Mears Homecare Limited

Leicester Community Care Services DCA

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 9 August 2016 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 someone would be in the office. The service provided domiciliary care and support to people living in and around the Leicester and Leicestershire area. At the time of our inspection there were 110 people using the service.

The service had a registered manager. 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.

People told us they felt safe with the staff team from Leicester Community Care Services DCA. Both the management team and support workers working for the service had received training on the safeguarding of adults. Everyone we spoke with were aware of their individual responsibilities for keeping people safe from abuse and avoidable harm.

Risks associated with people's care and support had been assessed. This enabled the management team to identify and minimise any risks and enable the support workers to provide people's care and support in the safest possible way.

Staffing rotas were being monitored to make sure that their were sufficient numbers of support workers to met the needs of the people using the service.

The majority of people we spoke with told us that they received a consistent service from regular support workers. However four people raised some concerns regarding the timeliness of their calls and that they had not always received these from regular support workers. We shared these concerns with the management team for their information and action.

A robust recruitment process had been followed when new members of the staff team had been employed. This made sure as far as possible that only suitable people worked for the service. All new members of staff had been taken through a comprehensive induction and training relevant to their role had been provided. This made sure that the staff team had the skills and knowledge needed to properly support those in their care.

All of the support workers and members of the management team we spoke with felt that there was always someone available to talk with should they need help or advice and were confident that any concerns would be listened to and acted upon. The majority of support workers we spoke with felt supported by the registered manager and the management team.

A comprehensive assessment had been carried out prior to people's care and support packages

commencing. The people using the service and their relatives had been involved in this process and in the development of their plan of care. People's plans of care were centred on them as a person and included their likes and dislikes and preferences in daily living.

People were always asked for their consent before their care and support was offered. The staff team had been provided with training on the Mental Capacity Act 2005 (MCA) and both the management team and the support workers we spoke with understood its principles.

People using the service were supported with their nutritional and health needs. They were supported to access healthcare services when they needed them.

Support workers we spoke with understood their responsibilities for supporting people with their medicines in a safe way. They were aware of what they could and could not do with regards to people's medicines and only supported people with medicines that were prescribed by their GP.

People using the service told us that the staff team were caring and kind and treated them with dignity and respect.

People using the service and their relatives knew what to do if they were unhappy with the service they received. They knew who to speak with if they had a concern and were confident that any concerns would be dealt with properly. A formal complaints process was in place and this had been followed when a concern had been raised with the management team.

People using the service and their relatives had the opportunity to be involved in how the service was run. They were asked for their opinions of the service on a regular basis. This was through regular telephone calls and visits to people's homes and through the use of annual surveys. This showed us whenever possible people's views of the service were sought.

Monitoring systems were in place to monitor the service being provided. Members of the management team were regularly auditing the documentation completed by the support workers and the provider had a quality team in place to monitor the service as a whole. This enabled the provider to monitor the service on an on-going basis.

The registered manager was aware of and understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service felt safe with the support workers who supported them. Support workers knew how to keep people safe from abuse and avoidable harm.

A robust recruitment process was followed and staffing levels were monitored to make sure there were sufficient numbers of support workers employed.

Risks associated with people's care and support were always assessed and support workers supported people with their medicines in a safe way.

Is the service effective?

Good

The service was effective.

The staff team had been provided with a comprehensive induction into the service and they had the skills and abilities they needed to meet the needs of those they were supporting.

The staff team understood the principles of the Mental Capacity Act 2005 (MCA) and people's consent was obtained before their care and support was provided.

People using the service were supported with their nutritional and healthcare needs.

Is the service caring?

Good

The service was caring.

People using the service told us they were treated with respect and the staff team supported them in a caring manner.

Support workers knew the people they were supporting and knew their personal preferences for daily living because this information was included in people's plans of care.

People using the service were supported and encouraged to

make decisions and choices about their care and support on a daily basis.

Is the service responsive?

Good

The service was responsive.

People's needs had been comprehensively assessed before they had started using the service. This was to ensure that their needs could be met.

People using the service had been involved in the development of their plan of care.

Not everyone using the service received their support from regular carers or at consistent times.

People using the service knew what to do and who to go to, if they had a concern of any kind. Concerns raised with the management team were taken seriously.

Is the service well-led?

Good

The service was well-led.

People using the service told us that the service was appropriately managed and monitoring systems were in place to check the quality of the service being provided.

People using the service were contacted by telephone and visited regularly to ensure that they were happy with the service they received.

