PerCurra Limited

Percurra

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

This announced inspection took place on 27 February, 12 and 13 March 2018. This service is a domiciliary care agency and provides care and support to adults living in their own houses and flats. Not everyone using Percurra receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. During our inspection, 24 people were provided with 'personal care' by Percurra.

The service had a registered manager at the time of our 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and were supported by staff who knew what action they should take if they suspected abuse. Risks to people's health and safety were assessed and measures were in place to reduce the risk of harm to people. People's needs were met and the provider was taking action to ensure they continued to have a sufficient amount of staff. People were provided with medicines by staff who received the required training. The provider was in the process of implementing a new system to improve the administration of medicines. People were protected by the prevention and control of the spread of infection and action was taken in response to any accidents or incidents which occurred when the service was being delivered.

People were supported by staff who had received an induction when they commenced working at the service and training relevant to their role. People were supported to eat and drink enough and were supported with their health care needs. Information was available in the event that people needed to move between services. Staff were provided with information about people's health conditions and the support they required with this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. Staff respected people's preferences and wishes about how their support was delivered. People were supported to maintain their privacy and dignity. The provider was aware of support available to people to help them express their views and wishes and told us this would be considered if a person needed this support. People were supported to maintain their independence as much as possible.

People's needs were assessed before they started using the service. People told us they received care and support at the time and in the way it was needed. People were supported to maintain their interests and important relationships. People were given opportunities to make a complaint or raise concerns about the service they received, however it was not always clear whether complainants were happy with the response provided. We have made a recommendation about ensuring that complaints were fully responded to.

People were supported in line with their wishes at the end of their life.

People and staff told us that improvements were required with communication as they were not always informed of changes or received feedback. Systems were in place to monitor and improve the quality of the service and changes were being made to ensure that timely and accurate information was available to staff. A registered manager was in place who was aware of their responsibilities. The provider sought and acted upon people's feedback in relation to the service they received.

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 felt safe and were supported by staff who knew what action they should take if they suspected abuse.

Risks to people's health and safety were assessed and measures were in place to reduce the risk of harm to people.

People's needs were met and the provider was taking action to ensure they continued to have a sufficient amount of staff.

People were provided with medicines by staff who received the required training. The provider was in the process of implementing a new system to improve the administration of medicines.

People were protected by the prevention and control of the spread of infection.

Action was taken in response to any accidents or incidents which occurred when the service was being delivered.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received an induction when they commenced working at the service and training relevant to their role.

People were supported to eat and drink enough and were supported with their health care needs.

Information was available in the event that people needed to move between services.

Staff were provided with information about people's health conditions and the support they required with this.

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

possible; the policies and systems in the service supported this practice.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

Staff respected people's preferences and wishes about how their support was delivered.

People were supported to maintain their privacy and dignity.

The provider was aware of support available to people to help them express their views and wishes and told us this would be considered if a person needed this support.

People were supported to maintain their independence as much as possible.

Is the service responsive?

Good

The service was responsive

People's needs were assessed before they started using the service.

People told us they received care and support at the time and in the way it was needed.

People were supported to maintain their interests and important relationships.

People were given opportunities to make a complaint or raise concerns about the service they received, however it was not always clear whether complainants were happy with the response provided. We made a recommendation about ensuring that complaints were fully responded to.

People were supported in line with their wishes at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and staff told us that improvements were required with communication as they were not always informed of changes or

received feedback.

Systems were in place to monitor and improve the quality of the service and changes were being made to ensure that timely and accurate information was available to staff.

A registered manager was in place who were aware of their responsibilities.

The provider sought and acted upon people's feedback in relation to the service they received.

Percurra

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 inspection site visit took place on 13 March 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we wanted to be sure that a representative of the provider would be available to assist us with the inspection. We visited the office location on 13 March 2018 to meet with the provider and to review care records and policies and procedures. We made telephone calls on 27 February 2018 to people who used the service and their relatives and to care staff on 12 March 2018. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The inspection was also informed by other information we had received from and about the service. This included previous inspection reports.

During our inspection we spoke with six people who used the service and one relative over the telephone. The service had a registered manager; however, they were not available at the time of our inspection. We also spoke with the provider, senior care co-ordinator and two care workers.

