted people with their personal care, "Cover them up. Think how you would feel, or if it was your Nan." Another member of staff told us, "I make sure there is no one else in the room. To be sensitive to them. Some people are more used to this care than others. Another care staff told us when providing personal care, "I let them take the lead."

The computer programme used to record peoples care needs and the time of the care call enabled a record to be made where people had specifically requested male or a female care staff to support them. An alert flagged up if staff tried to rota care staff of the wrong gender to undertake a call. One relative told us, "They do anything and everything and are always cheerful. It's not like having strangers in the house because they are so kind.' 'My (relative) would be really upset if they sent a male carer to her. I only had to mention that once to the office and they always send a lady."

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. Care staff were aware of the importance of maintaining confidentiality and could give examples of how they did this.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service. The registered manager was aware to tell who they would contact if people needed this support.

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People's regular care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People told us they had been involved in developing their care plans, and felt they had been listened to. A detailed pre-admission assessment had been completed for any potential new people wanting to use the service. This identified the care and support people needed to ensure their safety. The care and support was personalised and care staff confirmed that, where possible, people were directly involved in their care planning and in the regular review of their care needs. People we spoke with confirmed this. The care and support plans were detailed and contained clear instructions about the care and support needs of the individual and the outcomes that people hoped to be achieved with the support provided. Individual risk assessments had been completed. Care staff told us that people's care and support plans were up-to-date and gave them the information they needed. If there were any changes in the care they would ring up the office and ask for someone to come out and update the information. Any changes requested were made promptly.

People and their relatives were asked to give their feedback on the care provided through spot checks of the work completed, reviews of the care provided and through quality assurance questionnaires which were sent out annually. Where people had concerns they were made aware of how to access the complaints procedure and this was available in the information guide given to people who used the service. The complaints policy gave information to people on how to make a complaint, and how this would be responded to. The policy set out the timescales that the representatives of the agency would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have.

We looked at how people's concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. People told us that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. Care staff told us they would encourage people to raise any issues that they may have with directly the registered manager. Records showed comments, compliments and complaints were monitored and acted upon.

Good

Is the service well-led?

Our findings

People told us they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. One person told us, "I've had care for a lot of years from different companies and this is the one I've never had a problem with. That's all I think about it." One relative told us, "There was a mix up about funding and we got a bill which we didn't expect. I was really worried about it but I contacted the office and they told me not to pay it and not to worry about it. They said they would sort it out with the Council because it was a mistake. It was nice to talk to somebody who was so kind and helpful." One member of staff told us, "It's people centred. The manager is very approachable. "Senior managers are also very approachable." Another member of staff told us, "They really care here." Another member of staff told us, "It works very well. There is mutual respect."

All the social care professionals we spoke with felt the service was well led. One commented, "They are absolutely excellent. If there are any queries they come back to me, and the carers give feedback. They have the personal touch."

There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager and quality monitoring officers. Care staff told us they felt the service was well led and that they were well supported at work. One member of staff told us, "Most of the people in the office have been carers. They know what's happening out there. They are more understanding." Care staff told us the registered manager and senior staff were approachable, knew the service well and would act on any issues raised with them. One member of staff told us, "If I am worried about anything I can ring up or come in." Another member of staff told us, "They are sharp and on the ball. They are always here. They listen and give you clarification. Another member of staff told us, "We are very friendly and supportive of each other, and help each other out." Care staff demonstrated they were aware of their roles and responsibilities. Furthermore, care staff were issued with a handbook that detailed their role and responsibilities, and the purpose of the company.

The values of the organisation were covered in the induction for all staff. The service user guide issued to people using the service gave a summary of the statement of purpose, the philosophy and the aims and objectives of the service. The vision and values for the service was available for people to read and included, 'We seek to work and consult with all stakeholders to form a strong coalition to improve communication and care delivery which is central to the wellbeing of the service user. We will keep up-to-date with all innovative and preventative techniques to improve the health and wellbeing of service users. We seek to achieve our goal through training, support and development of a competent workforce to enhance and improve our service delivery.' Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and an understood the importance of respecting people's privacy and dignity. We were told by staff that there was an open culture at the service with clear lines of communication. All the feedback from people and staff members was that they felt comfortable raising issues and providing comments on the care provided in the service. All the social care professionals told us the communication between them and the staff at the agency was good, with guidance and changes to people's care and support needs being followed through.

Senior staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received, completing reviews of the care provided, and undertaking unannounced spot checks and observations to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. If any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings with their manager. One member of staff told us, "We are constantly getting spot checks." Additionally any issues identified had been discussed with the care staff team as a topic at the staff meetings.

Annual quality assurance questionnaires were sent out to all people receiving a service from the agency. One had just been completed and the outcome was being collated. Following last year's questionnaires an action plan was drawn up. One action was completed was to ensure that people were aware of who they should raise any concerns with if they had any. People also had the opportunity to

Good

Is the service well-led?

join a 'service user forum.' Staff assisted those who wanted to attend. This enabled to people to meet together and give their views and was also used for people to meet socially and go out for an outing.

There were systems in place to drive improvement and ensure the quality of the care provided. The registered manager received support from a regional manager who attended regular management meetings. The manager and the senior staff undertook audits on a number of aspects of the service, for example completion of care records, financial transactions and medicine administration records. Care staff told us they were notified when issues were identified to be addressed. We looked at staff meeting minutes which recorded where issues had been identified these had been discussed with the wider staff group and how improvements could be made. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run.

The service was also monitored by the local authorities who commissioned the service. We saw a visit had been made by the commissioners for one local authority in July 2014, following which an action plan had been drawn up where areas of practice could be improved. The registered manager had taken action to rectify issues identified at this visit. A further visit was in process of being carried out in July 2015.