Penhellis Community Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out this comprehensive inspection on 6, 7 and 9 March 2017. The inspection was announced a few days in advance so we could make arrangements to contact people who used the service to seek their permission to speak with them. At the last inspection, in March 2016, the service was rated Good. We brought forward the planned comprehensive inspection because we had received concerns about the service. These concerns were in relation to the care practice of some staff and the timing of some people's visits. This included some missed visits, other visits were later than the agreed time and people were not always advised of changes to their times. There were also concerns that the service had given short notice to cancel care packages causing people distress because they were unsure if another provider could be found.

Penhellis Community Care is a Domiciliary Care Agency that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs throughout Cornwall. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and provide support with meals. These services were funded either privately, through Cornwall Council or NHS funding.

At the time of our inspection 513 people were receiving a personal care service. The care provision for 272 people, who lived in the west of the county, was managed from the registered office in Helston. The care provision for 241people, who lived in the middle and east of the county, was managed from an office in Roche, opened in June 2016. The provider advised us that they intended to register the Roche office as a separate location.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

At this inspection we looked at the concerns raised with us. We found where people had raised concerns with the service about staff practice this had been dealt with appropriately. Records showed that investigations had taken place and disciplinary action had been carried out and some staff had been dismissed from the service.

We found the service had given notice to stop providing care to some people. This had been in specific geographical areas where the service had experienced staff shortages. Records showed the required four weeks notice had been given to the local authority. The quality manager explained that in some cases this message was not relayed to the person. We judged that the service had made these decisions because at the time there were not enough staff available to provide a safe service for people.

We had mixed responses from people in relation to the timing and reliability of their visits. Most people told us they received a reliable service, they knew the times of their visits and were kept informed of any changes. Comments included, "They're not often late and they've never missed", "They are generally on time", "The carer arrives at 11.20am. She always phones when she's on her way", "I have nothing to complain about", "A few visits have missed but they're straight on the phone and get someone to come" and "In the last 18 months, they've been on time every day."

Of the 54 people and 11 relatives we spoke with 14 people told us the service was not always reliable and they were not always informed of changes to times. However, the provider's records did not confirm these missed visits and we found no evidence that anyone had come to harm as a result of a missed or late visit. People's comments included, "They don't always arrive on time and they never ring", "Two or three times I've been left with no-one", "They're sometimes late if there's an emergency. They don't usually call" and "I am a 10.00am call but they come at 10.30-11.00am, consistency is not good, it would be nicer to have a regular time."

We found the service did not keep a central log of missed or late visits. From discussions with management and the supervisors it was clear the service took appropriate action when people, or staff, told them that visits had been missed or were late. There was not a robust 'live' system in place to identify if visits had been missed, or were late, shortly after the allotted time. This meant people who were unable to alert the service if a care worker did not arrive were at risk. We have made a recommendation about the effectiveness of the monitoring of the service delivery.

Nearly 50% of the people we spoke with commented that they would like to know the names of the staff who were booked to visit them each week. Comments included, "I don't get told who is coming, we don't get a list, I would like to know who is coming and when", "I never know who is coming or when they should be here", "I don't know who is coming, apparently they tell me I should get a slip of paper telling me who will be coming but I haven't got one yet." Some people told us they received a list of staff names and they appreciated knowing who was coming. The supervisors told us they sent lists to some people who had requested them. We have made a recommendation about the lack of a consistent approach to providing lists for people.

People told us they felt safe using the service. Relatives also said they thought the service was safe. Comments included, "I feel safe when the carers are here. They have an ID badge on their uniforms", "I feel safe because they are very pleasant and I trust them", "I feel comfortable and safe" and "Yes I feel safe. They're quite good."

Staff were recruited safely, to help ensure they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. Staff received appropriate training and supervision. New staff received an induction, which incorporated the care certificate. At the time of this inspection there were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.

Appropriate systems were in place to plan rosters and provide staff with details of their work. Rosters were divided into eleven local areas with a service supervisor responsible for each area. Supervisors had good knowledge about the people using the service and local knowledge of the area which meant they could plan work that minimised travel time. We saw that runs of work were being developed in all areas to help ensure people had a consistent and reliable service. Staff were positive about their rosters and the support they received from their supervisor.

People received care from staff who had the knowledge and skills to meet their needs. Comments from people included, "I know they have training as they mention it. When new ones start they have training and shadow an experienced carer. They all know what they are doing", "I think they are sufficiently trained" and "I feel they know what they are doing."

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "My husband is treated with dignity. The carers coming here are brilliant. I'm at ease with it all", "They respect my privacy and dignity. They are very good", "They treat mum with dignity and respect around personal care" and "With personal care, I feel comfortable and very good."