We looked at all or some of the care records of three people who used the service, the medicines administration records of 11 people, staff training records and the recruitment records of three members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe with the support they received from staff. One person told us, "When they (staff) are showering me they tell me if it is safe to sit down, say the chair's there; talk me through it. I have a key safe; they always make sure the house is secure when they leave. I feel very secure with them." Another person's relative told us, "Yes I do (feel relation is safe). It is very important that [relation] has people they know. They (staff) know [relation] and [relation] is not afraid. We've got a good team at the moment."

Staff understood how to protect people from avoidable harm and how to keep people safe. Staff told us they received training in safeguarding adults as soon as they started working for the service and records we saw confirmed this to be the case. Staff were able to describe the different types of abuse, signs and symptoms of possible abuse and told us they would report any allegation or suspicion of abuse to the registered manager. Staff were confident the registered manager would take appropriate action in response to allegations of abuse. Staff also felt confident to contact external agencies if required to ensure people were safe.

A safeguarding policy was in place. This policy supported staff in ensuring people were protected from abuse and neglect. People who used the service were also provided with information about the action they should take if they were concerned about their safety. Records showed that referrals had been made to the local authority safeguarding tem when concerns had been raised about possible abuse. This meant that systems to keep people safe were effective.

People were supported by staff who were aware of risks to people's safety and how to reduce risks for people. One person told us, "My condition can be very unpredictable so I rely on whichever carer comes to respond to particular needs on a particular day and they do. They are adaptable and experienced." Another person told us, "I use a walking frame and an indoor wheel chair/ shower chair. They (staff) are competent with them."

Risks to people's health and safety were identified through initial assessment with the person and their family if appropriate. A senior member of staff told us that they tried to ensure they supported care staff on the initial visit to go through the care plan and risks and explain when support was needed. Staff gave examples of risks to people's safety arising from their care needs and how they reduced risks by using equipment, providing instruction and reassurance. The staff we spoke with told us they had received appropriate training and felt confident in the use of equipment.

Records showed that an environmental risk assessment had been carried out in people's homes. This included consideration of safe access to the home, consideration of trip hazards and location of utility mains. Risk assessments were also in place in relation to risks that may arise because of the person's health conditions or support needs. For example, a risk assessment had identified that a person was at risk of developing a pressure sore. The person's care plan stated they required regular repositioning to reduce the risk and records showed that the person was supported to change their position in line with their care plan. This meant that the service assessed and responded to risks which reduced the risk of harm to people.

People told us they were supported by a sufficient amount of competent staff. One person told us, "There are two regular (staff members), the firm make sure that if someone else has to come all are aware of my needs, but that is very rare." Another person said, "I have a stable care team, they do arrive on time and do the things I need. They stay the (amount of) time they should."

Staff told us that they were introduced to people before they started working with them and that there was a system in place to cover care calls if staff were off sick or on holiday. However, they told us that the system for covering care calls at weekends was chaotic which resulted in not always having enough time to travel between calls or call times being changed.

The provider told us that they were covering all care calls, as staff picked up unallocated calls, this included trained office staff providing care. The provider told us that if staff did not have enough time between calls they would expect to be informed so that changes to the call could be made and communicated to people. They were aware that people were not always informed of changes and told us about how they were monitoring this area of service delivery. The provider told us they were in the process of recruiting additional staff. This meant that action was being taken to ensure that staffing levels were sufficient and people's needs were met.

People could be assured recruitment checks were carried out to ensure that staff were suitable to work with them. The provider told us criminal record checks were carried out through the Disclosure and Barring Service (DBS) prior to staff commencing employment and that appropriate references were sought. Records showed that these checks had been carried out.

People were supported with their medicines if required. Staff told us they received relevant training and were able to describe how they ensured that people received their medicines safely. This included checking information in medicine administration records (MARs) and the action they would take if they made a medicines error. Records showed that the competency of staff was regularly checked to ensure they were supporting people with medicines safely.

People's care records contained information about the support the person required to take their medicines. Staff were provided with a list of people's medicines and what these were for, however further information was required to ensure that staff had sufficient information about medicines which were prescribed as required (known as PRN). This would ensure that staff were aware about when the medicine should be given and what the maximum dosage was. The provider told us they would ensure this information was clearly available to staff.

