Select Community Support-Services Ltd

Select Community Support

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?	Good

Summary of findings

Overall summary

This inspection took place on 30 May 2017 and was announced.

Select Community Support is a domiciliary care agency, which provides personal care to people in their own homes who require support in order to remain independent. The office is located in Cadishead, Salford.

At time of inspection there was a registered manager at 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 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection on 23 March 2016 where three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. These were relating to staff supervision, monitoring and audit systems and the service could not demonstrate it was doing all that was reasonably practicable to mitigate risks relating to the health, safety and welfare of people who used the service. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

As part of this inspection we checked to see that improvements had been implemented by the service in order to meet legal requirements. We found that the service was now compliant in these areas.

We gathered verbal feedback about the service from people who used the service. The feedback we received was positive overall. People indicated staff were caring and supported them effectively. When questioned, staff gave relevant examples of how to care for a person in line with their individual needs and wishes.

Service questionnaires were completed by people with positive comments received. People expressed satisfaction with the service they received and how it was provided. People were complimentary about all the care staff, stating they were treated with dignity, kindness and respect.

The provider had robust processes in place to ensure a safe environment was maintained for people using the service and its staff. People told us they felt safe and their homes were left secure by care staff following a visit. Environmental risk assessments were established to identify any risks associated with areas such as water temperature, sharps and the control of substances hazardous to health (COSHH).

Safeguarding procedures were in place and followed by all staff and suitable training was offered to staff to ensure they were competent in recognising the various signs and indicators of abuse. Staff showed an appropriate level of knowledge around the subject and were aware of who to contact should they have any concerns.

We looked at staffing rotas and time sheets and noted sufficient numbers of staff were employed to deliver

safe and effective care to people using the service. Although we acknowledged a number of staff had recently left the service, we saw an active recruitment drive was underway and people were not left without the care they required in the interim.

Recruitment procedures were thorough and robust. Staff told us their induction process contained the correct amount of information to ensure they had the knowledge to carry out their care role effectively. People spoken with confirmed staff were competent. Staff files we looked at contained necessary information along with appropriate checks of staff's character, to ensure the provider was following a detailed and safe recruitment selection of all staff.

Staff meetings and supervisions were offered and staff felt fully supported by the management structure.

The service had appropriate processes in place for the safe administration of medicines which was in line with best practice guidance from the National Institute for Health and Care Excellence. Staff were trained in the administration of medicines. People told us they received their medicine when required and on time.

People were provided with personalised care and support based on their individual needs and requirements, with detailed care plans and risk assessments in place. These documents gave clear information about people's needs, wishes, feelings and health conditions. Changes to people's needs and requirements were also communicated well which meant staff were kept up to date with these changes.

Staff we spoke with were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions.

The service had a range of systems and procedures in place to monitor the quality and effectiveness of the service. However the registered manager told us the process of auditing was still in development.

We received positive feedback from people using the service, relatives and staff about the management team.

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 and were cared for by staff that had been safely recruited.

Staffing levels were appropriate and enabled the service to manage people's individual needs and risk effectively.

Staff were aware of their duty and responsibility to protect people from abuse and followed the correct procedure if they suspected any abusive or neglectful practice.

Is the service effective?

Good

The service was effective.

People received care and support that was tailored to meet their needs and were supported by staff who were well trained and supervised.

Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People were fully supported with their health and wellbeing. With access to health care professionals when necessary. They were supported with their health care needs when necessary.

Is the service caring?

Good

The service was caring.

People were treated with kindness and their privacy and dignity was respected by staff whom they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences and they were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review.

Staff were knowledgeable about people's needs and preferences and the agency offered a flexible service that responded to any changes in people's requirements including emergencies.

People were encouraged to raise concerns and their concerns were dealt with effectively.

Is the service well-led?

Good

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values which were promoted by the management team and care staff.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Select Community Support

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 30 May 2017. We gave the provider 48 hours' notice as we needed to be sure that a manager would be available to participate in the inspection.

