Hummingbird Home care Limited

Hummingbird Home Care Office

Inspection report

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Date of inspection visit:
23 July 2018
30 July 2018

Date of publication:
13 September 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on the 23 and 30 July 2018 and was announced.

This was the first inspection of Hummingbird Home Care Limited Office since the service was registered in May 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to people living with dementia, learning disabilities or autistic spectrum disorder as well as younger and older adults with physical disabilities, sensory impairments or complex health care needs.

Not everyone using Hummingbird Home Care Limited Office receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; such as help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, the service was providing 'personal care' to 17 people who were living in their own homes within the Warrington and Lymm area of Cheshire.

The service is provided by Hummingbird Home Care Limited and coordinated from a business office in the centre of Warrington.

During this inspection we found a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. We noted that the registered person had not always notified the Commission of incidents or allegations of abuse. We have written to the provider regarding their failure to notify us.

The service had a Registered Manager. 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.

We found that people's needs had been assessed and planned for and that a range of risk assessments had been completed to ensure staff were aware of how to keep both them and people using the service safe. Staff supported people with their medication when necessary and assisted people to maintain good nutritional intake and hydration to safeguard their health and well-being.

Sufficient numbers of staff were deployed to provide people's care and support. Robust recruitment procedures had also been established to ensure the suitability of prospective staff was checked prior to employment. For instance, previous employment references had been sought and a criminal conviction check undertaken.

People were positive about the approach and attitude of staff. They told us that overall, they received support from a regular team of staff who knew them and their needs well. We found that people's dignity and privacy was respected and promoted by the service. Likewise, people's diverse needs were considered by the service and responded to in a person-centred manner.

A programme of staff training and development had been established which was subject to ongoing review and expansion. Staff had received access to a range of induction, mandatory, service specific and qualification level training in addition to formal supervision and informal spot checks. This helped to equip staff with the necessary knowledge and skills to ensure people received appropriate care.

The provider had developed a policy and obtained guidance for staff relating to the Mental Capacity Act 2005. The registered manager and staff spoken with understood the diverse needs of people they cared for and the action that should be taken in the event a person lacked capacity. People told us that they were empowered to exercise choice and control over their lives and valued the opportunity to live independently in their own homes.

An accessible complaints procedure had been developed and people had been provided with a copy of the complaints procedure for reference. People told us they knew how to complain in the event they needed to raise a concern.

Quality monitoring systems were subject to ongoing development and review to enable improved oversight and scrutiny of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Policies and procedures were in place to provide guidance to staff about safeguarding adults and staff understood how to recognise and respond to allegations or suspicion of abuse.

Recruitment procedures were well managed to minimise the risk of unsuitable people being employed to work with vulnerable people.

Staff were aware of current risks to people using the service and the required actions to keep people safe.

Systems had been established and further initiatives were being implemented to help protect people from the risks associated with unsafe medicines management.

Is the service effective?

Good

The service was effective.

Staff had access to induction, mandatory and other training that was relevant to their roles and responsibilities.

The needs of people had been assessed to ensure the service was responsive to changing needs.

Policies and procedures relating to the Mental Capacity Act had been developed to provide guidance to staff on this protective legislation.

Staff supported people with their nutrition and assisted people to maintain their health and well-being.

Systems were in place to liaise with GPs and to work in partnership with other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People and their relatives were able to express their views and were actively involved in decisions about their care.

People were treated with respect and their dignity and privacy was respected and promoted by the service.

Staff encouraged people to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised to their needs.

Care planning process had been established to ensure the diverse needs of people using the service were identified and acted upon.

Accessible systems had been developed for managing and responding to formal complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered person had not notified the CQC of safeguarding incidents in relation to people using the service.

The registered person was transparent in their plans to develop the service. Areas such as governance, management information systems and policies and procedures were being developed to ensure continuous improvement and effective monitoring of the service.

Staff were generally positive and confirmed they felt supported by the registered manager who was committed to providing a quality service.

Hummingbird Home Care Office

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.

The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

Inspection site visit activity started on 23 July 2018 and ended on 30 July 2018. It included visiting people with their permission at home and speaking with people who used the service and staff via the telephone. We also visited the office location on both dates to see the manager and office staff and to review care records; staff recruitment files; staff training; complaint and safeguarding information; rotas; policies and procedures and audit documentation.