People's MAR charts contained information to aid the safe administration of medicines such as the person's date of birth, GP details and any allergies. People's MAR charts had been completed appropriately and regular checks were made by senior staff members to ensure that MAR charts were being completed and medicines were managed safely. We identified that these checks were not always fully effective, for example changes to people's MAR's had not always been checked for accuracy. The provider told us in their PIR that they had identified medicines administration as an area for improvement and that they are implementing a new monitoring system. The new system would enable changes to people's MAR charts to be made and checked immediately to check accuracy and reduce the risk of medicine errors.

People were protected against the risk of infection. Staff had completed infection control training, and training to ensure food was prepared hygienically and safely. Staff told us about how they sought to minimise the risk of the spread of infection within people's homes by frequent handwashing and by using gloves and aprons. People's care plans contained information about how the risk of infection could be

minimised. This included specific instructions about how to ensure that equipment is kept clean and possible signs of infection.

People were supported by staff who were aware of their responsibility to report any accidents or incidents. Staff spoke confidently about the action they would take in the event of an accident or incident to ensure the person's safety and seek appropriate support from emergency services, medical professionals and the registered manager. The provider told us that a process was in place to help ensure that any accidents or incidents were reported to the registered manager.

Records showed that appropriate action had been taken when accidents or incidents had occurred. For example, following an incident a senior member of staff was contacted and their advice was followed to ensure that medical advice was sought. Through analysis of accidents and incidents, the provider had identified medicines administration as an area of improvement and action was being taken in response to this.

Good

Is the service effective?

Our findings

People's needs were assessed by a senior member of staff before they started using the service. The provider told us in their PIR that, "We achieve person centred care through needs assessments, care planning and regular reviewing of the agreed care plan." People's care records showed that people were asked how often they would like to be involved in reviews of their care and that people's goals and preferences regarding the support they received were documented. Care and support was planned in line with good practice guidance. For example, we saw that one person had a detailed plan of care in relation to the support they needed with a piece of equipment. This referenced sources of information as the Royal College of Nursing and NICE (National Institute of Clinical Excellence).

People told us that they were confident that care workers received appropriate training to meet their needs. One person told us, "They (staff) sometimes talk about getting 'in-service' training so they are kept up to date with how to deal with things, creaming, spotting skin problems etc." Another person told us, "Both (care workers) are experienced and very good."

Staff told us they received an induction when they commenced working at the service which they described as sufficient and containing a lot of information. The provider told us that staff received a four day induction which included health and safety, infection control and food hygiene. Records showed that staff had completed an induction when they commenced working at the service.

Staff provided a mixed response when we asked if the service responded to their training needs. One staff member told us they had requested training in the use of specific equipment and this was provided within a few days. Another member of staff told us they had requested training specific to a medical condition but they had not received this. We spoke with the provider regards this. They told us that due to staff changes some training requests might not have been actioned. We received confirmation following our inspection that the training requested was in the process of being arranged. We viewed staff training records which showed that staff had received training in a variety of areas specific to their role, including training the provider had identified as mandatory, such as moving and handling and training specific to people's individual needs, such as catheter care.

The provider told us they kept the competency of staff under review by carrying out regular spot checks which included checks on whether the person was supported safely with their mobility and medicines. Staff told us that they could request supervision with a senior member of staff and this would be provided. They told us they received an annual appraisal to discuss their development and training needs. This meant that staff received relevant training and supervision.

People were provided with support to eat and drink if required. Some of the people who were supported by the service required this support and told us it was provided. One person told us, "Yes, they (staff) make me a cup of tea if I want. They would make me breakfast if I want." Another person told us, "I choose what I want and they come and help me."

Staff told us that people's care plans identified the level of support people required to eat and drink, including whether the person required a modified diet to reduce the risk of harm. They told us that they got the right information to reduce risks, such as being aware that the person required thickener in their drinks to reduce the risk of choking. Care records contained information about people's support needs in relation to eating and drinking as well as information about preferences, allergies and any cultural or religious considerations. We looked at the care records of a person who required the amount they drank to be monitored. We saw these had been completed and showed the amount the person was drinking each day. This meant that people were supported to eat and drink sufficient amounts.