People using the service, relatives and members of the staff team were given the opportunity to provide their opinions about how the service was run.

Leicester Community Care Services DCA

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 9 August 2016 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 someone would be available to assist us with our inspection.

The inspection was carried out by 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.

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 they plan to make.

We reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

We also spoke with the registered manager as they were going to be on holiday when our inspection visit was due.

During our visit to the provider's office we were able to speak with the regional operation's manager, the care coordinator, two team leaders, the administrative officer and two support workers.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care and associated documents including risk assessments. We also looked at four staff files including their recruitment and training records and the quality assurance audits that the management team completed.

As part of the inspection process we spoke with 16 people who were using the service and one of their relatives. This was to gather their views of the service being provided. Five support workers were also contacted by telephone following our visit.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff team from Leicester Community Care Services DCA. They explained that the support workers who helped them did so in a safe way. One person told us, "Yes they [support workers] are fine and I'm very safe and pleased with them." Another explained, "When they [support workers] call they help me get out of bed. They are very good. I feel safe and at ease with them. It is working well."

The staff team had been provided with training in the safeguarding of adults when they had first started work at the service. From the records seen we could see that this training was being refreshed on a bi-annual basis. This meant that the staff teams knowledge and understanding of how to keep people safe was kept up to date. The support workers we spoke with understood their responsibilities for keeping people safe from avoidable harm and abuse. They were aware of the signs to look out for and they knew what to do if they identified anything of concern. One support worker told us, "I would report anything straightaway. I would tell if something was wrong, they [people using the service] might be withdrawn and quiet, there might be no food in the house and they could be suffering from neglect, physical or financial abuse. I would know instantly if something was wrong because I know them so well."

The management team knew their responsibilities for keeping people safe from harm. They knew the actions they needed to take if they suspected that someone was being harmed in any way. This included referring any concerns to the relevant safeguarding authorities and notifying the Care Quality Commission (CQC). We asked a member of the management team what they would do if a support worker rang the office to tell them they had a concern about someone. They told us, "I would let the team leader know because they know them [people using the service], I would note it on our system and inform [registered manager], social services would be informed and yourselves and the police if necessary." This showed us that the management team understood and followed the providers safeguarding processes.

Risks associated with people's care and support had been assessed prior to their care and support packages commencing. This assessment enabled the management team to identify and act on, any risks presented to either the person using the service or the staff team during the delivery of the person's care. We saw in the records we looked at that the risks associated with the moving and handling of people and the use of equipment during people's care and support calls had been assessed. An assessment had also been completed on the environment in which the care and support was to be provided. This included checking that there was suitable access to people's homes and checking that the appliances that the staff team used were in good working order. This showed us that the risks associated with people's care and support had been identified, wherever possible minimised and appropriately managed.

Emergency situations had been considered. Fire action plans were included in the records we looked at. These had been developed to protect the people using the service, their relatives and the staff team in the event of a fire. They highlighted to the staff team suitable escape routes and locations of any equipment available for use in the event of a fire. Support workers we spoke with were aware of these. One explained, "I know about it [fire action plan] If I go to someone new I always look at it along with the care plan." The

provider had a business continuity plan in place for emergencies or untoward events such as bad weather or staff shortages. This meant that the staff team had a plan to follow to enable them to continue to deliver a service should these issues or events ever occur.

We looked at the recruitment files of four people who worked at the service to check that the provider's recruitment procedures were being followed. We saw that they were. Previous employment had been explored and at least two references had been collected. A check with the Disclosure and Barring Scheme (DBS) had also been made. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce.

We looked at the staffing rota. This was being monitored on a daily basis to ensure that there were enough support workers to cover the calls required. The rotas we looked at showed that some people had regular support workers to provide their care and support, whilst others not so much. The member of the management team who was responsible for the rotas explained that due to the holiday season it had been difficult to always maintain regular calls but hoped that this would settle down once the holiday season had finished.

For people who needed support with their medicines, an assessment had been completed. This enabled the management team to ascertain the level of support the person required. Once established, this information had been transferred to the person's plan of care. This ensured that the staff team had the information they needed in order to support the person safely and in line with the provider's medicine policy. One person told us, "I do my own tablets, but if I have forgotten they prompt me and they will remind me." Another explained, "I do my own tablets but they remind me and she [support worker] gets the water." A relative told us, "They [support workers] are doing her leg creams properly now so things are getting better….and now [relative] is happier."