The inspection team was made up of two adult social care inspectors.

Prior to our inspection, we requested the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information which the Care Quality Commission already held on Hummingbird Home Care Limited such as intelligence, statutory notifications and any information received from third parties. We also contacted the local authority to obtain their view of the quality of care delivered by the service. We took any information provided to us into account.

During the inspection, we spoke with the registered manager, one team leader and two office staff at the

agency's office. We also spoke with 12 support workers via the telephone.

Furthermore, we undertook home visits by invitation and met two people receiving support from the service and a relative. We also contacted a further seven people and four relatives via the telephone to seek their feedback on the service.

Good

Is the service safe?

Our findings

We asked people who used the service and their relatives if the service provided by Hummingbird Home Care Limited Office was safe.

People spoken with confirmed they felt safe when receiving a service from the provider and comments received from two relatives included: "Staff are very reliable" and "They [the staff] keep my mum safe and happy."

At the time of our inspection the service was providing personal care to 17 people who were living within the Warrington and Lymm area of Cheshire. The service employed one registered manager, one team leader, two office staff and 16 support workers that worked variable hours subject to the needs of the people using the service and their individually commissioned packages of care.

The owner of Hummingbird Home Care Limited was the managing director and the registered manager of the service and therefore actively involved in the operation of the service. The registered manager confirmed that the service had sufficient capacity to meet the needs of the people using the service and that contingency plans were in place to cover vacancies and staff absences.

Two members of staff spoken with raised concerns regarding the length of their shifts. We raised this feedback with the registered manager who assured us that she was in the process of recruiting more staff to cover vacant hours. We were also informed that staff had the right to refuse to work additional hours.

The service used an electronic database known as QuickPlan. This software is designed for providers of domiciliary care and helps to plan rotas and deploy staff, store service user and staff information, record personal details and notes and manage finances.

We looked at the system with a member of the office staff and sampled some staff visit schedules undertaken by staff. We noted that arrival and departure times where recorded centrally to capture data for invoicing and to avoid missed visits - as staff were expected to telephone the office at the start and completion of each visit. Records showed that staff were also allocated time to travel in-between visits to avoid 'call cramming' and that no missed visits had occurred to date.

Packages of care varied according to each person's needs. The registered manager and office administrator told us that wherever possible the service endeavoured to deploy the same staff to support people using the service to ensure continuity of care. However, this could inevitably change due to staff annual leave and days off, sickness, staff training or when staff had moved on to new jobs.

We looked at the files of three people who were supported by the service. We noted that individual, environmental and moving and handling risk assessments had been undertaken. This helped to identify risks and hazards and any actions necessary to mitigate risk and safeguard people's health and safety.

Systems were also in place to record any accidents, incidents or near misses that occurred within the service on a dedicated form which was stored within the office. We noted that summary statistical information had also been recorded on a monthly analysis sheet for reference.

We recommended that the monthly analysis sheet be updated to include qualitative data. This will help to improve management information systems and maintain an overview of individual incidents, trends and action taken to minimise the potential for recurrence.

An emergency and business continuity and emergency planning document had been produced which outlined the action that would be taken in the event of a crisis. For example, the loss of the main office; failure of IT system; loss of hardware; software or client records; failure of services and equipment and staff shortages etc. An out of hours on call service was also in operation for staff and people using the service to access.

At the time of our visit the provider was renting fully serviced offices at a location in central Warrington. The office space used by the provider was fully equipped with all equipment, utilities, broadband and telephones provided by the landlord who was responsible for servicing and maintenance. We noted that the provider had an employers and public liability insurance policy in place.

