

Unique Personnel (U.K.) Limited

Unique Personnel (UK) Limited Brent

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

We undertook an announced inspection of Unique Personnel (UK) Limited Brent on 9 August 2017. We contacted the service before we visited to announce the inspection so we could ensure that the registered manager would be available.

The service was registered with us on 17 October 2016. This is the first inspection of the service.

Unique Personnel (UK) Limited Brent provides a domiciliary care service that delivers personal care and other support to people in their own homes. At the time of our inspection there were twenty two older people receiving assistance with their personal care.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

People using the service and their relatives informed us that they were happy with the care and the other services they received. People received consistency of care from staff that they knew.

People told us that staff treated them with respect and they felt safe when receiving care from the service. Arrangements were in place to keep people safe. The service had a safeguarding policy and procedure. Staff knew how to identify abuse and understood their responsibilities in relation to safeguarding people and reporting concerns.

Risks to people's safety were identified and guidance was in place to minimise the risk of people being harmed.

People were involved in decisions about their care. Staff knew how to provide people with the care that they needed and wanted and respected people's choices. The service understood the importance of encouraging and promoting people's independence.

People had care plans that were up to date and included information staff needed about how best to support them. People told us they received care and support in the way they wanted and staff respected their privacy and dignity.

Care staff understood the importance of obtaining people's consent before supporting them with personal care and other tasks.

The organisation carried out appropriate checks to reduce the risk of employing staff that were not suitable to work with people using the service. There were sufficient staff to meet people's needs and people told us

they received the care that had been planned. Staff received the support and training they needed to carry out their role and responsibilities.

Arrangements were in place to make sure medicines were managed safely and people received their medicines as prescribed.

People, who received support with their meals, had their nutritional needs and their individual dietary preferences and needs assessed and met.

People knew how to make a complaint and told us that concerns that they raised had been addressed. People's feedback about the service was sought and action was taken to make improvements when required.

People and their relatives told us they thought the service was well run and would recommend it. The service liaised closely with health and social care professionals to make sure people's needs were met.

There were systems in place to carry out checks, monitor the service and to make improvements when needed.

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. Staff understood how to protect people from abuse and harm and report any concerns found.

Risks to people were identified and measures were in place to protect people from harm in the least restrictive way.

People were supported to take their medicines as prescribed.

Checks were undertaken on staff's suitability before they began working with people. Arrangements were in place to ensure that there were enough staff to provide the care people needed.

Is the service effective?

Good ●

The service was effective. People received personalised care that met their individual needs.

People and their relatives [when applicable] were fully involved in making decisions about the care people needed and wanted.

Staff received relevant training so they were able to fulfil their roles and responsibilities. People were supported by staff whose practice was monitored to ensure they provided people with the care that they needed.

People received the support they needed with eating and drinking to make sure that their dietary preferences and nutritional needs were met.

Staff monitored people's health. People were supported to access healthcare professionals and other specialists when they needed to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring. Staff supported people in a caring way and encouraged them to maintain their independence.

People's privacy and dignity were respected. Staff had a good understanding of the importance of confidentiality and keeping information about people secure.

People's well-being was supported. They were involved in their care and their views were respected and acted on.

Is the service responsive?

Good ●

The service was responsive. The needs of the people receiving care were assessed and reviewed with people's full involvement.

People's care plans identified the support they needed from care staff. The support people received was personalised to meet their individual needs and preferences.

Staff were responsive to people's changing needs.

People knew how to make a complaint and told us complaints had been addressed appropriately.

Is the service well-led?

Good ●

The service was well-led. People and their relatives were positive about the service and the way it was run.

Staff worked effectively with people, relatives, and other professionals.

Staff told us they found the registered manager to be approachable and supportive and issues raised to do with the service were responded to appropriately.

People's feedback was actively sought to enable continual improvement.

Systems were in place to assess and monitor the quality of the service provided to people and to make improvements when required.

Unique Personnel (UK) Limited Brent

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 checked 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 9 August 2017 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available.

The inspection was carried out by one inspector. An expert-by-experience carried out telephone calls on the 11 August 2017 to people using the service and their relatives to obtain feedback about 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.