The inspection was carried out by two adult social care inspectors at the agency office and an expert-by-experience conducting telephone interviews with people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection 55 people were being supported by the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements the plan to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we spoke with six people who used the service and six of their relatives. We also spoke with five staff members, including the registered manager. We attempted to speak with additional staff but were unable to do so due to their availability. We looked at the care records of eight people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at six staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt the service provided them with safe care and support. A few people stated they had raised safety concerns in the past, however told us these were only minor issues and the registered manager had resolved them immediately. One person told us, "They always ensure I am safe before leaving and that my house is secure." Similarly relatives we spoke with told us they considered their loved ones to be safe. One relative stated, "I feel confident that [my relative] is safe and looked after when I am at work" a second relative said, "I raised concerns regarding some equipment and the manager came out. She was helpful and arranged with the Occupational Therapist to put suitable equipment in. The carers knew more about the new equipment than me. It is all in place."

At the last inspection on the 23 March 2016 we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service could not demonstrate it was doing all that was reasonably practicable to mitigate risks relating to the health, safety and welfare of people who used the service.

At this inspection we found the service was no longer in breach of this regulation.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person's file contained detailed individual risk assessments. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. Risk assessments covered areas such as orientation, skin integrity, mobility, body positioning and nutrition. Risk assessments were reviewed when appropriate and updated with any necessary additional information.

Staff we spoke with had a good understanding of risk assessment processes and spoke confidently about the measures they took to promote the safety and wellbeing of people they supported. They demonstrated a good understanding around encouraging people to live their lives the way they chose, but recognised this should be done in a safe way. One staff member stated, "If someone didn't have the understanding and I had concerns in relation to the person putting themselves at risk, then I would speak with the office immediately and they would liaise with the relevant professionals to ensure the person remained safe."

Environmental risk assessments were completed when required. These covered aspects of the person's home such as, hall, stairs, landing, client and family member risk, aids and adaptations, external areas, gas and electrical appliances. We noted the service had a policy in place in the event of care staff being unable to gain access to people's homes. We spoke to staff about this. Staff showed a good understanding of the procedures to follow in any such event. We noted the service had clear 'emergency fire procedures' in place. These procedures provided clear guidance to staff on how to react on discovering a fire or the sounding of an alarm. This was to ensure the safety of both staff and people using the service.

The registered manager told us the service had not dealt with any major accidents or incidents relating to the people they supported in the past year and had not been required to alert the Commission to any

reportable events. We looked at the services accident/incident paperwork and noted this to be the case.

We looked at how the service protected people from abuse and the risk of abuse. Safeguarding training was in date and there were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Staff we spoke with were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff told us they had received training and guidance on safeguarding and protecting adults. One staff member added, "Contact numbers for the local safeguarding team and the Commission are provided to us at the beginning of our employment. I consider myself well equipped to recognise and deal with any incident should it arise."

The service had processes in place which aimed to maintain consistent staffing arrangements. The service used an electronic staff scheduling system which allowed staff rotas to be sent to the worker's phone, including any changes and live updates. We saw people's care files contained a bar code that staff would scan their phone across, to register in real time they had attended the scheduled call, however this was not fully operational at the time of the inspection because not all staff had the correct type of phone. This was being addressed by the manager.

We looked at staff rotas and noted sufficient numbers of staff were employed to deliver safe and effective care to people using the service. Staff we spoke with confirmed this. One staff member said, "You are always asked if you want to pick extra shifts up, you're never told." A second staff member told us, "There is always work. We are busy at times but it's ok." A number of people consulted told us the carers arrived on time; however a few felt that carers could at times be late but did recognise this was usually if there had been an issue at the previous house. People who knew the length of time they had been allocated for their care by the local authority told us that carers stayed their allocated time and they never felt rushed with the support provided to them each day. Relatives mirrored these responses when asked and told us they were very happy with the care the service provided.

The manager told us six staff members had recently left the agency and there was an on-going programme of recruitment for permanent contracts. The manager and senior staff also covered some shifts which enabled them to keep in touch with people who used the service.

We looked at how the providers recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at six staff files and noted each file had appropriate information in line with current guidance. We saw required character checks had been completed before staff worked at the service and these were recorded. Files also included proof of identity and disclosure and barring (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff, in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. The manager told us there had been no disciplinary hearings in the past year.