A staff recruitment policy had been developed to provide guidance for staff designated with responsibility for recruiting new employees. We looked at a sample of three staff files. In all the files we found that appropriate checks had been made to ensure that prospective employees were suitable to work with vulnerable adults. Files viewed contained application forms; two references; disclosure and barring service (DBS) checks; proof of identity including photographs, and health declarations. A DBS check aims to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

A policy on safeguarding of vulnerable adults had been developed to provide guidance to staff on how to protect people from abuse and harm. A copy of the local authority's safeguarding procedure was also available for reference together with a policy and procedure on whistleblowing. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

Discussion with the registered manager and staff, together with a review of training records confirmed staff working within the service had access to safeguarding adults at risk training. Staff spoken with demonstrated an awareness of the different types of abuse and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

Records held by CQC indicated that that there had been no whistleblowing or safeguarding incidents in the past 12 months. Upon reviewing safeguarding records for the service, we found that there were three safeguarding incidents that had occurred in the service in the last year.

Records confirmed that where safeguarding incidents had been identified, the service had managed them correctly and reported them to the local authority's safeguarding team in accordance with policies and procedures.

The provider had developed a policy on the management of medicine for staff responsible for administering medication to reference. Medication training was also completed by staff and periodic checks on their

competency were undertaken by senior staff.

We looked at the arrangements in place for the management of people's medication within the service.

We noted that medicine administration records (MAR) were completed by staff to record the administration of medication. Separate forms were attached to the main MAR chart for staff to record and explain the reason if medication was not given or the administration of any PRN (as required) medication.

Medication administration charts viewed during the inspection were found to be correctly completed. However, we sampled several records and noted that the prescribed instructions had been recorded in writing or typed and the details of the person who had recorded the information had not been recorded. Likewise, there was no evidence that the prescribed instructions had been checked by another competent member of staff to verify that the details were correct.

In response, the registered manager told us that she would explore the possibility of dispensing pharmacists producing a MAR for staff to use or the introduction of a checking system. Upon completion of our inspection the registered manager informed us that she had introduced a system for all new MAR charts to be checked upon completion and for the MAR to be signed and countersigned to ensure a clear audit trail.

The provider information return for the service indicated that that the registered manager had previously identified multiple documentation errors with PRN medications prior to our inspection. In response, the registered manager informed us that they had amended their procedures for auditing records.

We noted that the medication policy provided guidance on PRN medication however this was not specific to each person using the service. We raised this feedback with the registered manager who assured us that she would develop PRN medication protocols to ensure best practice. This will help guide staff on the purpose and outcomes of the use of PRN medication.

We looked at the monthly medication audit sheets. Systems had been developed to ensure all medication charts were reviewed on a monthly basis by the registered manager or a senior member of staff. In the event any issues were identified, the details were recorded on a separate form, which included an action plan to ensure any improvements were monitored and reviewed.

We discussed the potential development of the main medication errors analysis form to also include qualitative information in addition to quantitative data. This will help the registered manager to maintain a more effective overview of issues, trends and action taken to ensure best practice. We received assurance from the registered manager that this suggestion would be actioned.

The provider had developed an infection control policy for staff to reference. Staff we spoke with also reported that they had completed training in infection control and had access to personal protective equipment for the provision of personal care. We noted that spare supplies were also stored at the registered office.

Good

Is the service effective?

Our findings

We asked people who used the service and their relatives if the service provided by Hummingbird Home Care Limited Office was effective.

People spoken with confirmed their care needs were effectively met by the provider and we received comments such as: "I look forward to the staff coming. We have a good laugh and a joke"; "The staff know what I want. I don't need to tell them. They always know what to do" and "The company has trained staff very carefully."

Likewise, two relatives reported: "Staff always ask his consent before they do anything" and "The carer is very experienced and has high standards."

A programme of staff training and development had been produced for staff to access which covered a range of areas such as induction, mandatory, national vocational or diploma level qualification and other role specific training that was relevant to individual roles and responsibilities. Staff were also provided with an employee handbook and other key information upon commencing employment with the provider.

The registered manager told us that training material was sourced from an independent training provider and skills for care (an independent strategic body for workforce development in adult social care in England) and was delivered to staff via face-to-face in-house and on-line training. The registered manager was also an accredited trainer for moving and handling and basic life support training.

Discussion with staff and examination of training records confirmed staff had completed a range of training. Feedback received from staff confirmed they were happy with the standard of training completed and that they felt they were equipped with the necessary skills and knowledge to care and support people effectively.