People's care records contained accurate information about their support needs. Staff told us that if a person needed to go to hospital or another care setting, they were able to provide information about their health conditions. Records showed that care staff completed daily journals which included detailed information about the person's health and well-being. The provider told us in their PIR that they had experienced communication and information problems when people were suddenly admitted into hospital or returned home from hospital. They were in the process of implementing an electronic record system which would mean that changes to care plans could be made when people's needs changed and staff would be informed of these changes quickly.

People were supported with their healthcare needs. One person told us, "A while ago I needed an ambulance because I had a problem moving and the carer called an ambulance and organised all that." Another person told us, "They've (staff) taken me to the GP and hospital for appointments."

Staff told us they were provided with information about people's health conditions and the support they required with this. The staff we spoke with were knowledgeable about people's health conditions and what action they should take if they noticed a change in the person's health. People's care plans generally contained a good level of information about people's health conditions, symptoms and implications. We did identify one person had a health condition and there was little information or guidance for staff about this. We raised this with the provider who confirmed following our visit that this information had been added to their care plan.

Records showed that staff took action when they noticed a change in a person's health and we saw evidence they had liaised with external healthcare professionals and people's relatives when required.

People were supported to make their own decisions about their care. The provider told us in their PIR, 'Care plans take into account clients choices. Our clients, and where they give their consent, relatives and others, are fully involved in the development and reviewing of their care plans.' Care records showed that people had made their own decisions about how they wished to be supported.

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.

The provider told us that at the time of our inspection all of the people they supported had the mental capacity to make their own decisions about their care and support. We saw that people had signed consent for the support they received or provided verbal response and a relative had signed on their behalf.

A mental capacity policy was in place. The policy detailed the principles of the MCA and what action staff

should take if they were concerned about a person's mental capacity to make decisions. Staff demonstrated they were aware of the principles of the MCA and told us they had received appropriate training. One member of staff gave an example of how they presented information to a person to ensure they had understood and were able to make a decision. This meant that people were supported to make their own decisions about their care and support.

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. The people receiving support from the service at the time of our inspection were not deprived of their liberty.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect. One person told us, "Yes they (staff) are (kind). It is their general demeanour. They are relaxed, we chat but they still get on with their job. It just makes it comfortable." Another person told us, "They (staff) are very good, very caring. The people I have are nice, trustworthy, honest and caring."

People consistently spoke about staff knowing their needs and preferences, providing good care and showing interest in their well-being. One person spoke about the compassion that staff had showed during a difficult time. They told us, "They (Staff) are first class, have had a lot of training and go the extra mile. They are very aware of other family members, they will make (family member a drink if they are here. They have been particularly supportive lately." A person's relative told us, "They (staff) stay the times they should and when (relation) was really ill if they had any spare time they'd stay a bit longer, offer more than was originally agreed."

Staff told us that they had time to sit and speak with people and had enough time during care calls to provide support which was not rushed. We saw that daily records showed that staff had time to sit and talk with people about their interests, such as identifying birds in the garden. Staff showed an awareness of people's communication needs, for example by using short sentences or phrasing questions in different ways. One staff member told us that one person used lip reading to assist their understanding so they ensured that they were facing the person. This meant that staff were given enough time to provide compassionate support and people told us that staff demonstrated they cared.

People told us they were able to make their own decisions about their care. People said they were asked about their likes, dislikes and preferences their preferred time of care call and whether they preferred male or female care workers. One person told us, "I was asked if I had a preference (of female or male care worker) and I hadn't. All I asked was that they were confident and competent and they are." Another person told us, "We were able to choose the time, there were no problems with that."

People were provided with options about their care and their views were respected. For example, people's views were sought about how they wished to be supported if their regular care worker was not available. They were presented with options such as whether they wished another member of staff to attend, or whether they were happy for the time of care call to be changed. The provider also told us that people were asked whether they wished to be involved in the recruitment process.

The provider told us that at the time of our inspection they were not supporting anyone who was unable to make their own decisions. However, the provider told us if they identified people who did not have support available to help them to make important decisions, they would consider whether the person required the support of an independent person to speak on their behalf or represent their best interests. These people are called advocates. The provider gave us an example of when they had contacted an organisation which provided advice and information on behalf of a person who had consented to this.