A selection of people we spoke with informed us they relied on staff to prompt/administer their medicines. These people considered the staff competent to do so and confirmed they received their medicines daily. One person stated, "At both calls carers give me medication. I have noticed if they have a query, they will check with their colleagues. They double check things when necessary which is good." A relative told us,

"We have a dosette tray, we have lots tablets and I leave the carers to deal with this. They do what is needed. Certain items taken when required, for example paracetamol. I never have any issue with this. I leave them a note and they generally follow this."

Medicines training was provided to all staff and was in date. Staff we spoke with showed a good understanding on how to administer medicines in line with current National Institute for Health and Care Excellence, (NICE) guidelines. The registered manager told us, "Spot observations are done on all care staff." This included observation of medicines administration and sample audits of medicines administration records to ensure they were correctly completed. We found there were specific protocols for the administration of variable dose medicines and those prescribed 'as necessary'. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

Staff were required to wear identification badges and full uniform along with disposable gloves, aprons and hand cleansing gels to minimise the risk of cross infection. We noted care staff had received 'infection control' training and showed a good understanding around infection control issues. People we spoke with confirmed staff would leave their houses clean and tidy.

There was a business continuity plan in place which included an activation flow chart, a staff notification call tree, a critical contacts list, an incident log, a post incident report, risk assessment and action plan. The plan covered areas such as the loss of staff; loss of office space; traffic delays and road closures, which was particularly useful due to traffic delays often experienced in the catchment area; severe weather; loss of IT and mobile phone network and fuel shortages. This demonstrated the service had properly planned for an unexpected emergency situation.

Good

Is the service effective?

Our findings

People using the service and relatives considered the staff to be well trained and skilled. People told us that that staff were kind and helpful and never rushed them in their daily routine. People added that staff helped them with their daily dietary requirements and had a good understanding of their daily needs. People we spoke with indicated that staff had the correct skills and knowledge to support them effectively. One person said, "Yes the carers know what they are doing and are very kind caring." A second person told us, "Oh they are very well trained and polite people." Similarly people's relatives told us they were happy with the skill set of the carers. One relative stated, "Yes, they seem to know what they are doing. They are very good"

At the last inspection on the 23 March 2016 we found the service to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found supervision was not being done in line with service policy.

At this inspection we found the service was no longer in breach of this regulation.

Staff told us they received supervision and appraisal in line with company policy. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Staff spoken with told us in addition to supervision they also received on-going daily support from the manager. One staff member said, "The manager is always available to provide support and guidance whenever we need it." This ensured staff had the opportunity to discuss their responsibilities and the care of people who used the service whenever required. Staff told us they felt this approach was useful.

The service offered an appropriate amount of training which was relevant to the client base. Training topics covered aspects such as personal care, food hygiene, communication, privacy and dignity, moving and handling, safe administration of medicines and basic first aid. Staff we spoke with confirmed they received an appropriate amount of training which was up to date. We saw evidence of this in the staff training records. One staff member stated, "We get plenty of training and we are always paid for doing it which is an incentive for attending. I cannot praise the company enough. They are an excellent company to work for."

Staff induction was also thorough and robust. Staff told us they felt this equipped them for their role. The induction consisted of policy reading, training and 1-1 shadowing. One staff member told us, "My induction was very good. It was a full week and even though I had lots of experience with other agencies they still wouldn't allow me to work until I had completed the induction and shadowing shifts. I went to more of the complex people during my induction then I knew how their specific care needs were met."

We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional risk assessments were used when required. This helped to ensure any risks relating to poor nutrition or hydration were identified and addressed. 'Food hygiene' was part of the service's training programme, which helped to ensure care staff had the knowledge and skills to prepare food safely. We asked people using the service if they felt they were supported appropriately with their nutritional requirements. People told us staff always prepared meals and hot drinks for them if required. One person

stated, "They always make me drinks and offer to make food for me." A second person told us, "They get all my food for me, I have enough and they do it in the microwave, they are clean and tidy." Similarly a relative commented, "On the occasions I have been here and seen what they do, they ask [my relative] what they want. I have seen they are given plenty of choice. [My relative] will tell them to do their porridge in a slightly different way and they will do this for them."