Support workers we spoke with understood what they could and could not do with regards to people's medicines. They told us that they could only assist people with medicines or creams that were recorded on the person's medicine administration record (MAR). They also told us that they could only prompt medicines that were either in a dossett box (a dossett box is used by pharmacists to dispense people's medicines safely) or from a packet that had a pharmacy label attached to it. One support worker told us, "I only prompt medicines. I pop the tablets in a pot using the no touch technique, I provide a drink of water and I watch them [people using the service] take their tablets then record on the MAR." The MAR charts that we saw during our visit had been properly completed with no gaps in signatures present. This showed us that the staff team followed the provider's policy on signing for medicines.

Good

Is the service effective?

Our findings

People we spoke with felt that overall the support workers who supported them knew them well and had the skills and knowledge they needed in order to meet their needs. One person explained, "They [support workers] are well trained, they are very good." Another explained, "Yes, I think they are well trained. They have the right attitude and they learn as well."

Support workers we spoke with told us that they had received an induction when they had first started work at the service and training had also been provided. The staff training records confirmed this. We checked the records for three new members of staff who had commenced work in the last six months. A comprehensive five day induction into the service had been completed and training such as safeguarding adults, food hygiene and moving and handling had been completed. This showed us that the staff team had the knowledge and understanding they needed to support people properly.

The support workers we spoke with felt supported by the management team. They told us that there was always someone available for advice or support. One support worker told us, "There is always someone available if you need them and they are very approachable." Another explained, "I do feel supported and I know if I needed to, I could go to them [the management team]."

We were told that support workers shadowed experienced members of the staff team when they first started working for the service. Records seen within staff files confirmed this. Shadowing provided new members of staff with the opportunity to learn the role of the support worker and what would be expected of them. One support worker told us, "I have had new carers shadow me. I give them the care plan to read and on day one they watch me then, on day two we switch and they are hands on."

We were told that annual appraisals, supervisions and spot checks were all being carried out with the staff team. Records we saw confirmed this. This enabled the management team to check that the support workers were carrying out the care and support they were supposed to do and working in line with the provider's policies and procedures. One support worker told us, "I've had a spot check where they check you have your uniform on and you're wearing gloves and I had an appraisal with [member of the management team] on Monday." One of the support workers however told us that they had yet to receive a spot check. A member of the management team told us that a spot check had been scheduled for them and was due to be carried out in the near future. One of the people using the service told us, "They've [member of the management team] been in touch to check it out and spot checked it [support worker's work]."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The management team understood their responsibility around the MCA. They explained that if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well.

Capacity assessments were available to use if the staff team felt that someone was unable to make a specific decision about their care and support. Where people had not been able to make certain decisions, it was evident that these decisions had been made in their best interests and by people who knew them well. People who were able to had signed to say they consented to their care and support and agreed with the information held within their plan of care. Where people had not been able to sign their plan of care, it had been recorded that they had verbally given permission for someone else to sign on their behalf. This showed us that people had been fully involved in making decisions about their care and support.

Support workers we spoke with had received training on the MCA and understood their responsibilities within this. One support worker explained, "It's important to make sure that if a person can't make a decision one day they can another. Just because they can't remember what day it is doesn't mean they can't decide what to have for lunch." Another told us, "If a person is able to make a decision and it is in their best interests we respect their wishes, there are occasions though when perhaps you need to step in and contact the office if a decision isn't in the person's best interest."

Support workers we spoke with gave examples of how they obtained people's consent before providing their care and support and the people using the service told us that the staff team always asked for their consent before they supported them. A support worker explained, "I always ask for permission first, like would you like me to make your bed, would you like a shower now, you can't force anyone to do something they don't want to do. We are only here to help, not take over."

Where people required support with preparing food and drink the necessary support calls had been arranged. Support workers had received training in food hygiene and they made sure that people had the required food and fluids to keep them well. One support worker told us, "[person using the service] tells me what they want for lunch and I ask what they would like for their tea. I always make a drink and leave them with a hot and a cold drink." Another explained, "I always offer a choice at mealtimes, I make them a hot drink and always leave a glass of water within reach." The Majority of people using the service who were supported with a meal time call felt that they were supported well. One person told us, "They help me do my meals. I use a micro so they just prepare it and they do this nicely and serve it well. They do sandwiches and these are done to look nice as well. They also try to tempt me to eat if I am not hungry…and they do drinks for me." Another explained, "Yes, it's [their meal] prepared and presented nicely and done well and she tidies up after and we have a chat." One person however did tell us, "Some of the food they provide is not very well done… just a slice of cheese dropped on the toast. It doesn't look very nice or even easy to eat. That is not nicely presented; they can easily make it much nicer."