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. People's care plans were regularly reviewed and any changes in people's needs were communicated to staff. Staff told they were kept informed of people's changing needs. Any risks in relation to people's care and support were identified and appropriately managed.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about their managers and how they were supported to carry out their work. There was a management structure in the service which provided clear lines of responsibility and accountability. People told us they were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

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 using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who had the knowledge and skills to meet their needs.

Staff received training appropriate to their role and there were appropriate procedures in place for the induction of new members of staff.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People, and their relatives, were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Some people were kept informed of the names of staff booked to visit them. However, other people were not given details of the staff carrying out their visits.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to raise a complaint about the service.

Is the service well-led?

Requires Improvement

The service was well-led. There was a robust management structure that provided staff with effective leadership and support.

There were quality assurance systems in place to help ensure any areas for improvement were identified and addressed. However, the systems for monitoring the reliability and timings of care visits could be more effective.

Penhellis Community Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6, 7 and 9 March 2017. The provider was given a few days notice of the inspection so we could make arrangements to contact people who used the service to seek their permission to speak with them. We brought forward the planned comprehensive inspection because we had concerns raised about the service.

The inspection team consisted of two inspectors and three experts by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The area of expertise for the three experts by experience was in older people's care.

We reviewed information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the service's registered office in Helston and another office in Roche. We visited seven people in their own homes and met four relatives during those visits. We had telephone conversations with a further 37 people and 11 relatives.

We spoke with 32 staff members. This included care staff, the registered manager, quality & operations manager, directors, administrators and service supervisors. We inspected a range of records. These included fourteen care plans, five staff files, training records, staff visit schedules, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Relatives also said they thought the service was safe. Comments included, "I feel safe when the carers are here. They have an ID badge on their uniforms", "I feel safe because they are very pleasant and I trust them", "I feel comfortable and safe" and "Yes I feel safe. They're quite good."

We had mixed responses from people in relation to the timing and reliability of their visits. Most people told us they received a reliable service, they knew the times of their visits and were kept informed of any changes. Comments included, "They're not often late and they've never missed", "They are generally on time", "The carer arrives at 11.20am. She always phones when she's on her way", "I have nothing to complain about", "A few visits have missed but they're straight on the phone and get someone to come" and "In the last 18 months, they've been on time every day."

Of the 54 people and 11 relatives we spoke with 14 people told us the service was not always reliable and they were not always informed of changes to times. However, the provider's records did not confirm these missed visits and we found no evidence that anyone had come to harm as a result of a missed or late visit. Given that the service provided care for over 500 people we judged that overall people were receiving a safe service. We have made a recommendation about this in the well-led section of the report.

Appropriate systems were in place to plan rosters and provide staff with details of their work. Rosters were divided into eleven local areas with a service supervisor responsible for each area. Supervisors had good knowledge about the people using the service and local knowledge of the area which meant they could plan work that minimised travel time. Staff told us they mostly had travel time incorporated into their rosters when it was needed.

For a three month period between October 2016 and January 2017 there had been staff shortages in some areas due to long term sickness. This had resulted in frequent changes to staff rosters and therefore a lack of consistency in the timings of visits and some people did not have regular staff. New staff had been recruited to fill the vacancies. The supervisors told us, now their teams were fully staffed, they were developing new runs of work in each area to help provide people with a more consistent and reliable service. Staff were positive about their rosters and the support they received from their supervisor. One staff member said, "Rosters have been a lot better recently."

There were suitable arrangements in place, for people who used the service and staff, to contact the service outside of office hours. The out of hours service was divided into different geographical areas and people were given the telephone number for their area. Supervisors and senior carers, who covered the out of hours service, carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. People told us phones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us management always informed them of any potential risks prior to them going to someone's home for the first time.

Staff were recruited safely, which meant they were suitable to work with vulnerable people. Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and, where necessary, changes had been made to reduce the risk of a re-occurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help. Where staff supported people with their medicines they completed Medicines Administration Record (MAR) charts to record when each specific medicine had been given to the person. All staff had received training in the administration of medicines.

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident managers would respond to their concerns appropriately.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to meet their needs. Comments from people included, "I know they have training as they mention it. When new ones start they have training and shadow an experienced carer. They all know what they are doing", "I think they are sufficiently trained" and "I feel they know what they are doing."

New staff completed an induction when they started their employment that consisted of a mixture of training and working alongside more experienced staff. The service had introduced a new induction programme in line with the care certificate framework, which was introduced in April 2015. This is designed to help ensure care staff, who are new to the role, have a wide theoretical knowledge of good working practice within the care sector.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Staff had completed, or were working towards, a Diploma in Health and Social Care. All staff had received training relevant for their role such as, Mental Capacity Act, safeguarding of adults, infection control, manual handling, first aid and food safety. Staff received other specialist training to enable them to effectively support and meet people's individual needs. For example, training in dementia and catheter care.

