

# Quality Care (Devon) Ltd

# Jayden House

## Inspection report

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17 August 2016

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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

Jayden House provides personal care and domestic support to people who live in their own homes.

The service has a registered manager, although they were not available at the time of the inspection. 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.

The inspection was undertaken over a three day period, 10, 15 and 17 August 2016 and included visits to the office, staff interviews and visits and telephone calls to people in their own home. At the time of this inspection 128 people were using the service.

This was the first inspection of this service since it registered with the Care Quality Commission, (CQC).

The majority of people we spoke with said the service was well managed. One person said, "They deal with everything I ask them to" and another said, "I can't find fault at all." Any reservations people had related to the changes made to the care staff rotas, although two people said they had a delay in obtaining a response from the office staff, and didn't always feel listened to. The registered provider was aware of these issues and was taking practical steps to resolve these and improve the service. They had invested in a new electronic monitoring system; provided staff with smart phones to enable them to access their rotas electronically; provided satellite navigations systems for staff; purchased pool cars for those staff who did not have their own car; paid for staff to take their driving test and provided a fuel card so staff did not have to purchase fuel themselves. The registered provider was confident these changes, along with creating geographical staff teams and strengthening the management structure, would ensure people received a more consistent service.

All of the 16 people and five relatives we spoke with told us the staff provided safe care and support. One person said, "I don't have any qualms about that. I always feel safe." Five people told us that sometimes their carers arrived late and two people told us they had occasionally had a missed visit. All said they were usually informed by telephone if the carer was running late. However, one person and one relative said staff had been very late and they had not been notified. One said the staff had been so late they had put themselves to bed, which was a risk to them, and the relative said their relation had become very distressed.

Some people told us they felt there were not enough staff to meet the service's obligations to people, as they had experienced late visits or had their staff changed at short notice. Eight people were concerned about the number of changes made to their planned staff rota. One person said, "We very rarely have the same staff" and another said they were not sure who was coming to them until they arrived. We discussed this with the registered provider. They said there had been a period when the service needed to recruit more staff and this, along with the changes made to the staff teams, had resulted in periods of change for people.

They were confident this would all now be resolved.

Staff recruitment practices were safe and relevant checks had been completed. All four files we saw included the necessary pre-employment checks, including proof of identify, previous employment references and a disclosure and barring service (police) check. Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy. One member of staff said the service was very good at looking after people's welfare: they said, "We keep an eye on people, make sure they are safe."

Risks to people's health and safety had been assessed and regularly reviewed. These assessments included information and guidance from health care specialists about how to minimise the chance of harm occurring to people and staff. The service supported some people to take their medicines. The care plans provided information about each person's medicines and why they were prescribed. People told us the staff supported them safely and they received their medicines as prescribed.

People spoke positively about the care staff, describing them as "good" or "very good". Each person we spoke with told us the staff were respectful, kind and caring. One couple told us, "We are so happy with the people who are looking after us. They show us every care and enormous respect for us and our home." People told us staff did 'little extras' for them, such as hanging out washing and bringing milk and newspapers. One person said, "They always bring me the paper at the weekends so I can follow the football." The service had received 23 compliments since January this year from people and their relatives. These thanked the staff for their care and kindness.

Staff told us they enjoyed their work and received a great deal of personal satisfaction from caring for people. One staff member said, "I thoroughly enjoy it. It's so rewarding making a difference to people's lives, many of whom only see their carers."

Care plans were developed with each person and people told us they had received a copy. These plans described the support the person needed to manage their day to day needs. Staff knew people well, and were able to tell us how they supported them. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. The service was flexible and responsive to changes in people's needs. One person told us, "This company are the best we have ever had. They will accommodate changes we request in relation to the times of visits, especially at the weekends."

All but one of the people and relatives we spoke with said they felt able to raise a complaint with the service: some told us they had done so this year. They said they had been listened to and appropriate action had been taken to deal with the issue. The service had received six complaints since January 2016 and records of the action taken to investigate each complaint and how the matter had been resolved were maintained.