We noted that the training matrix did not include details of health and safety training, fire awareness, end of life or other specialised training such as catheter care, pressure area care or percutaneous endoscopic gastrostomy (PEG) care etc. The registered manager told us that she was in the process of sourcing outstanding training and would ensure that key training was delivered to staff prior to supporting people with specific health needs. Upon completion of our inspection, the registered manager contacted us to confirm that they had sourced training for staff in outstanding areas and that this would be rolled out to all staff.

Staff we spoke with confirmed that they felt supported in their roles by the registered manager and informed us that they had attended periodic team meetings and received formal supervision.

Records showed that there had been only one team meeting and two small meetings for staff since the start of the year. The registered manager told us that this was due to logistical issues and that moving forward staff meetings would be coordinated every three months. Spot checks, telephone calls and formal

supervisions were also utilised to support staff working in the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We saw that the registered manager had obtained guidance issued by the Social Care Institute for Excellence (SCIE) for staff to reference. SCIE is a leading improvement support agency and an independent charity that works with adults', families' and children's care and support services across the UK to identify and share knowledge and information.

The provider information return indicated policies and procedures were also in place in relation to the requirements of the Mental Capacity Act 2005 and highlighted that none of the people who used the service were the subject of an order by the Court of Protection that resulted in the care provided restricting a person's liberty, rights or choices. This information was also confirmed during the inspection.

The registered manager and staff spoken with demonstrated a satisfactory understanding of their roles and responsibilities regarding this protective legislation. We noted that information on MCA and DoLS training had also not been included in the training matrix and was not referenced in the provider information return. We received assurance from the registered manager that action would be taken to include this information on training records to provide a clearer audit trail of which staff had completed training in this key area.

The registered manager demonstrated an awareness of the need to liaise closely with care management teams, formal appointees, advocates and relatives in the event a mental capacity assessment was required for a person using the service. We also saw examples of how the service had worked in partnership with other teams and services to ensure the delivery of quality care and support for people using the service. For example, local commissioning teams, health and social care professionals such as social workers, GPs, district nurses, specialist nurses, physiotherapists and occupational therapists etc subject to individual need.

We spoke with staff regarding the promotion of healthcare, hydration and good nutritional intake within the context of person-centred care and respecting people's rights to choose what they eat and drink.

Staff we spoke with confirmed they promoted healthy eating and monitored and recorded any changes in the wellbeing and needs of people they cared for on an on-going basis via daily visit logs. Systems were also in place to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Good

Is the service caring?

Our findings

We asked people who used the service and their relatives if the service provided by Hummingbird Home Care Limited Office was caring and if they were treated with dignity and respect.

Overall, people were complimentary of the service and the standard of care delivered. People spoken with confirmed they were appropriately cared for by staff and we received comments such as: "The staff are warm and friendly towards me at all times"; "They [staff] are kind"; "Compassionate and friendly staff" and "The carers are lovely and happy to help at all times."

Likewise, two relatives reported: "All [staff] without exception have been lovely" and "They [staff] put themselves out to help my husband."

Due to Hummingbird Home Care Limited operating a domiciliary care service, the inspection team was unable to undertake extensive observations of the standard of care provided to people as people were living in the privacy of their own homes.

However, we undertook home visits by invitation and met two people receiving support from the service and a relative. We also contacted a further seven people and four relatives via the telephone to seek their feedback on the service.

During home visits, we observed staff interact with people in a caring, attentive and supportive manner. Staff were seen to take time to communicate and engage with people using the service in a respectful and dignified manner and that they offered people appropriate intervention, explanations and support when required.

For example, we were invited to attend one person's home during a lunch time meal. We noted that the support worker took time to support the person to have a drink and meal that they had chosen. The person was supported and encouraged to eat their meal at their preferred pace and confirmed that they were well supported by the carer that regularly visited them. We discreetly observed positive ongoing interactions between the support worker and the person receiving support from the service and it was clear that they had developed a positive and friendly relationship.

We also visited the home of another person who required support from two staff to assist with personal care tasks. Again, it was evident that staff were mindful of the need to safeguard the person's privacy and dignity as they carried out their role in a respectful and courteous manner. We noted that staff took time to explain what they needed to do before engaging in tasks and ensured they obtained verbal consent from the person they supported. This person also told us they were happy with the standard of care and support provided to them.