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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the agency's office and spoke with the registered manager, a care co-ordinator and a care worker. We reviewed the care records of five people who used the service, looked at the records of five staff, and other records including policies and procedures that related to the management and running of the service.

Following our visit we spoke with six people using the service, three people's relatives and five care workers.

Is the service safe?

Our findings

People told us they felt safe when care staff assisted them with personal care. When we asked people if they felt safe when receiving care, people commented; "Yes of course, I feel safe" and "I feel safe my carer is a really good chap." People's relatives told us that they had no concerns about people's safety. They commented; "[Person] is safe" and "[Person] is safe with the carer."

The service had safeguarding adults' policies and procedures. These were up to date and informed staff of the action they needed to take to keep people safe, including how to report suspected abuse. Staff had received safeguarding adults training. Staff we spoke with were knowledgeable about types and signs of abuse. They knew the procedure to follow if they identified possible abuse or if any information of concern was disclosed to them. They knew they needed to inform the registered manager, but some care staff needed prompting before they told us that they needed to report concerns to the local authority safeguarding team, CQC and police in the event that senior staff did not respond to the issue as required. A care worker we spoke with had a good understanding of whistleblowing procedures.

The registered manager and/or the care co-ordinator completed a comprehensive risk assessment of each person's home environment to identify any risks to people and staff. Records of people's environmental risk assessments showed that when risks had been identified measures had been put in place to minimise the risk of people and staff being harmed. We noted that two people's environment risk assessments had not been reviewed since they had initially been assessed in 2014. The registered manager told us that she would ensure that in future environment risk assessments were reviewed regularly to ensure that any changes in risks within people's homes were identified and addressed to keep people and staff safe.

Individual risk assessments had been carried out and recorded in people's care records. Risk assessments directed staff on how to minimise risks to people. A person's risk assessment included staff making sure the person's flooring was free from clutter, and their shoes fitted them well so the likelihood of them tripping was low. Care plans at the time of the inspection did not include written details about the safe temperature water needed to be when people were assisted with personal care. The registered manager told us she would ensure that where applicable she would make sure people had a written bathing/shower risk assessment, which would include safe water temperature guidance for staff to follow to minimise the risk of people being harmed. A care worker told us about how they ensured water was always at a safe temperature when they assisted people with a shower or bath. Copies of risk assessments were kept at the person's home to ensure care staff were able to access them as required.

An office fire safety policy was in place for office staff and visitors to follow in the event of a fire. An annual electrical service check of the agency's office electrical equipment had not been carried out. Following our visit the registered manager arranged for this check to be completed to ensure that the equipment met safety standards. A lone working policy was available and summarised in the employee handbook. The policy included guidance for staff to follow to keep them safe when working alone. Records showed that staff had completed personal safety training.

The five staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included obtaining references and checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

The registered manager informed us that the process of recruiting staff was on-going. They told us there was enough staff to meet people's needs and to provide a 'back up' care worker to cover when a person's main care worker was not available. The registered manager told us that she and the care co-ordinator also provided 'hands on care' when this was required, such as when a care worker was not available. People told us they received consistency of care from care staff that they knew and liked.

Most people told us that time keeping by care staff was generally good and that they were informed when a care worker was going to be late. Comments from people included; "I think that they [care staff] are going on time" and "They stay for the right amount of time and come on time." One person told us that the care worker contacted them when they were going to be late but had at times spent less than the allocated time with them. The person told us they had fed this back to the service. The care co-ordinator told us they had addressed issues to do with time keeping. Relatives told us "[Care worker] arrives on time. What I have witnessed, is [care worker] sits with [Person] and they chat if [care worker] can stay longer [care worker] stays. However, I have seen at times carers rush off if late, not stay for the right amount of time. There were missed calls in the beginning its better now."

Arrangements were in place to report and manage incidents and accidents. Records showed that incidents and accidents had been responded to appropriately. Care workers told us that they wore their identity badge [ID] during visits, so security was promoted. But, one person's relative told us that staff had worn ID but had not seen them wear ID recently. The care coordinator told us that she would ensure that staff were reminded to wear their ID.