The service periodically reviewed the quality of the service people were receiving. People told us they had received questionnaires and telephone calls from the office staff asking them if they were happy with the care and support they received. The results of the most recently sent questionnaires in February 2016 showed a high level of satisfaction with the service. Monthly audits and unannounced checks on staff performance were also carried out to monitor the quality 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.

People told us they felt safe when they received care.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. People said staff followed this guidance and information.

Where the service assisted people with their medicines, this was done safely.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person unsuitable to work with people who require care and support.

Staff were provided with gloves and aprons to reduce the risk of cross infection.

### Is the service effective?

Good ●

The service was effective.

The service was reviewing its rota planning to ensure people received support from a consistent team of staff.

Staff knew people well and were able to tell us how they supported people. People said staff were competent and had the necessary skills to meet their needs.

Staff completed training and had the opportunity to discuss their practice.

People were supported to receive health care services.

Staff had a good awareness of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff treated them. Staff were kind and compassionate.

People were involved in making decisions about how they received care.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

Care plans described the support people needed and wanted to manage their day to day needs.

The service was flexible and responsive to changes in people's needs.

People felt confident they could raise concerns and these would be listened to.

### Is the service well-led?

Good ●

The service was well-led.

The registered provider was committed to improving the service people received. They had taken practical steps to improve rota planning and consistency.

Staff enjoyed their work and told us the management were always available for guidance and support.

There were systems in place to assess and improve the quality of care. Tus included monitoring late visits and missed calls to identify how these came about. The service encouraged feedback and used this to drive improvements.

Records were well maintained and accessible to staff.

# Jayden House

## **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 was 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 10, 15 and 17 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure people and staff were available to speak with us.

One social care inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the service. This included notifications of events the service is required by law to send us.

During the inspection we used a range of different methods to help us understand people's experience. We visited five people in their homes and spoke to 11 people and four relatives over the telephone; we spoke with six care staff; two members of the administration and management team and the registered provider. Following the inspection we received an email from a further member of staff and a telephone call from a relative.

We looked at the care records for seven people and how the service managed people's medicines. We also reviewed the staff recruitment, training and supervision files for four staff, how the service reviewed the quality of the care and support it provided, as well as records relating to the management of the service.

# Is the service safe?

## Our findings

All of the 16 people and five relatives we spoke with told us the staff provided safe care and support. One person said, "I don't have any qualms about that. I always feel safe." Eight people told us that although they usually had a regular staff team, they didn't always know who was coming to them, as sometimes the rota was changed without warning. Although that meant people were receiving care from staff who did not know them as well as their usual carers, they said they still felt safe when receiving care. People said the staff met their care needs but some staff needed more guidance than others as they were less familiar with their needs.

Six people told us that sometimes their carers arrived late and two people told us they had occasionally had a missed visit. One said the staff had been so late they had put themselves to bed, which was a risk to them, and a relative said their relation had become very distressed. Others who had received a late visit told us they were aware staff sometimes overran when caring for people or were caught up in traffic and that generally there were no problems with staff arriving a little later than planned. They were usually informed by telephone if the carer was running late. The service was fully aware of these issues and had recently invested in an electronic recording system from which the management team could monitor when staff arrived at each person's home, how long they stayed and when they left. The service was aware of the missed visits and records showed a senior member of staff investigated the circumstances around why a carer had not visited a person. The electronic system would alert the service to staff not arriving at a person's home enabling them to investigate sooner and to send another carer if that was necessary.

Staff recruitment practices were safe and relevant checks had been completed. We looked at the recruitment files for four staff, including the most recently recruited staff member. All four files included the necessary pre-employment checks including proof of identity, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a person who may be unsuitable to work with people requiring care and support. Some people told us they felt there were not enough staff to meet the service's obligations to people, as they had experienced late visits or had their staff changed at short notice. We discussed this with the registered provider. They said there had been a period when the service needed to recruit more staff and this, along with changes to how the staff teams were organised, had resulted in periods of change for people. They were confident this would now be resolved.

Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the registered manager and provider would respond and take appropriate action if they raised concerns. One member of staff said, "I know they wouldn't tolerate anything like that". Another said the service was very good at looking after people's welfare: they said, "We keep an eye on people, make sure they are safe."

Risks to people's health and safety had been assessed and regularly reviewed. These assessments included information from healthcare professionals about how to minimise the chance of harm occurring to people

and staff. For example, some people were at risk of choking due to swallowing difficulties, or were unable to walk unaided, and the relevant specialists had been involved in their care. Information was provided to staff about how to support people to eat and drink safely. For example, one person's care plan guided staff to provide soft food and fluids thickened to a syrup consistency. The plan also guided staff about how to assist the person to take their medicines. They were to be placed one at a time in a spoon of yoghurt as the person could not swallow their tablets with water. When we visited this person, they told us staff always prepared their food and drinks and helped them with their medicines in line with this guidance. Risk assessments also considered the safety of the environment for both the person and the staff providing care. Issues such as lighting inside and outside of the home, and the safety of kitchen equipment were reviewed. Some people required the use of equipment to assist with their care needs and mobility. The service kept a record of the equipment in each person's home and when it was due to be serviced to ensure it was maintained in a safe working order.

The service supported a small number of people with shopping. One relative said the staff bought clothes for their wife as they were no longer able to leave the house, and said, "They know what she likes." They said staff always signed for the money they were given, always obtained a receipt and signed for the money returned to them. We saw a record of this in the person's home when we visited them.

The service helped some people to take their medicines. One person said, "It's such a big help to me." Care plans provided information about each person's medicines and why they were prescribed. People told us the staff supported them safely and they showed us the medication administration records (MAR) staff completed after they had given them their medicines. The MAR sheets were fully completed and this showed people had received their medicines as prescribed to promote good health. Records showed senior care staff periodically undertook checks to monitor staff's competence with medication administration and that MARs had been properly completed. This was to ensure staff were working in line with the service's policies and procedures. The procedure for dealing with concerns about medicines, such as errors or missed medicines was available in people's home to ensure staff had easy access to this.

Some people had a 'key safe' installed outside of their homes. This allowed staff access to people's homes when people were unable to open their door. Two of the people we visited had key safes and told us the staff always made sure their door was locked when they left. One person said, "They always ask me if I want the door locked or left unlocked when they leave."

There was an on call system for staff and people to ring in the event of an emergency out of office hours. The on call system was shared between senior care staff, the registered manager and the registered provider. Staff told us this system worked well and there was always someone to seek advice from.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services and to inform the office immediately. The staff completed a report providing details about the accident. These were reviewed by a member of the senior management team to identify how the accident had come about, whether any actions were necessary to reduce the risk of a repeat and to assess for signs that people's needs may be changing. Where people had healthcare professionals involved in their care, such as the community nurse, an occupational therapist or physiotherapist, the service alerted these to people's potentially changing needs by the service.

Staff were provided with gloves and aprons and they told us these were freely available from the office. Records showed staff were provided with infection control training and the spot checks of staff's care practices demonstrated the service took their responsibility to reduce the risk of cross infection seriously.



## Is the service effective?

### Our findings

People told us their regular staff knew them well and they were happy with the care and support they received. People described the staff as "excellent, "very good". One person said, "I always have the same carers, I know them all well." Everyone we spoke with said the staff had the appropriate skills to meet their needs.

Eight out of the 21 people and relatives we spoke with, were concerned about the number of changes made to their planned staff rota. One person said, "We very rarely have the same staff" and another said they were not sure who was coming to them until they arrived. The registered provider said that some of this inconsistency had related to the changes they had made with planning the staffing rotas. Staff teams had been divided into geographical areas, each with a dedicated team leader. This had resulted in some changes to people's rotas in the short term, however the management team felt this would reduce changes in the future. They also had made changes in response to staff sickness and staff leaving the service. The registered provider recognised this had been unsettling for people, and said the restructuring of the rotas as well as changes within the management team would lead to greater consistency. Staff told us they had no concerns over the planning of visits and they were provided with sufficient travel time, but recognised this was sometimes disrupted with holiday traffic. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time.