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had systems in place to protect people's rights. We saw people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA).

The Mental Capacity Act 2005 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 feedback we received from staff regarding their understanding of MCA and DoLS mixed. Whilst staff said they received training in relation to MCA, we were told DoLS training was not provided. One member of staff said, "I've done MCA training but not done DoLS. I don't understand DoLS due to not having the proper training yet." Another member of staff said, "I've done training in this area. I feel a DoLS is required if a person lacks capacity and can't make choices and decisions. I would contact the office with concerns." At the time of our inspection there were no concerns about the capacity of any person who used the service to consent to their care. The registered manager was able to describe action she would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

Staff were able to describe how they aimed to seek people's consent when delivering care. A member of staff said, "If someone didn't have the understanding I would always still offer choice. It is not right to not do this. People can still make simple choices such as whether they want the television on or which item of clothing they would like to wear."

Good

Is the service caring?

Our findings

We asked people if staff were kind and caring. People and their relatives were complimentary about the staff. One person said, "All the staff are very nice, very friendly, also kind and caring." A second person told us, "We get on very well they are like family to me." A third person told us, "The carers are smashing, they talk with you and have conversations, it's nice to have company and talk about different things in the world and on television, and they're really kind." A fourth person said, "We get on very well. We have learned to understand each other's personalities and the importance of laughter." A fifth person told us, "They are very friendly, like me they seem to be animal lovers, we have a good chat. Some have horses and we have nice chats."

Comments received from relatives included, "They are lovely, really friendly and get on with my family. Just very thoughtful and think of everything I might need," another said "Very nice carers and very attentive, it's nice we can have any discussion with them," a third added "All very pleasant and chatty, mostly local people they talk a lot to [my relative]," and "[My relative] classes all the carers as friends, feels comfortable, like a family member,"

People told us staff respected their rights to privacy and dignity and entered their homes in the manner that had been agreed. Staff were also reported to be respectful of people's personal property. Staff gave examples about how they knocked and waited for a response before entering and allowed people privacy when attending to personal tasks, by ensuring doors were closed and knocking before entering the bathroom. We noted the provider had a 'code of conduct' in relation to practices which staff were expected to follow.

Without exception everybody we spoke with told us they felt they were treated with respect and dignity. One person said, "Yes I'm treated with dignity and respect, everyone is really nice." A relative told us, "Staff judge how [my relative] is in the morning and respond. Sometimes he is very chatty and sometimes he doesn't want to talk. The staff respond to him and are very respectful."

Compliments received by the service included, 'If it hadn't been for you stepping in, I don't think [my relative] would have been able to get home after a stay in [a care home] and end their life how they wanted. All your carers are lovely warm people with delightful senses of humour who looked after [my relative] in such a caring way with great sensitivity to their difficulties,' and 'Can I take this opportunity to thank you (the manager) and your staff for the care that [my relative] has had over the past two years. We know that carers were not only proficient but also caring and that [my relative] had happy moments with them,' and '[My relative] is really happy with their care and this gives us (the family) peace of mind.'

During the inspection we looked to see how the service promoted equality, recognised diversity and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural

needs.

Involvement of people who used the service was embedded into everyday practice. The views and opinions of people were actively sought and information was presented in a way that enabled people who used the service to fully participate and make informed decisions. People who used the service and their relatives told us they were involved in developing their care and support plan. They were able to identify what support they required from the service and how this was to be carried out.
One person told us, "When the social workers suggested I change agencies as Select didn't have enough carers to cover an extra call, I said no, I don't want to change agencies as I like this one." Comments received from relatives included, "I couldn't fault them with anything, I find them to be very satisfactory, A1," and "If I had a choice between our previous agency and this one I would choose this one every time. I recommend it all the time" and, "I would hate to have to change agency."