The service had a medicines' policy. People's care plans included detailed guidance about the varied support they needed with their medicines. The registered manager told us that staff received the training and information they needed to prompt or administer people's medicines. People told us "They [care staff] see to the medication, I get it at the right time so far so good" and "[Care worker] does help with my medication and reminds me to take it."

Care staff confirmed they had received the training they needed to administer medicines safely. A care worker told us that the registered manager always described to them in detail people's individual medicines needs. But, although the registered manager told us about the process she followed to ensure that each care worker who prompted and/or administered medicines was competent to do so. There were no written competency assessment records that confirmed that. The care co-ordinator told us following our visit that written competency assessments were now being completed.

Medicines administration records [MAR] were completed by care staff and these were checked monthly by the registered manager to monitor that people were receiving their medicines as prescribed.

Information about infection control was included in the staff handbook. Staff were supplied with disposable gloves and other protective clothing to minimise the risk of infection. A care worker told us that they regularly collected disposable gloves, aprons and over shoes from the agency office. They told us they wore protective clothing when this was needed. Spot checks carried out by the registered manager of care staff practice included checking that they wore protective clothing when required.

Is the service effective?

Our findings

People and their relatives informed us they were happy with the service provided by care staff. Comments from relatives included; "The agency will send a new carer with an experienced one. They let me know if there is going to be an induction" and "They [care staff] are trained. I think the carer told me he had finished the NVQ 2." But one person's relative told us "The new carers don't seem to be committed, they are not like proper carers."

Care staff told us they had completed an induction when they started working for the service. A care worker told us that they had found their induction helpful and that it had included 'shadowing' more experienced staff assisting people with personal care. Another care worker told us that their induction had been helpful and provided them with information about the organisation and other aspects of the service. The registered manager informed us that they were currently providing care staff with learning about the Care Certificate standards. Records and care staff confirmed this The Care Certificate induction is the benchmark for the induction of new care staff.

Care staff told us that they were generally introduced to people using the service before they commenced regular visits. A care worker provided us with an example of when the registered manager had recently explained and shown them how to provide a person [new to the service] with the care and support that they needed. Another care worker told us "If there is a new client I go with [care co-ordinator] and she introduces me to the client." The care worker told us that this was a helpful introduction to the person and provided them with the information they needed to assist the person with their care.

Records showed and care staff confirmed they had received an employee handbook. This included information about the service as well as a code of conduct, data protection and summaries of policies and procedures care staff needed to follow to ensure they provided people with a good quality safe service.

Records showed and care staff told us they had completed a range of training and learning relevant to their role and responsibilities. Training included safeguarding adults, food safety, health and safety, infection control and medicines. Staff told us and records showed that staff had also completed other training/learning that met people's specific needs. This included dementia awareness, challenging behaviour and person centred care. The registered manager told us that staff had participated in role play scenarios during a recent team meeting to help them better understand dementia care. A care worker commented "I love training." Some staff had achieved relevant qualifications in health and social care.

Spot checks of care staff carrying out people's care were regularly carried out by the registered manager to make sure they were providing people with the care they needed in an appropriate and safe manner. During the spot checks the registered manager also checked that care staff were polite, patient, listened to people, promoted people's independence and were good at time keeping.

The care staff we spoke with told us they felt well supported by the registered manager. They told us the registered manager was always available for advice and support.

Records showed care staff had received regular one-to-one supervision with the registered manager. Care staff told us that during those meetings they had been asked how they were and had discussed people's care. Records showed that topics discussed during supervision had included; people using the service, safeguarding adults, medicines, team work, 'customer' visits, dignity at work, training and staff conduct. The registered manager told us that formal staff supervision was flexible and took place when needed such as when a care worker needed particular support or when there were issues to do with a care worker's work. A care worker told us that they had recently received an appraisal of their progress and personal development.

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

People's memory and their capacity to make informed choices and decisions about their personal care and other day to day needs were assessed by the service. Guidance was in place for staff to follow to support people make choices. For example a person's care plan included; '[Person] has memory lapses. [Person] can remember things in the past and can make minimal decisions about their needs such as menu and time they wanted to go to bed.' Staff had received training about the MCA and demonstrated a good understanding of what was meant by capacity and knew that people's ability to make one or more decisions could vary. A care worker told us that they would report to the registered manager any changes they had found in people's ability to make decisions. Staff knew that decisions could be made for people, in their best interests by those important to people and others involved in the person's care when this was needed.