Management met with staff every month for either an office based one-to-one supervision or an observation of their working practices. Yearly appraisals were completed with staff. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by the managers and supervisors. They confirmed they had regular face-to-face supervisions and an annual appraisal to discuss their work and training needs. Staff said there were regular meetings for each team, which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had mostly agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. People told us, "They stay the full time of the visit and even run over sometimes", "They stay the full time unless I say they can go" and "They've never left early."

Penhellis worked with healthcare services to ensure people's health care needs were met. Staff supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. For example, staff were in the process of helping one person access equipment. Their relative told us, "The senior staff are helping us to get some equipment to help with bathing him."

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People confirmed staff asked for their agreement before they provided any care or support and respected their wishes if they declined care. One person said, "They always ask me

first before doing things for me."

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care plans recorded whether people had the capacity to make specific decisions about their care. Records showed staff had worked with other professionals and people's families to make decisions in some individual's best interest.

Good

Is the service caring?

Our findings

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "My husband is treated with dignity. The carers coming here are brilliant. I'm at ease with it all", "They respect my privacy and dignity. They are very good", "They treat mum with dignity and respect around personal care", "With personal care, I feel comfortable and very good" and "They are very patient with him. I don't know what I would do without them."

When we visited people's homes we observed staff providing kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. People told us staff did not rush them and staff always stayed longer than the booked visit if they needed extra time. One person told us, "They never rush me at all", "They don't appear to be rushed at all."

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency. One person told us, "Before they leave they always ask if there is any more they can do."

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. People were asked if they had a preference about the gender of the care worker booked to support them. Supervisors marked the roster system to indicate people's preferences. This helped to ensure that people's preferences about the gender of their worker were respected and minimised the risk of any mistakes being made in the allocation of staff. One person told us, "They have changed a carer when I have asked. I have asked for a woman over a man."

People told us they knew about their care plans and a manager regularly contacted them to ask about their views on the service provided. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Nearly 50% of the people we spoke with commented that they would like to know the names of the staff who were booked to visit them each week. Comments included, "I don't get told who is coming, we don't get a list, I would like to know who is coming and when", "I never know who is coming or when they should be here", "I don't know who is coming, apparently they tell me I should get a slip of paper telling me who will be coming but I haven't got one yet."

Some people told us they received a list of staff names and they appreciated knowing who was coming. Other people either did not mind which staff came or had regular staff so knew the pattern of the visits. The supervisors told us they sent lists to some people who had requested them. People told us staff would often let them know who was coming to their next visit, if they were aware of this information. However, there was

not a clear policy about how staff would keep people informed of the details of their visits.

We recommend that the service adopt a consistent approach to providing information for people about their visits.

Good

Is the service responsive?

Our findings

Before people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. People told us a manager had visited them to give them information about Penhellis Community Care and agree the care and support they needed before their care package started. The relative of one person told us, "When she came home they came and asked lots of questions to make sure she would get the care she needs."

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit. This meant staff could read the section of people's care plan that related to the specific visit they were completing.

Each person was allocated a key worker who was responsible for reviewing and updating their care plan with them. People told us they were aware of their care plans and staff reviewed their care plan with them to ensure it was up to date. A relative told us, "The girls are very good. They're very routine. They work as a team. On the whole they work well together. My mother has a very comprehensive care plan. They've got it to a fine art."

People's care plans were regularly reviewed and any changes in people's needs were communicated to staff. Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff said, "The care plans give us good information about people" and "Care plans are straight forward and easy to follow."

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. Records were collected by senior carers and returned to the office for auditing, taking any action as appropriate such as updating a person's care plan with new information.

The service was flexible and responded to people's needs. People told us any requests to change the times of their visits were responded to. For example, when people asked for an earlier morning visit because they were going out to an appointment. One person told us the service had provided extra visits for them when their spouse, who was their main carer, went away for a few days.

People were given details of how to raise a complaint and told us they would be happy to make a complaint if they needed to. Comments from people included, "There have been occasions when a girl has done something wrong but these have been noted and dealt with", "We would ring Penhellis and ask them to sort

it out" and "I would feel OK to ring the office if I needed to."

People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. One person told us, "There was one [care worker] I wasn't happy with. I told them not to send her. It was a clash of personalities. I've had no more problems."