It was evident that support workers monitored people's health and wellbeing. Where concerns about people's health had been identified, the office had been contacted and the necessary steps had been taken to support the person in accessing the healthcare support they needed. For example, a support worker had contacted the office because one of the people using the service was in a lot of pain. A member of the management team contacted the person's GP to request for a visit, organised the collection of a prescription and ensured that the district nurse was fully informed of the situation so that the person could

receive appropriate pain relief. This showed us that the staff team took the health and welfare of the people using the service seriously.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff team who supported them were caring and they treated them with respect. One person told us, "They help me have a shower….that's done carefully and safely and they are polite and respectful." Another explained, "They have been very good. We've used them for a few months. Yes, we are treated very well by them. We could not have managed without them. They are very good carers and they help [their relative] as well….yes they are very considerate in the house…. respectful and polite. They are like family now." A relative told us, "We have had a big recent change round with some new carers who are a lot better. More considerate and more diligent and the lady now is checking with [their relative that they are happy with the carers]."

People were made to feel that they mattered. A member of the management team gave us an example of how they supported the relative of one of the people using the service. Their relative had Alzheimer's and they had struggled to understand some of their behaviours. The staff member accessed information from the Alzheimer's Society and Dementia UK websites. They then took time to discuss with the relative, their loved ones illness and gave them the reading material for their information. This information was also made available to the rest of the staff team for their further learning. This showed us that people mattered to the staff team. A support worker told us, "I love my job, I enjoy trying to make a difference and you can make a difference."

People using the service told us that their dignity was maintained when personal care was provided. One person told us, "They [support workers] visit me twice a day, morning and evening. Yes, they help me get washed and dressed. They are polite and respectful." Another person explained, "The girls are kind and considerate."

People we spoke with told us they were involved in making decisions about their care and support on a daily basis. One person told us, "Yes, they are considerate in the house and they will ask me first if they need to go to another room." Another person explained, "The carers call in the morning and they help me get up, [support worker] is very nice. She does everything for me whilst she is here and she asks me if there is anything else before she goes, She is very good and they respect what I choose to do."

Support workers gave us examples of how they maintained people's privacy and dignity when supporting them. One told us, "When I'm helping someone for example to have a strip wash, I always cover their top half with a towel when I'm washing their bottom half and then the same when I'm washing their top half." Another explained, "It's about being prepared. By having everything to hand when helping someone with a wash or a shower means they aren't undressed for long periods of time."

Support workers we spoke with explained that they ensured that people were offered choices when providing their care and support. One support worker explained, "I always ask people what they want for breakfast and give them a choice of tea or coffee." Another told us, "I always give people choices like what to wear and I always try to get them to do as much as they can for themselves, it is important."

Support workers we spoke with knew the care and support needs of those they were supporting. The majority of support workers told us that this was because they visited people on a regular basis. However two support workers told us they used to have regular calls but this hadn't happened lately. One support worker told us, "I love the people I go too, I have regular ones and that's nice, you know what they want and they know you." Another explained, "You get to know the people you look after, which is nice." A support worker who explained that they didn't always have regular calls told us. "If you go to people on a regular basis you get to know them and get to know when they are not well. I think people are less likely to share they are not feeling so well with someone they don't know." They did explain that when they went to people they didn't know so well they always read the plan of care to ensure that the persons care and support needs were met.

People's plans of care included their likes and dislikes and how they wanted to be supported. For example one person's plan of care stated, "Please be patient as I can be very slow." Another person's plan of care stated, "Please ask me what I would like for my lunch meal and please give me a choice." This showed us that the support workers were provided with the information they needed to enable them to meet the individual needs of those they were supporting.

There were processes in place to ensure that information about people was treated confidentially and respected by the staff team. A confidentiality policy was in place and support workers we spoke with understood their responsibilities for keeping information confidential. The staff team were reminded of the importance of maintaining confidentiality during staff meetings. People's plans of care were kept secure and the computers used at the service were password protected. The room in which people's records were kept in was also kept locked when not in use. This showed us that the staff team made sure that people's personal information was securely and safely stored.

Good

Is the service responsive?