Staff knew the importance of obtaining people's consent before supporting them with personal care and other tasks. A care worker provided us with examples of when they had asked a person for consent before helping them with a range of aspects of their care.

People's care plans contained up to date information about people's medical needs. Care plans also contained contact details of people's GP surgery for staff reference. The registered manager told us that they often communicated with people's GP, social workers and occupational therapists about people's needs. A person's relative told us about how care staff encouraged a person to remain physically active. They told us "Each time the carer comes, [care worker] helps [person]) to exercise."

People told us they were happy with the support that they received with food and drinks. They told us "I get a choice of food and drinks. Carers heat the food and make tea" and "They [care workers] check I have had my breakfast. If I haven't had my breakfast, they make me cereal and toast. They do it okay."

People's care plans included information and guidance about people's dietary needs and preferences. People's care plans included guidance for staff about encouraging people to choose what they wanted to eat and drink as well as details about the assistance people needed with their meals. A person's care plan directed staff 'to ensure [person] has a jug of juice or water in their room daily' and that care staff needed to report any changes in the person's dietary needs to the registered manager. The registered manager told us that the service had worked with a person to develop the range of the person's meals and improve their nutritional intake.

Is the service caring?

Our findings

People told us they were treated well by kind and respectful staff. They told us "I am happy with the carers," "Yes, [care worker] is nice" and "[Care worker] is great and we have times we joke together."

People's relatives confirmed they felt staff were caring and that they and people using the service were treated with respect by staff. They told us "When they [care worker and Person] are sitting in the lounge I can hear them chatting and laughing" and "[Care worker tries to create a nice atmosphere for [Person]. I am very happy with the carer."

Care staff told us they enjoyed caring for people. A care worker told us "I like my job it is nice. It is important to take time to get to know people. Trust is important." Other care workers commented; "You need to do as you would for your mother and father. Ask them [people] what they want, and make sure they are fully involved," and "You need to listen to them [people]."

People's care plans showed they had been consulted about decisions to do with their care and their preferences had been accommodated. A person's care plan included 'Carer to ensure they engage with [Person] and support them with activities of their choice.' A person's relative was complimentary regarding the relationship between a care worker, the person and family. They told us "[Person] get on well with the [care worker] and the [care worker] likes [Person] to. [Care worker] is like a family. Whatever they do in an evening when I am at work, the [care worker] tells me, which I like"

The registered manager spoke of the importance of ensuring people received continuity of care by care staff. They told us that they did their best to always ensure people received the care and support they needed from care staff that they knew and were familiar with the person's individual needs. People told us "Same carer usually, [and] one to cover" and "Monday to Friday I get the same carer, I want it to stay that way." People's relatives commented "I know they [care workers] do the job properly [I am] happy with [the] regular ones they do a wonderful job" and "If they can't send [regular care worker] the agency will ring and ask if it is okay to send another person. We are happy with the replacement carer who comes. They always let me know and ask if I am happy."

The registered manager told us that she tried to match care staff with people. They told us that a person using the service spoke little English so they had provided the person with a care worker who spoke the same first language and feedback from the person had been positive.

Care staff we spoke with had a good understanding of the importance of treating people with respect and dignity. A care worker told us that respect had been discussed with them during their induction. Records showed privacy and respect had been topics discussed during a recent staff meeting. The way care staff engaged with people using the service was monitored by the registered manager during the unannounced 'spot checks' of the care being provided by care staff. A care worker spoke positively about the spot checks carried out by the registered manager; "She turns up and checks what we are doing and we discuss the person's care with them."

People using the service and people's relatives told us people had their privacy respected and dignity maintained when being assisted with personal care. A person told us "[Care worker respects my dignity when I am having a wash." Care staff knew about the importance of respecting people's confidentiality. Staff knew not to speak about people other than to staff and those involved in the person's care and treatment. The confidentiality policy was included in the employee handbook. People's written and electronic records were stored securely in the agency's office.