Feedback received from people using the service or their relatives via telephone confirmed that people were satisfied with the service provided and valued the support they received from the service. People told us that

staff responsible for the delivery of personal care and support were kind and considerate, understood their needs, routines and preferences and were responsive and attentive.

Staff we spoke with confirmed they had attended training to help them understand their role and responsibilities and the needs of people using the service. Staff also informed us that they had been given opportunities to familiarise themselves with information on the needs of people using the service such as their assessments, support plans and risk assessments.

Staff spoken with demonstrated a commitment to the wellbeing of the people they cared for and the value base of social care such as, promoting and supporting dignity, citizenship, independence and safety, respecting and acknowledging individual's personal belief and identity and protecting individuals from abuse and harm.

The provider had produced information on the service in the form of a statement of purpose and to provide people using the service and their representatives with key information on the service.

This outlined the provider's mission statement, aims and objectives, range of services provided, information on the registered manager and training completed by staff together with other information relevant to the operation of the service.

The registered manager told us that the service could signpost people to advocacy services when required. Advocacy services help to promote social inclusion, equality and justice for people who may face discrimination, disadvantage and social isolation.

Good

Is the service responsive?

Our findings

We asked people who used the service and their relatives if the service provided by Hummingbird Home Care Limited Office was responsive to their individual needs.

People spoken with confirmed the service was responsive to their individual needs and we received comments such as: "I don't have any complaints. If I did I would know who to speak to at the office" and "The staff are always on time. Very rarely late."

We requested permission to view three care plan files (a file stored at the office or kept within each person's home) which contains a range of information relevant to the service provided to each individual by the provider.

We found that each file contained information on each person's assessed needs and risks together with care planning information which outlined why the person needed support, what the person could do for themselves and what they needed help or assistance with.

Supporting documentation was available in each file such as service agreements; consent to care forms; data protection agreements; key information and contact details; personal profiles; visit logs; review sheets; environmental risk assessments and various other documents – subject to individual needs.

We found that records were person centred and it was clear that people's views and preferences had been sought in relation to how care should be delivered. We discussed the benefit of including additional information in some areas to provide more detailed guidance for staff responsible for undertaking complex care procedures.

People spoken with confirmed they had been involved throughout the assessment and care planning process and this was evidenced via consent forms. We also discussed with the registered manager the importance of asking people using the service, their authorised appointee and staff to date and sign the support plans, client risk assessments and other key documentation. This will help to provide further evidence that people have consented to and agreed with the information recorded. Furthermore, it will help to provide evidence that records are being reviewed periodically in consultation with people using the service. The registered manager assured us that action would be taken to include this detail.

The registered manager had developed a 'complaints' policy to provide guidance to people using the service and their representatives on how to raise a complaint. An easy read version had also been produced to help people with complex communication needs understand the information and ensure the service complied with the Accessible Information Standard (AIS). The AIS requires that all publicly funded adult social care and care provided by social care services, must identify and meet the information and communication needs of those who use their services.

The registered manager reported that there had been no complaints regarding the service in the last 12

months. We requested to view the complaint records for the service since registration and noted that management information systems had not been established to enable the service to track or log the details of any complaints received or to provide the details of any action taken, findings or outcomes. The registered manager assured us that she would take action to introduce recording systems to ensure information was appropriately recorded.

No complaints, concerns or allegations were received from the people using the service during our visit. People using the service or their representatives told us that in the event they needed to raise a concern they were confident they would be listened to.

At the time of our inspection, none of the people using the service were receiving end of life care. However, we spoke with the registered manager and staff regarding this important aspect of care, to ensure systems were in place to support people at the end stages of life to have a comfortable, dignified and pain free death.

We noted that a policy on 'end of life' care had been produced together with a dedicated care plan document for staff to reference. The document outlined the key principles of caring for people who are dying and the essential elements required to provide good end of life care.

Contact had also been established with a range of health professionals including the 'hospice at home' team. This is a multi-disciplinary team linked to a local hospice and helps support people who are terminally ill to receive care and support in their homes.