People were treated with dignity and respect by care workers. People told us that they felt comfortable with staff in their homes and that the service was responsive to requests if familiar support was required for sensitive reasons. One person told us, "If I prefer a particular carer because (health appointment) will be personal then they do accommodate that, they are pretty good."

Staff spoke respectfully about the people they provided care and support for and were able to describe how they ensured that they treated people with dignity and respect. The provider told us in their PIR that, 'Our methods of supervision include observing staff practices in clients' homes (with their knowledge and agreement) so that they can be given feedback on the quality of their engagement with the client and whether they are treating them with dignity and respect.' Records showed that this was the case and spot checks included information on whether the care worker treated with person with dignity and respect. This meant that the values of dignity and respect were embedded and reviewed within the service.

People were supported to maintain their independence as much as possible. One person told us, "I'll ask them (staff) to do specific things for me. I do all I can for myself, they are alright with that." The staff we spoke with told us that people's care plans included information about what the person could do themselves in addition to areas they required support with. Records confirmed this to be the case.

Good

Is the service responsive?

Our findings

Before people started to use the service an assessment was carried out to ensure people would receive the support they needed. A care plan was then produced which had been signed by the person receiving support or a person nominated to sign on their behalf. The care plan included information about people's preferences. For example, care plans contained information such as when a person would prefer to have their hair washed and whether they liked white or brown bread.

People told us that staff knew their needs and preferences and provided appropriate support. One person told us, "As the same two people come they know what I need and they note any changes and adapt quickly." People were aware they had care plans and that these were reviewed. Records showed that people were consulted about how often they wished to be involved in care plan reviews although one person was not sure the process of care plan reviews was effective. They told us, "They are not good at doing reviews of care plans. I have only had one. Who is doing reviews? I've no idea." The provider told us they were aware that communication with people who used the service required improvement.

Staff told us that they found care plans useful but that these had not always been updated when people's needs had changed. The provider told us that they were in the process of introducing an electronic recording system which meant that any changes to care plans could be made and communicated to staff instantly. They told us they hoped this would ensure that care plans always contained accurate and up to date information about people's needs.

People told us that staff generally provided care and support at the time and for the duration it was needed. One person told us, "I asked for certain times and they do come on time. Of course there are times when they need to change or I do but that's fine." Another person told us, "They (staff) do stay their full time. None of them rush me. They sit and chat if there's time, fill the half hour but don't slack."

People's care plans contained information about people's goals, interests and any cultural or religious considerations when providing support. People told us that staff were aware of their interests and important relationships. One person told us, "(Staff) are interested in my hobbies and they help me with that – card making, painting, beading." Care plans and daily records provided some examples of care workers spending time talking with people, accessing the community with them and supporting them to maintain relationships and care for family members and pets. The provider told us that they provided some free places on training courses for unpaid carers to help them in their role. This meant that people were supported with their interests and to maintain important relationships.

The provider was aware of the Accessible Information Standard. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. Staff provided examples of the different ways they ensured people had the information they needed. For example, two people who used the service did not communicate by telephone and that all correspondence was carried out by email. A member of staff told us that another person had a laminated sheet of paper in their home to aid communication, as the

person would often spell out words. People's care plans contained information about their communication needs and any support they required to communicate or access information.

People told us either they had not had cause to make a complaint or had made a complaint and it had been responded to appropriately. One person told us, "Twice I had to say I wasn't satisfied with the carers that came, the way they did things. They (management) changed them straight away and they didn't come again." Another person told us, "We have had issues in the past and I've raised it. It is all resolved now; I'm satisfied, very happy at the moment."

A complaints policy was in place which included details of the action that would be taken in response to a complaint; however this did not include details of other organisations if the complainant was not happy with the response from the service. We looked at complaints which had been received since our last inspection. Whilst records clearly evidenced that complaints had been investigated and action taken if required, it was not always clear whether the complainant had received a response. Staff also told us that they had not always received a response when they had raised concerns or made a complaint.

We recommend that when people who use the service or staff raise concerns or complaints they are provided with a response and details of organisations they can contact if they are not happy with the response.