A senior member of staff oversaw staff training and ensured updates were provided when due. Training was provided in care related topics such as nutrition, dementia care, continence care and pressure area care as well as health and safety topics including the safe use of a hoist and medicine administration. The service used an external training provider to ensure the training staff received was up to date and in line with best practice. In addition, a number of the senior staff were trained to provide classroom based training in a variety of topics, including moving and transferring and safeguarding adults, and as such were able to ensure training was provided as and when needed. Staff also received training from the community nursing service, when people had specialist needs, such as for a person with a percutaneous endoscopic gastrostomy feeding tube in their abdomen.

All the staff had been enrolled to undertake the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Records of the training each staff member received were held in their personnel files. Staff told us they were supported to undertake diplomas in health and social care and could request training in issues they felt they needed updates on or had a particular interest in. Staff also had access to on-line training through their telephones and computers. New staff were provided with essential health and safety training and worked alongside experienced staff to observe how people had their care delivered before they were permitted to work alone. Two staff new to the service told us their induction had been very good and they had felt confident with the experienced staff who they accompanied for their shadow shifts. One told us, "I'm very happy with how I have been supported. I've been made very welcome from day one."

The registered provider ensured each member of staff was provided with the guidance and support they

required to understand their role and what was expected of them as an employee of the service. They were provided with a 'welcome pack' which provided staff with information about the management team, the service's dress code and how it monitored staff performance, as well as providing information about the service's policies and procedures, including the safeguarding policy.

In addition staff were given a 'home-worker's essential guide to care in the home'. The guide was produced by the UK Homecare Association, a professional body promoting high quality home care support. The handbook contained information about the principles of good care and the role of the homecare worker. Also included was guidance and support about meeting specific care needs such as those for people living with dementia. It also included information about common health conditions, what to look out for to reduce the risk of deterioration in a person's condition and how to deal with emergency situations. The registered provider said they wanted staff to have an understanding of the care and support people should expect from a care provider as well as having access to very clear, professional guidance at all times.

Staff received regular individual supervision where they were able to discuss people's care needs, identify any concerns and plan their training and development support. The registered manager and the team leaders carried out observations of care staff in people's homes. These observations included how the staff member introduced themselves and whether they were safe and respectful when carrying out care tasks. Staff confirmed these checks took place regularly. Records of these spot checks were maintained and used to support staff supervision and to identify training and development needs.

Staff told us they supported some people who were living with dementia who may not be able to make decisions about how they were cared for. They had a good awareness of the Mental Capacity Act 2005 (MCA). This legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A member of the management team explained if a person's ability to make decisions about their care changed, they would discuss these changes with the person, their family and any relevant healthcare professionals to support a mental capacity assessment to be carried out. People told us staff gained their consent before carrying out personal care and respected people's choices. One person said, "they don't do anything without asking first."

The registered provider said that many of the people the service supported were also being cared for by family members and they recognised the pressure this placed upon them. Each person receiving a service had been provided with a copy of Public Health England's Practical Guide to Healthy Caring. This booklet provided guidance and support to people and their families about how to stay healthy in older age, how to seek assessments, how to obtain respite care and where to seek independent advice from, for example The Alzheimer's Society and Age UK.

Staff told us they supported people to have access to healthcare services. They were provided with people's GP surgery telephone numbers which enabled them to communicate any concerns they may have over people's health or welfare. One person told us their carer had been very prompt in alerting the community nurse to the signs of a skin condition. This had meant they had received treatment early which had prevented deterioration in their condition.

Staff supported some people to choose and prepare their meals. Staff knew people's food preferences and how to support people to make healthy meal choices. They were aware of people who were at risk of not eating enough to maintain their health and kept records of how well people were eating and drinking. Should they have concerns, staff told us they would contact the office, where a senior staff member or the

registered manager would contact the person's family or GP as necessary.