The registered manager told us, "We often have short notice requests from our clients and their family to provide additional services which we go to great lengths to honour. We treat all our clients like we would treat our own family." She added, "We realise that some of our clients don't have family, so it is common practise for our team to provide a more holistic service and this includes doing odd jobs around the home or taking someone out for their birthday. This is done at no extra cost to our clients as it tends to be provided by myself or one of our administrators voluntarily."

The service did not provide end of life care directly, but where applicable, could continue to provide a domiciliary service in support of other relevant professionals such as district nurses, who may be involved in supporting a person at this stage of life. At the time of the inspection the service was not supporting anyone who was in receipt of end of life care. The registered manager added, "We have provided end of life care to people that otherwise, due to being aggressive, would have ended their days in a residential or hospital setting. We have ensured they can be at home, comfortable and safe in familiar surrounding with family by their side holding their hand enabling them to have dignified end of life care."

Good

Is the service responsive?

Our findings

The majority of people spoken with were aware they had a care plan and felt involved in the planning of their care, although a few people stated that the plan had not been reviewed. One person said, "I have a care plan and I'm involved in it but it doesn't get reviewed. The registered manager knows if I need anything extra and I would ring her, she is approachable and she understands our needs. A second person said, "There is a book with my care in the front of it and I'm happy with this." A third person told us, "The carers fill it in every day."

A relative said, "We do have a file which we discussed with the manager at the beginning. It has not been reviewed as it is perfect as it is." A second relative told us, "The plan is out of date; it is listing two or three calls a day. We quickly changed to one call a day after a couple of weeks of starting the service but no-one has come to review it."

We looked at how new referrals to the service were assessed. The needs of people were assessed by the manager and assessments were completed to ensure the service could meet people's individual needs before accepting them into the service. This included gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives.

Before care and support was provided to any person the service completed a series of initial assessments which covered areas such as health, medicines, social history, preferred activities and interests, moving and handling and the home environment. We saw that prior to any new package of care being provided a pre-assessment was carried out with the person and their relative(s) which we verified by looking at care records. Where the local authority had been responsible for making a referral to the service, we found detailed assessments were in place identifying the type of support the person required and the frequency and duration of visits needed to meet people's needs and these corresponded with the 'Agreed Hours of Contract' sheet in people's care files, which meant that everyone was clear about the type of support to be provided and how and when this would be done.

The majority people spoken with stated that they were involved in their initial assessment and were happy with this. One person told us, "Yes I was involved in the assessment from the start and they have been excellent." A second person said, "Yes, they were very thorough." A relative said, "We have been involved in the initial assessment." A second relative commented, "We have been part of the planning from the beginning."

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care.

The structure of the care plans was clear and made it easy to access information. The care plans were comprehensive, person centred and contained details regarding the person's background and life history,

interests and social life and any existing support network and recorded details of those who were involved in care planning such as people who used the service and their family members and other relevant professionals who may be involved in the delivery of care.

There were systems in place to record what care had been provided during each call or visit. Care plans contained a document which was completed by staff at each visit. This included information on when personal care had been provided, when medicines were given/prompted/checked or any food preparation.

The service had a complaints policy and procedure in place and information on how to make a complaint was provided to each person who used the service. We asked people if they had ever had cause to complain. Four people stated they had previously raised a complaint and all were satisfied with how this had been handled. One relative said, "I took an instant dislike to one carer. I told the registered manager and she had a word with the carer and sorted this out." A second relative told us, "I had a problem with one carer who wasn't very nice, a bit nasty. I reported to the registered manager and she talked to the carer who apologised and she has been okay ever since. I am happy with the way it was dealt with."

Compliments received by the service indicated people were happy with the service. One comment read, 'I would like to thank you for all your kindness and hard work in the last year. If I ever need carers again I would like to come back to you', and 'I have always appreciated that you have been easy to contact and you have dealt with my problems or worries quickly, efficiently and sympathetically. All [my relative's] carers arrive promptly and treated [my relative] with respect and kindness. [My relative] has never had cause to complain and liked all the carers.'

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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.

An up to date registered manager's certificate was on display in the office premises in addition to an appropriate certificate of employers' liability insurance.

At the last inspection on the 23 March 2016 we found the service to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service failed to assess and monitor the quality of service provision effectively.

At this inspection we found the service was no longer in breach of this regulation.