People's individual preferences and background, were included in their care plan. A care worker told us "We ask people about their lives to get to know them better." Another care worker told us "I know people well. It's [job] is challenging but it's nice."

People's independence was promoted and respected by the service. People's care plans included detailed information and guidance about how staff supported people's independence. A person told us "I like to get my own breakfast and wash myself. The carers check I have done this and if I haven't they do it for me. I like to be independent they encourage me." A care worker told us "I encourage people to do things for themselves." A person's care plan included guidance to help them maintain their mobility; 'Carer to encourage [Person] to mobilise around the [home]'. The person's personal care plan included; 'Carer to encourage [person] to do as much for themselves like washing face, hair, upper part of body while carer to offer to do areas [person] cannot reach like washing [person's] back and lower parts of their body.'

The service had an equality and diversity and harassment policy. The registered manager and care staff had an understanding of equality and diversity and records showed that staff had received training about it. Care workers had signed documentation to show they had agreed to uphold and promote equality, diversity and inclusion. People we spoke with stated their dignity was respected and their culture and choice of the gender of the care worker who assisted them with their personal care was respected. A person told us "Sometimes we [care worker and person] talk in the same language my mum used to speak. This makes happy and gives me hope."

Is the service responsive?

Our findings

People told us that they were happy with the care they received. A person told us "If I want anything, they [care workers] do it." A person's relative told us I am very happy with the care."

People's care plans included detailed assessment information about each person's needs. The care plans showed people and when applicable their relatives had been asked about a range of areas to do with their needs including; sensory needs, dietary, communication, physical and behaviour needs. Care plans completed by the placing local authority were accessible to staff and corresponded with the care plans completed by the agency. A person's relative told us "Initially someone came around and talked about personal care and what was needed."

The initial assessment formed the basis of the person's care plan and included guidance for staff to follow to meet those needs. Care plans showed people and when applicable those important to them had been involved in the development of their care plan and in its review. A person we spoke with was aware of their care plan, and told us they had participated in regular reviews of their care. Records showed that people's relatives had also been fully involved in the regular review of people's care. People told us "Everything is there in the care plan," "The manager came here to do the care plan. And I think came for a second time to ask how things were going" and "Recently I was asked to go talk about the care plan."

Specific detailed personalised guidance for care staff to follow when completing care and other support tasks was in place to meet people's particular needs. A person's care plan included very detailed guidance about a person's diabetes and the support provided from staff to support the person to manage their condition and keep well. Care staff told us they read people's care plans so they knew how to provide people with the care they needed. A care worker told us "I read the care plans at least twice so I know what to do. I don't want to make any mistakes."

Care staff recorded details of the support and care they had provided during each visit, such as information about people's personal care, food and drink, and information about any concerns that they may have. Care staff told us this helped ensure there was good communication between all staff about people's needs. Records showed that a care worker had been responsive to a person's particular needs. They had spent extra time talking with a person who had recently been bereaved.

Care staff told us they would promptly report to the registered manager any changes they found in a person's needs. A person's relative told us that the registered manager had been responsive in identifying that a person needed a better bed to meet their care and mobility needs. They told us that the registered manager had taken appropriate action to address the issue to enable the person to receive a specialist bed. The registered manager told us that they had assisted a person with changing aspects of a person's home environment to make it more suitable for supporting the person's personal care needs.

The provider had a complaints procedure, which included the arrangements for recording and responding to complaints. The complaints procedure was included in the service user guide that was provided to

people using the service. Records showed that appropriate action had been taken by the service in response to complaints. A person told us "I have no complaints. I am happy." People told us they would contact the office if they had a concern about the service. They were confident it would be addressed appropriately by her. A person told us they had contacted the registered manager about an issue, the registered manager had apologised. The person told us "It has not happened again. I was happy with how it was dealt with."

People using the service and their relatives told us they had been provided with the information they needed about the service, including details about how to contact the office during and outside of office hours. The service user guide included a range of information about the service including description of the services, how to make a complaint, details about the organisation and key policies and procedures.

There were fourteen recent written compliments about the service and staff. Compliments included; [Care worker] is providing me with a very good service, punctual, good communicator and reliable" and "I would like to say a big thank you to [Care worker] who attends to [Person] every day. [Care worker] is so kind and gentle and a credit to your company. [Care worker] is reliable and gives me peace of mind."