## Is the service caring?

### Our findings

People spoke positively about the care staff, describing them as "good" or "very good". One person described their carers as having become friends. Each person we spoke with told us the staff were respectful, kind and caring. One couple told us, "We are so happy with the people who are looking after us. They show us every care and enormous respect for us and our home." They said the staff were very thoughtful and had remembered their wedding anniversary. Another person said, "The carers are lovely people." One relative said, "Mum is especially fond of some of her carers, as well as delivering personal care, they enhance her social interactions." People told us staff did 'little extras' for them, such as hanging out washing and bringing milk and newspapers. One person said, "They always bring me the paper at the weekends so I can follow the football."

People told us staff respected their dignity; they said staff always attended to them kindly and discreetly. Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. One member of staff told us "We are always asked to consider, 'If this was your mum or dad, how would you want them to be cared for?'" People's care plans held a statement which reminded staff, "Please remember I am a person and I like to be involved in decisions." Giving consideration to respect and people's dignity was part of the observations made through the spot checks undertaken by the senior care staff.

Staff told us they enjoyed their work and received a great deal of personal satisfaction from caring for people. One staff member said, "I thoroughly enjoy it. It's so rewarding making a difference to people's lives, many of whom only see their carers." Another said, "We are passionate about caring. Some people might not eat from one visit to the next. It's important." Staff told us they more often than not they cared for the same people, which enabled them to build a relationship with them.

People told us staff encouraged them to be as independent as possible and to continue to undertake the care tasks they were still able to do for themselves: they said staff were patient and allowed them time to do so. One person's care plan stated, "I like to be as independent and do what I can. Please ask me what support I require and I will tell you. Please let me lead and direct my needs."

People were able to contribute to the care planning process. One person told us they were able to tell staff each day how they felt and, dependent upon their level of discomfort, what support they needed. They said they were able to make decisions about their care and discuss any changes with the staff or the registered manager. Staff asked them about their care needs and whether they were happy about the way in which they were supported. The care plans contained details of discussions with people about their care needs and we saw these had been signed by the person concerned. A member of the management team said the reviews had not been as frequent as they would have liked in the past, but now that there were dedicated team leaders in each geographical area, these reviews would be undertaken more regularly.

The service had received 23 compliments since January this year from people and their relatives. These thanked the staff for their care and kindness.

## Is the service responsive?

### Our findings

People told us they were very happy with the care they received. One person said, "The carers are very good and know my needs well." Another said, "My carers are excellent, I couldn't be without them."

Each person receiving support had a care plan that detailed their care needs and guided staff about how they wished their care and support to be provided. People told us they had a copy of their care plan and we saw these when we visited people in their homes. The plans described the support people needed to manage their day to day needs. This included information about their personal hygiene care needs, their mobility as well as their preferred routine, and any specific instructions. For example, one person's care plan described how they must have a pad placed in their palm and a cushion positioned under their elbow. When we visited this person we saw they had the pad and cushion in place. They told us the staff always made sure they had these. Another person told us, "They wash my legs and feet just the way I like it done." Some people receiving support were living with dementia. From the care plans we looked at, we saw staff were provided with information about how dementia had affected the person's abilities and how to include people in their care.

Additional information provided staff with details of people's past history, where they grew up, their work history, family life and hobbies and interests. This gave staff information to prompt conversations and promote interaction with people, which was particularly important for people living with memory loss.

Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. People's preferences about how they were cared for were respected. One person who required two staff to attend to their personal care told us they had requested to receive care from only female staff and this had been respected.

The service was flexible and responsive to people's requests and their changing needs. One person told us, "This company are the best we have ever had. They will accommodate changes we request in relation to the times of visits, especially at the weekends." Another said, "The care workers are very amenable to requests." Rotas with visit times and staff names were sent out to people each week either with their care staff or electronically for those people who had access to a computer. Rotas were available by post upon request and if people provided postage.