The service had an infrastructure of auditing in place to monitor the quality of service delivery. However the registered manager told us the process of auditing was still in development. We found auditing records covered areas such as, personal information, individual profiles, consent forms, contact details, agreed hours and days of visits, risk assessments, medicines charts, communication sheets, complaints and service user guide. Other audits included, staff files, and environmental processes.

The service worked in partnership with two local authorities and was an 'approved provider' for Salford and Warrington councils. At the time of the inspection the service had only received one introductory visit from the quality assurance team at Warrington. These visits help services to ensure they are meeting any contractual obligations or arrangements and to ensure good quality care is being provided. The registered manager told us, "I believe in working closely with outside partners and we are very good at problem solving and finding ways to provide care." She added, "Not only do I manage the service, I also provide care to all our clients, this enables me to get to know their needs very well and in turn enhances the service we provide, I am able to give very good updates and feed back to others i.e. doctors, nurses, family. It also gives me the opportunity to build good working relationships with them in a more personalised way."

The service sought the views of people using the service and their relatives through the provision of satisfaction surveys. We asked people if they were routinely requested to give their views or opinions about the service and we received mixed responses. Some people said they had been asked to complete a survey and some people stated that they have regular contact with the registered manager. One person said, "One of the head people comes and they ask is everything alright; they quite often ask this." A second person said, "I have got a survey by post." A third person commented, "Yes, the registered manager will ring up now and again and ask how things are going." Similarly responses were mixed from relatives one relative stated, "I don't believe so." A second relative said, "We have done a questionnaire, staff don't ask us" and a third relative said, "Not long ago they sent a survey we get about one a year; we speak to the office all the time."

We looked at the responses received from the most recent survey and found 95% of people were happy with the service provided, 91% felt staff were polite and courteous and the organisation provided a quality service, 100% felt staff were polite and thoughtful and would recommend the service to others, and 96% felt staff respected their privacy and dignity and were happy with the way they were treated.

We asked people if they knew the registered manager. The majority of people consulted stated they knew and had met the manager and everyone considered her to be pleasant and approachable. Comments received included, "I met her about two weeks ago. I wouldn't hesitate to go to her," and "I know the manager; she is good, very approachable and gets very involved. If there is anything I was worried about I would have no hesitation, I would get on to her," a third person stated, "She (registered manager) is doing a good job." One person commented, "I know the manager, she is nice but is too busy, she goes out on calls."

Comments received from relatives about the manager included, "The manager came last week for the first time, she is very pleasant too and came to attend to [my relative]," a second relative stated, "The manager is easy to talk to," a third relative stated, "The manager has been working with the social workers and is involved in getting a wet room put in the home. She will ring me if anything crops up."

Staff feedback was also gained via staff satisfaction surveys. At the time of the inspection staff surveys had only recently been sent out and the results had not yet been received.

The manager told us they always operated an open door policy so they could discuss issues with staff as part of the process of supporting them. We looked at the minutes from recent staff meetings and discussions included rotas, holidays, work-life balance, feedback from people using the service, continuity of care and the importance of good communication. This was confirmed by staff we spoke with. One staff member stated, "You can go to the office or pick the phone up whenever you need something." Staff felt they were fairly treated and stated, "I love working here" and "I am really happy working here. I have worked at other agencies but none have been as good as this one."

The registered manager told us, "We value all our care staff and provide gifts for them at Christmas and pay double time over the Christmas period to show we appreciate their commitment. We have enhanced rates of pay also for evenings and weekends and bank holidays." She also added, "The company also pays for all DBS checks and do not charge for uniform. All training is paid at the full hourly rate with no penalty if they choose to leave."

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies had been recently reviewed and were all up to date.

There was a service user guide and statement of purpose in place. A statement of purpose is a document which includes a required set of information about a service. When people were given a copy of the service user guide they were also given a copy of the statement of purpose and complaints policy. The service user guide also contained a link to the most recent CQC inspection report and contact details for the Commission so that people could complain directly to us if they so wished.

We found the registered manager to be honest, open and approachable during the inspection and provided us with everything we requested without delay.