Staff training records indicated that most staff had not completed end of life training. We received assurance from the registered manager that she would source training for staff in this key area from an independent training provider. The registered manager confirmed that this training had been obtained from an external training provider upon completion of our inspection.

We were informed that several people using the service were supplied with assistive technology products in the form of care call pendants and bracelets. This support system enables older and vulnerable people to remain living independently and safely in their own homes. It also ensures that people can get assistance 24 hours per day as quickly as possible in case of an emergency at home.

Another person receiving support from the provider also utilised an I-pad tablet to enable them to communicate with people.

Requires Improvement

Is the service well-led?

Our findings

We asked people who used the service, their relatives and staff if they found the service provided by Hummingbird Home Care Limited Office to be well led.

Overall, people spoken with confirmed they were satisfied with the way the service was managed and that they knew who the registered manager of the service was. Comments from two people using the service were: "The service has always been very good" and "It is a very good company. I have had several different companies over the years but they are very good."

Likewise, a relative told us: "New company but excellent."

Staff spoken with were also generally positive about the registered manager, her leadership and management style. For example, three staff reported: "The manager looks after staff as well as clients. She is very approachable and friendly"; It's an amazing service and we are well supported" and "I really like working here. I love my job and I'm supported. The clients come first".

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service so that we can check that appropriate action has been taken.

We noted that the registered person had not notified the Commission of three safeguarding concerns. This meant that the registered person had not complied with the legal obligations attached to their role.

This is an offence under Regulation 18 (1) (e) of the Care Quality Commission (Registration) Regulations 2009, in that, the registered person had failed to notify the Commission without delay of any incidents of abuse or allegations of abuse in relation to a service user. We will be writing to the registered provider separately about this matter.

The provider (Hummingbird Home Care Limited) was owned by one individual who was listed at Companies House as the sole director of the company.

The director was recorded as the nominated individual for the provider and had registered with the Care Quality Commission as the manager of the service in May 2017. Records viewed confirmed the registered manager had experience in the adult social care sector and had completed the level five Diploma in Leadership for Health and Social Care.

The registered manager was present during the two days of our inspection and engaged constructively in the inspection process, together with a team leader and two other members of the office staff team.

We noted that the provider had developed a continuous improvement plan and produced a mission statement for the service in its Statement of Purpose. This stated "Providing holistic personalised support, enabling people to remain living at home, supporting our clients, promoting their independence, dignity

and choice. Ensuring support workers are well trained, supported and appreciated".

We asked the registered manager for information on the provider's governance systems and processes to assess, monitor and improve the quality of the service provided.

We noted that a governance and a management policy and procedure had been developed to provide guidance for management and staff on the organisation's quality assurance framework.

We asked the management team whether any surveys had been undertaken to obtain feedback on the service from people using the service or their representatives.

The registered manager told us that the service had obtained feedback from all people using the service since the service was registered and that to date 33 quality assurance feedback forms had been completed. Feedback was obtained via a telephone call or a home visit.

At the time of our inspection, an analysis of the findings, summary report and action plan had not been completed. The registered manager assured us that they would take action to summarise the findings and produce an annual action plan to ensure best practice and provide evidence that the views of people were listened to and acted upon. We noted from the continuous improvement plan that an annual client, employee and professional service survey was also to be distributed in September each year.

We asked the management team to share with us details of their other quality assurance, management information and auditing systems to demonstrate how the service maintained an overview of key operational areas.

We noted that systems had been developed to monitor matters such as the management of medication and accidents and incidents and that other systems and audits were in the process of evolving or being introduced or developed for areas such as home files, client reviews, safety management, human resource records and staff supervision and training.

We discussed the importance of capturing qualitative data in the form of audit templates and action plans in addition to quantitative data. We could see that this work was ongoing and progress was being made. We will therefore review progress at our next inspection.

We noted that the provider had purchased a range of policies and procedures for use within the service from an external supplier and that the registered manager was in the process refining and developing policies that were tailored to the service.

Information about people using the service was stored securely in the registered office and information held on computers was password protected. We noted that the service used encrypted software to send sensitive emails too.

Staff spoken with understood the need to store records relating to the people they cared for safely in people's homes to ensure confidentiality and to return records to the office at regular intervals for filing.