Is the service well-led?

Our findings

People using the service and their relatives told us they were very happy with the service. A person's relative told us that they were happy with the care workers and would recommend the service. A person using the service spoke positively about the registered manager who they said contacted them regularly.

A relative of a person using the service told us "Manager is there for me, I have the office number and mobile number and I can make contact at any time. Even early morning or late at night I will get reply to my text," "It is well run. What I like is the manager is open to everything" and "I think they are pretty good, of course I would recommend them."

The service was managed by the registered manager who had support from a care co-ordinator. The registered manager told us they were well supported by senior staff located at the provider's main office. The registered manager told us that she attended a monthly management meeting with managers from the provider's other services, where information about the service and best practice was shared. The registered manager told us the nominated individual [person who has responsibility for supervising the management of the regulated activity personal care] contacted her at least weekly to check and monitor the service.

Care staff told us the registered manager and the care co-ordinator were approachable, supportive and responsive. They told us they would not hesitate to call the registered manager at any time for advice and support. The care staff we spoke with were very positive about working for the agency. They told us they enjoyed their job and that there was good teamwork and good communication between staff.

The registered manager arranged regular staff meetings that were well attended by staff. During staff meetings the registered manager discussed any changes to the service with them and provided staff with learning in a range of topics to do with the service including; promoting independence, privacy and respect, customer care, time keeping and report writing. Care staff told us that they felt confident and comfortable to raise any issues to do with the service. A care worker told us they had raised an issue to do with the service, which had been addressed appropriately. Care workers told us that they had found that there had been a number of improvements recently made to the service. These had included better communication between care workers and senior staff.

The registered manager told us that she made sure that she kept up to date with relevant learning and training so she had the skills and knowledge to carry out her responsibilities and role. She told us that she was currently in the process of completing a qualification in leadership and management. The registered manager provided people with care when this was needed, during weekends and when a care worker was not available. She knew each person using the service and spoke of their varied needs and of the service they received from the agency.

The registered manager monitored staff training and made sure staff received relevant training so they could carry out their responsibilities in providing people with the care and support that they needed and wanted.

The registered manager knew when notifications about incidents and other events were required to be submitted to CQC. The registered manager spoke enthusiastically about the service provided by the agency and of the importance of the service meeting people's individual needs by considerate and kind staff.

People had the opportunity to feedback about the service during regular telephone calls, during spot checks and care plan reviews. A person's relative told us "They [service] ring and ask if there are any concerns regarding the carers and ask how things are doing." Some people told us they had not yet had the opportunity to complete a feedback questionnaire. A person's relative told us "No survey but the office called me for feedback regarding the new carer and I said they are getting on well."

A person's relative told us that they regularly called into the agency office and spoke with the registered manager who always asked them what they thought of the service and asked "How are things going?" Recent written feedback from people indicated they were satisfied with the service. A person's relative told us about how the service had been responsive to their feedback. They told us "In the morning [care worker] came at 8 am to 8.45. I told the office [Person] is sleeping at this time and they asked when I would like the carer to come; I said 10 am to 11 am. They have done this which is good."

The registered manager told us that she liaised closely with the local authority commissioning team and kept them informed of people's progress and of any changes in people's needs. Records in people's care plans confirmed this. The registered manager told us that she regularly attended local authority 'provider's forums' to engage with other managers and providers and to receive a range of relevant information from the host local authority.

Systems were in place to monitor the quality of the service and to make improvements when needed. Checks of people's care plans, visit records, accidents/incidents, staff supervision, staff training needs and care workers' performance were regularly carried out by the registered manager. Any areas of improvement were noted and followed up by the service. Following investigation into a missed call the registered manager had requested that a key safe system be installed to allow access by staff and minimise the risk of further missed calls.

The service had a statement of purpose that included its aims and objectives and description of its service. Policies and procedures to ensure the service was provided in a safe and proper way were in place. These were reviewed regularly and updated to meet current guidance and relevant legislation. Staff had signed that they had read some policies including health and safety and staff code of conduct. Summaries of significant policies were included in the staff handbook.