People were supported in line with their wishes at the end of their life. The provider told us that people's care plans did not routinely include information about the person's wishes at the end of their life unless this was required. However they told us that previously when one person was coming to the end of their life they had liaised with relevant health professionals and increased the length of calls to offer better support for the person.

Requires Improvement

Is the service well-led?

Our findings

People and staff told us that improvements were required in relation to the management of the service, particularly communication with staff at the office. One person told us, "When we contact the office we don't find they respond or pass messages on to each other". Another person told us, "If the carers weren't on the ball it would be chaos. Carers feel they are letting people down and it is not their fault, it is the office. They are bad at getting back to you if you ask for them to do something or for information." People told us this had resulted in situations such as not knowing which member of staff would be supporting them and the wrong call being cancelled.

Staff told us they were not always informed about changes to their rota and the people they visited had not been informed about changes either. One staff member told us, "It's not really managed well. There are a lot of changes sometimes. They (management) do not plan and things are rushed and get missed. Communication is a problem." The provider told us they were aware that communication required improvement and told us of the action they were taking to address this such as monitoring calls to the office and responses.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. Although the registered manager was not available during our inspection, staff told us they were confident to report incidents or mistakes to the registered manager who would take appropriate action. Our records showed that the registered manager had notified us of certain specific events which occurred at the service in line with legal requirements.

People were not always aware of who the registered manager or senior members of staff were due to changes. One person told us, "No (I don't know who manager is), they keep changing. I just know the one who keeps answering the phone to me." Despite this, some people told us that the management of the service had improved in the last 12 months. One person told us, "I think the manager now is generally caring," and, "I think the people in the office now are an improvement." The provider told us that they had been waiting for all senior staff positions to be recruited to before sending people information about the management structure of the service. They told us this information would be sent to people shortly after our inspection.

People's feedback was sought in the running of the service. One person told us, "Yes, they (senior members of staff) come every so often; they want you to fill forms in. We get them pretty regularly." Another person told us, "They do have questionnaires regularly but I give them feedback anyway." Records showed that people and their relatives were asked for their feedback on the service they received through a survey in January 2018. The results of the survey were largely positive although people felt improvements were required in relation to communication about changes and concerns. The provider told us of the action they were taking in response to this to try and improve communication with the office.

Staff expressed mixed feedback on whether they felt listened to and involved in the running of the service. Staff told us they received regular spot checks on their performance but did not always get sufficient

opportunity to discuss issues as a staff team or receive feedback on any concerns of suggestions made. One member of staff told us, "I make suggestions but don't know whether these are actioned. There are some repeated issues. I would like team meetings and there needs to be improved communication."

Records showed that the values and behaviours of the staff team were monitored by senior staff carrying our spot checks which included checks on whether staff treated people with dignity and respect. However, records showed that training requests by staff members had not always been acted on and when issues had been raised by staff members it was not clear that the staff member had received a response informing them of the action taken.

Staff confirmed they had received a survey which provided them with the opportunity to rate how well supported they were by the service. Answers to some of the questions were varied, such as whether staff were kept informed of changes or involved in decisions. Whilst staff told us they had not received feedback on the results of the survey, the provider told us of plans to address communication issues. This meant that although staff did not always feel involved in the running of the service, the provider had plans to address this.

Despite this, the provider recognised the achievements of individual staff members. Three members of staff were selected as finalists in the Great British Care Awards 2017. This was celebrated by the service through their newsletter and by attending a local gala dinner. The service had also received a number of compliments from people's relatives about how well staff had cared for their relation. These included, "You care enabled [relation] to remain at home as long as possible," and, "It was obvious to me how much effort [staff member] had put into my [relations] care."

A system was in place to audit people's daily journals and MAR charts. When these were completed, they were reviewed by a senior member of staff. Whilst these reviews were effective in identifying some issues, we found they had not ensured that staff were provided with sufficient information in relation to medicines prescribed as required (PRN) and ensuring that changes in medicines were checked for accuracy. The provider told us that the introduction of the electronic system would help ensure accurate and timely information was provided for staff.

The provider told us in their PIR they also used the services of an external quality assurance company to carry out regular audits of the service. The provider also kept up to date with best practice by attending meetings with commissioners and other service providers and attending national discussions on issues facing the care sector.