All but one of the people and relatives we spoke with said they felt able to raise a complaint with the service: some told us they had done so this year. They said they had been listened to and appropriate action had been taken to deal with the issue. The service had received six complaints since January 2016 and records of the action they had taken to investigate and resolve the matters were maintained. Issues raised through concerns as well as compliments were discussed at the regular team meetings. One person told us they knew who to contact should they have a complaint but said, "I've no complaints, they are all very good indeed."

## Is the service well-led?

### Our findings

The majority of people we spoke with said the service was well managed. One person said, "They deal with everything I ask them to" and another said, "I can't find fault at all." One person said they always received prompt attention from the office and they wanted to tell us about a member of the management team. They said, "I'm sure you'll be impressed with her. She's always says to me, 'don't hesitate to let me know if there is anything you're not sure about'."

Any reservations people had with regard to the management of the service related to the changes made to the care staff rotas. However, two people said they had a delay in obtaining a response from the office staff, and when they did receive a response they didn't feel they had been listened to. The management team were aware of these instances and were making changes to improve consistency and response times from the office staff. The registered provider had made changes to the care staff, administration and the management teams to make rota planning, care reviews and managing the service on a day to day basis more structured. They had also invested in providing practical support for staff to improve planning and consistency. They had purchased 16 pool cars for staff to use, a fuel card for staff to access fuel without paying for it themselves and paid for staff to sit their driving tests. They provided staff with satellite navigation and also smart phones so they could receive copies of their rota electronically, as well as updates about people's care needs without having to access the office.

There was a clear management structure within the service. In addition to the registered manager, the service employed four team leaders, each with the responsibility for managing the staff team in a geographical area. A number of staff were employed in administrative roles in the office to support the care teams. A business manager supported the registered manager and registered provider in overseeing the day to day running of the service, undertaking reviews and audits and monitoring the quality of the service being provided to people.

Staff told us the registered manager and team leaders were very approachable. One member of staff said, "they always make sure you feel appreciated. They recognise staff's hard work." Another said, "The communication is excellent between us all."

Regular monthly team meetings and whole service staff meetings enabled staff to discuss issues relating to people's care needs and ideas about improving the service. Staff said the whole service meetings were held at two different times in the day to ensure as many staff as possible were able to attend. The meetings were held in a community hall to enable everyone to meet more comfortably than in the office.

Staff told us the registered provider was keen to improve the service. They said they had "high standards" and were "big on respect and dignity". One member of staff said, "(name of registered provider) has a clear vision of how people should be cared for. They are making real efforts to change and improve the service. We are all able to comment about making improvements". A regular newsletter to staff provided updates in information and passed on important messages. A recent newsletter reminded staff to discuss concerns over people's well-being with a senior member of staff, to consider their practice to ensure it was safe,

effective, caring and responsive to people's needs and to ensure the care notes they wrote were detailed. It also reminded staff a team building event had been arranged, invited staff to consider becoming a 'Dementia Friend' and thanked staff for their work.

Audits were carried out to monitor the quality of the service. A sample of care plans, visit records and medicine administration records were checked each month to ensure they were completed correctly. Unannounced checks to observe staff's competency and interaction with people were carried out on a regular basis. From these audits and the review of late and missed calls, a monthly report was prepared for the registered provider which detailed whether the service had received any complaints or compliments, what staff training had been undertaken and any issues that needed to be brought to their attention. An action plan identified the objectives for the forthcoming month, such as identifying specific tasks for the team leaders.

The service sought periodic feedback from people who used the service. People said they had received questionnaires and telephone calls from the office staff to check they were happy with the care and support they were provided with. The registered manager had sent questionnaires to people in February 2016. The feedback from these questionnaires showed most people were very satisfied with the care and support they received. Their comments included, "I don't know where I would be without my carers. I appreciate everything they do", and "I find all my staff are pleasant and professional." Where people had identified areas for improvement, these reflected the comments we had received from people about consistency in the carers who came to them.

The registered provider kept themselves up to date with events and best practice within the care sector by attending meetings with other providers in the area and keeping up to date with information from CQC. They were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm. Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.