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection 513 people were receiving a personal care service. The care provision for 272 people, who lived in the west of the county, was managed from the registered office in Helston. The care provision for 241 people, who lived in the middle and east of the county, was managed from an office in Roche, opened in June 2016. All records were stored in the office in Helston and duplicate records were held in the Roche office for people using services in that area. A satellite office in Liskeard operated approximately 3 days a week, with staff from the Roche office, to provide more local management support for care staff in the east of the county.

The service is required to have a registered manager and there was a registered manager in post. They were supported by a large management team. This team included a quality manager, finances managers, accounts managers, area managers and supervisors for each of the eleven specific geographical area. There was also a manager who was responsible for the day-to-day running of the Roche and Liskeard offices. The provider advised us that they intended to register the Roche office as a separate location and the manager of that office would register as the registered manager. The quality manager was also intending to become a registered manager, with responsibility for the Helston office. The existing registered manager would continue to keep an overview of both offices.

We asked the provider to submit an application to add the Roche office as a separate location as soon as possible as it was clear that, to meet the needs of the service, a second location was necessary.

At this inspection we looked at the concerns raised with us. These concerns were in relation to the care practice of some staff and the timing of some people's visits. This included some missed visits, other visits were later than the agreed time and people were not always advised of changes to their times. There were also concerns that the service had given short notice to cancel care packages causing people distress because they were unsure if another provider could be found.

We found where people had raised concerns with the service about staff practice this had been dealt with appropriately. Records showed that investigations had taken place and disciplinary action had been carried out and some staff had been dismissed from the service.

We found the service had given notice to stop providing care to some people. Most of these packages were ceased in October and November 2016 in the Liskeard area. This was because the staffing numbers were unexpectedly reduced due to some staff sickness and staff leaving. Until staffing levels improved the service did not have the capacity to safely provide care for some people. Notice was also given in a few very rural areas where it had not been possible to recruit staff that lived locally. Records showed the appropriate four weeks notice had been given to the local authority. The quality manager explained that in some cases this message was not relayed to the person. We judged that the service had made these decisions because at the time there were not enough staff available to provide a safe service for people.

We had mixed responses from people in relation to the timing and reliability of their visits. Some people told

us they received a reliable service, they knew the times of their visits and were kept informed of any changes. Other people told us the service was not always reliable and they were not always informed of changes. Comments from these people included, "They don't always arrive on time and they never ring", "Two or three times I've been left with no-one", "They're sometimes late if there's an emergency. They don't usually call" and "I am a 10.00am call but they come at 10.30-11.00am, consistency is not good, it would be nicer to have a regular time."

We found the service did not keep a central log of missed or late visits. The way missed or late visits were logged was inconsistent between different supervisors. This meant it was not possible for management to keep an accurate overview of any potential missed or late visits. From discussions with management and the supervisors it was clear the service took appropriate action when people, or staff, told them that visits had been missed or were late. However, we found systems to pro-actively monitor if staff were late for their visits or missed visits could be improved. There was not a robust 'live' system in place to identify if visits had been missed, or were late, shortly after the allotted time. This meant people who were unable to alert the service if a care worker did not arrive were at risk.

We recommend that the service review their monitoring systems in order to mitigate the risks to people from non-attendance of visits.

During this inspection we spoke with a similar number of people in each of the geographical areas the service covered in Cornwall. This helped to ensure we had as good a representation as possible of people's experiences. We were therefore able to identity if there were any differences, between areas, in the quality of the service provided. We found most of the comments in relation to the service not always being reliable and concerns about communication were from people who lived in Liskeard and the surrounding areas.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff received regular support and advice from managers via phone calls, texts, e-mails and face to face individual and group meetings. Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "I feel part of a team. If you have a problem you can always ring the office", "I would recommend Penhellis to work for" and "Supervisors will text to say thank you when you pick up extra work."

People and relatives all described the management of the service as open and approachable. Comments from people included, "Excellent service", "No fault with them at all", "I'm very happy with the service" and "The whole team are excellent." People also told us, whenever the service was short staffed, management helped by covering visits. This was seen by people as a positive decision by management as it meant people knew who the different managers were. People said, "The management are willing to step in" and "The management help out covering appointments."

There were effective systems in place to monitor the quality of the service provided to help ensure that any areas for improvement were identified and addressed. Supervisors and team leaders worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. Comments included, "The office have rung me and come out to see how I am getting on" and "The supervisor regularly comes out to see how things are going."

The service also gave people, their families and health and social care professionals questionnaires to complete regularly. We looked at the results of surveys completed in January and February 2017. We saw

where people had made comments or raised any concerns these had been actioned appropriately. For example, one person had asked to have a later visit in the evening during the summer. This had been recorded by the service to action when the evenings become lighter.

There were effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. The supervisor for each area kept records of where there were gaps in runs of work and liaised with managers to make decisions about taking on new work.