Our findings

People using the service told us that they had been involved in deciding what support they needed and had been involved in the planning of their care. One person told us, "They [member of the management team] came and saw me. They did a care plan with me and due to my not walking or being able to bend they now do my wash twice a day and then they help me at night. Help me get into bed. They call three times a day. Yes, it was all agreeable to me." A relative told us, "They set up a care plan and it involved us."

The management team explained that people's care and support needs were always assessed. The paperwork we looked at confirmed this. They explained that a visit was always carried out at the person's own home and an initial assessment was then completed. This enabled them to identify the persons care and support needs, assess any risks associated with their care and support and satisfy themselves that the person's needs could be met.

Once all of the relevant information had been obtained, a plan of care had been developed. The plans of care we looked at included people's individual preferences with regard to how they wanted their care and support to be provided. They showed the reader their likes and dislikes, for example one plan of care showed that the person liked to use a sponge and flannel and water with a little bubble bath when washing. Their plan of care also informed the reader that they liked to have a blanket over their knees when sitting in their chair and they liked to sleep with the lamp on and the curtains drawn. Another person's plan of care included the name they preferred to be called and the supermarket they preferred the support workers to visit when completing their shopping call. This showed us that the support workers were given the information they needed to enable them to provide the care and support that people wanted and preferred.

Support workers we spoke with told us that there was always a plan of care in people's homes and they had the information they needed to meet the needs of those in their care. One support worker told us, "There is always a care plan, If I go to someone new I always read the care plan and I talk with them to make sure I help them in the way they want." Another told us, "I check the care plan and I always check the daily notes to see what support had been given the day before."

The management team explained that people's care and support packages were reviewed on a regular basis. People's care records confirmed this. People were either being contacted by telephone or visited in their own homes every three months or sooner if needed to ensure that they remained satisfied with the care and support they were receiving. One person told us, "Yes they do a review each year and they come round regularly and check the books."

People we spoke with told us that they received the care and support they needed. They told us that they mostly had regular members of the staff team who supported them. One person told us, Yes, I mainly have regulars….I prefer regular staff. I've had the regulars a while." A relative told us, "It's mainly regulars now [support workers] who are better than the previous ones. They [management team] seem to be onto it." When asked, one person did say that they had different support workers. They told us, "It seems there was a change around recently and each day I can get a different person at a different time. I'm not getting very

regular staff. If it keeps happening it's not good enough….I have got used to the different staff though and I do know them from amongst a pool who may call….so, they are not complete strangers."

We asked the people using the service if their support workers arrived on time and stayed for the right amount of time. All of the people we spoke with told us that the support workers stayed the right amount of time, however whilst 13 of the 17 people we spoke with were happy with the times of their visits, four told us that the times of their calls changed which they were not happy about. One person told us, "They are ok. They are reliable and she comes when I want her to call." Another explained, "Well the care ladies are fine, they are good, but I'm now getting times in the morning all over the place and I don't get my regular…..they have her calling on other people instead…..and I don't know now who is calling each day until Monday." Another person told us, "The staff are mainly on time. They used to come at very different times and these need to be the same and they are expected at set times. It's still too variable. One day they will call at 6 30 am and the next day its 10 am. A fourth person explained, "It's working well….They call on time and if not, then it's just a few minutes…They've not let us down." Another comment received stated, "I call them [management team] and I think they are trying to rectify the problems….but I'm not really aware if its better and they still do not ring me. It can mess up the whole day."

We shared these findings with the management team so that they were aware of the impact this was having on the people using the service. They told us they would act on the issues raised.

Everyone we spoke with told us that the support workers had the time to carry out the care and support they required. One person told us, "They never rush me. They spend the full time unless I can let them get away….and if it's all done I don't mind if they get away." Another person explained, "They do a wash for me. Yes, take the time to do it right. They spend the full time here."

There was a formal complaints process in place and the office contact details were included in the information held in people's homes. The people we spoke with knew who to contact if they had a complaint or concern of any kind. One person told us, "Yes, I can get in touch with them ok [management team]….and they get back to me if it's needed. [Member of the management team] is very good." Another person explained, "We've had to say something to get things done and they know we've been unhappy. Yes, it is getting better. Now it needs to stay better. In the past the care was not good enough but now it's good….but needs to stay good. It's been in the last month that it has much improved but it needs to be kept. They still have an odd lapse but it's much better now."

Where a complaint had been received, the management team had followed the provider's formal complaints process. The concern raised had been acknowledged in writing within the providers timescales. It had been investigated properly and the findings of the investigation had been shared with the complainant. Where it had been identified that changes to practice were needed, this had been actioned. This showed us that when a concern had been received, the management team had taken it seriously and dealt with it appropriately.

Good

Is the service well-led?

Our findings

People we spoke with told us they felt that overall, Leicester Community Care Services DCA was well managed and the management team were open and approachable. They told us they could get in touch with the office and the office staff were easy to get on with. One person told us, "Yes, I can get the office ok and they are ok as well." Another told us, "I'd tell them [management team] if it was not right, [their care and support] but I've not needed to."

A healthcare professional contacted following our visit told us, "[Registered manager] is passionate about her work, she is committed and wants to do a good job."

People we spoke with told us that they could contact the management team if they had any issues about their care and support and felt that they would be listened to. One person told us, "They are generally OK at the office and they do what they can." Another explained, "I can tell them what I want and I have my say and can get in touch with them as well."

People using the service had been given the opportunity to share their views and be involved in developing the service. A member of the management team had either contacted people by telephone or carried out a visit to people's homes every three months. This was to review their plan of care and to make sure that they remained happy with the care and support they received. One person told us, "Yes, they come and see me and do a review each year and they do some spot checking….It's quite regular which is good." Another person explained, "Now and again they [member of the management team] check up on it all and we fill in forms about it [the service they receive] with them."

The registered manager had commenced the use of annual surveys to obtain people's thoughts of the service. This year's survey was sent out in June 2016. Comments included in returned surveys included, "Super service, thank you." And, "When a delay for worker, it would help if I know without ringing to find out why no worker has turned up." And, "Because of the help I receive, I feel cared for." And, "Dad has some exceptional carers who go the extra mile." The management team explained that once all of the surveys had been returned the information included would be collated and made available to all interested parties, including the people using the service.

The majority of the support workers we spoke with told us they felt supported by the registered manager and the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One support worker told us, "I do feel supported, [registered manager] is lovely, I find her approachable." Another explained, "You can contact the office any time, there is always someone available." One support worker did feel that they were at times left on their own to deal with things however, they knew they could contact the office if they had any issues and were confident that they would be listened too.

Staff meetings had taken place. These meetings provided the support workers and the management team with the opportunity to be involved in how the service was run. One support worker told us, "We have meetings and any concerns or issues can be raised." Another stated, "We do have staff meetings, I think

communication here is good." Monthly newsletters were produced and staff were also encouraged to visit the services office. This showed us that there was effective and open communication between the management team and the support workers.

Issues discussed in meetings held and within newsletters created included the importance of staying for the duration of people's calls, the importance of not hoisting people alone and the importance of ensuring that the staff team always had an ample supply of gloves and aprons. August's newsletter also included a quiz for the staff team to complete on the MCA. This showed us that the staff team were continually reminded of their role and responsibilities as a support worker.

Anonymous staff surveys had also been used to gather the staff team's thoughts of the service being provided. Information in the surveys returned had been collated and analysed. The results of this year's survey was positive with communication within the staff team rated as very good by the majority of staff members who completed the survey.

Support workers were aware of the provider's whistleblowing policy. They told us they would not hesitate to use it if they were concerned about a colleague's performance. One support worker told us, "I would whistle blow, I would go to someone I trusted [on the management team] and I know they would act if a concern was raised."

The management team explained that regular audits had been carried out to monitor the service being provided. This included the auditing of care files, medicine records and daily records. Once returned to the office, this documentation was checked and where shortfalls were identified, these were acted on. For example, it was noted in one person's record that a support worker had missed one signature on their MAR chart. The auditing process picked this up and the support worker was called to the office for a meeting to reaffirm the importance of accurate record keeping. This showed us that the auditing of records was working effectively.

The regional operations manager explained that they and the registered manager held a monthly business review. At this meeting accidents and incidents and any safeguarding notifications were audited and any trends identified. The provider also employed a quality team whose responsibility was to carry out a full quality audit of the service being provided by Leicester Community Care DCA. This was an annual audit and we were told that this was due to be carried out in the near future.

Support workers on the whole spoke positively and showed a good understanding and commitment to the provider's overall values of the service provided. One support worker told us, "Our aim is to keep people safe and happy in their own home, to provide care and support and fulfil their needs." Another explained, "Our job is to provide person centred care, to promote people's independence and enable them to live as independently as possible in their own home." This showed us that the support workers understood the provider's aims and objectives.

The registered manager was aware of and understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.