Servicescale Limited

inTouch Home Care

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

InTouch Home Care Limited is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection the agency supported approximately 84 people with personal care and employed 88 care staff.

We inspected this service on 18 October 2016. We told the provider before the visit we were coming so they could arrange to be there and for care workers to be available to talk with us about the service.

This service was last inspected on 14 November 2013; we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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.

Staff understood their responsibility to protect people from abuse and people felt safe with care workers that provided their care. There were processes to minimise risks to people's safety, these included procedures to manage identified risks with people's care and for managing people's medicines safely. Care workers were properly checked during recruitment to make sure they were suitable to work with people who used the service.

People told us they were supported by care workers who they knew and who had the right skills to provide the care and support they required. Care workers understood people's needs and abilities as they visited the same people regularly and had time to get to know people and read their care plans.

People felt involved in their care and care plans provided guidance for staff about how people liked their care delivered. Plans were regularly reviewed to make sure people continued to have the support they needed.

There were enough care workers to deliver the care and support people required. Care workers received the training and support they needed to meet people's needs effectively. People told us care workers were kind and respected their privacy, dignity and independence.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People made their own decisions about their care and had given agreement for the care to be provided. Care workers respected people's decisions and gained people's consent before they provided personal care.

People knew how to complain and information about making a complaint was available for people. Care

workers said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

The management team checked people received the care they needed by monitoring the time care workers arrived at people's homes, reviewing daily records and through feedback from people and staff.

The provider's quality monitoring system included asking people for their views about the quality of the service through telephone conversations, visits to review their care and questionnaires. There was a programme of other checks and audits which the provider used to monitor and improve 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.

Care workers understood their responsibilities to keep people safe and protect people from abuse and avoidable harm. Risks to people's health and wellbeing were assessed and actions agreed to minimise the risks. There were enough care workers to provide the support people required. The provider checked care workers were suitable to deliver personal care before they worked with people in their own homes. People received their medicines from care workers who were trained and competent to do this safely.

Is the service effective?

Good

The service was effective.

Care workers completed a programme of training and were supervised to ensure they had the right skills and knowledge to effectively meet people's needs. The registered manager understood the principles of the Mental Capacity Act 2005 and care workers respected decisions people made about their care. People who required support with their nutritional needs had enough to eat and drink during the day and the service involved other healthcare professionals to maintain people's health and wellbeing.

Is the service caring?

Good

The service was caring.

People received care and support from care workers they were familiar with and who understood their individual needs. People told us care workers were caring, respected their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs and abilities were assessed and people received a service that was based on their personal preferences. Care plans were regularly reviewed and care workers were kept up to

date about changes in people's care. People knew how to make a complaint and were confident that complaints would be dealt with promptly.

Is the service well-led?

Good

The service was well led.

People were satisfied with the care they received and were encouraged to share their opinion about the service provided. Care workers received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the management team. The registered manager provided good leadership and regularly reviewed the quality of service people received.

inTouch Home Care

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.

The office visit took place on 18 October 2016 and was announced. We told the provider we would be coming so they could make sure they and care workers would be available to speak with us. The inspection was conducted 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.

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. The PIR gave us good information about the service.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Before the office visit we spoke with ten people (seven people who used the service and three family members) by phone. During our inspection visit, we spoke with the registered manager, the head of operations, two care co-ordinators, the field care assessor and three care workers.

We reviewed four people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

All the people and relatives we spoke with told us they felt safe with the care workers who visited them. For example, one person said "Yes, I'm comfortable with them in the house." People said they felt safe as they had regular care workers that they knew. People told us they would ring the office and speak to the registered manager, care co-ordinators or the field care assessor if they had concerns about their safety.

The provider had a safeguarding policy and procedure to protect people from harm. This included safeguarding training for staff so they knew how to protect people from abuse. The registered manager told us that the safeguarding training included understanding the safeguarding policy and scenarios of poor care practice and what staff might encounter. The registered manager said, "The video is quite hard hitting and includes how care workers could abuse clients. We really drum it into staff about recording and reporting. No matter how small, any inclination something isn't quite right, report it. Sometimes little things can add up to something more significant."

Staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. One staff member told us, "I know about abuse as I've had training in safeguarding vulnerable adults. This made me aware of what to look out for. If I was concerned about anything I would ring the office and report it." Care workers understood the signs of abuse and told us this could include unexplained bruising or neglect by not providing the care people required. They said any concerns would be referred to the registered manager or office staff and they were confident concerns would be acted on. Care workers told us, "I have no concerns about the people I visit but I would report to the office if I did." The registered manager understood their responsibility for reporting any concerns they had to the local authority safeguarding team and to us. The provider also had a whistleblowing policy and procedure which meant staff knew they could share concerns about other staff's practice in confidence.

There were systems and processes to minimise risks to people's health and wellbeing and to staff's safety. The field care assessor visited people at the start of the service to ask them about their care and support needs. They assessed risks to people's needs and abilities and their home environment. People's care plans included the actions care workers should take to minimise the identified risks. For example, for people who required equipment to move around, there were instructions for staff about people's mobility aids. Where a hoist was required care workers were reminded two staff were needed to carry out the transfer. A care worker told us, "The risk assessment will tell you how many staff are needed and if you need to use a hoist, how to check the sling and attach it to make sure it's in the correct position." We asked people if they required equipment to help them move around, some people said they did. One person told us, "Yes I use a hoist and staff know how to use it." Another said "I've got a standing frame and they know how to help."

Where people were at risk of skin damage due to poor mobility, care plans instructed care workers to check skin for changes and to report any concerns to the office staff, who would contact the district nurse. Completed records of calls showed care workers carried out checks as advised. If any changes were identified they completed a body map to show were the skin changes were and reported the changes to the office so they could notify the GP or district nurse. The management team made sure people had the correct

equipment to minimise skin damage where required. For example, they involved an occupational therapist for people assessed at high risk of skin damage, to make sure they had pressure relieving mattresses on their beds and cushions on chairs.

There were enough staff to deliver the care and support people needed. Most people we spoke with said staff arrived on time, did not rush, stayed for the expected time and completed all of the care that was needed. People told us, "Yes they arrive about the same time," and "They arrive on time and do everything before they leave." Although one person did tell us, "Yes, they arrive on time, it's just they are usually in a rush."

Care workers told us they always had enough time to deliver the care and support people needed. They said, "I have plenty of time allocated for each call. I visit the same people regularly, they all live in the same area and as I walk I get there about the same time each day." Another said, "We don't need to rush. We stay and do everything we have to before we leave." Care workers said if they did need to stay with someone in an emergency, they called the office who would phone the next person on their rota to let them know they were running late. People confirmed they were told if their care worker was likely to be late. One person told us, "They usually phone to say if they are running late."

The provider used an electronic system for scheduling and monitoring calls to people. This showed calls people required were allocated to care workers at specific times and included the time allowed for the call to take place. The monitoring system recorded when staff had logged in and out of calls so the office staff knew where staff were. A co-ordinator told us the system alerted them if a care worker had not logged in to a call at the time expected. They would then contact the care worker to check where they were, and the reason for any delay. This minimised the risk of people receiving late or missed calls.

The provider had an out of hour's system when the office was closed. Care workers told us this reassured them that someone was always available if they needed support.

The provider had a business continuity plan to make sure they could respond to emergency situations such as adverse weather conditions or staff unavailability. People's safety in the event of an emergency had been considered. For example, calls would be prioritised for people who lived on their own and relied on care staff to give their medicines, or who were unable to get themselves food and drink.

We looked at how accidents and incidents had been managed. We saw these had been recorded on the person's file, and actions had been taken where necessary to reduce risks of the event happening again. For example risk assessments had been revised and actions staff should take recorded.

People were protected by the provider's recruitment practices. The registered manager checked staff were of good character before they started working for the service. They checked with staff's previous employers, obtained proof of identity, their right to work and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care workers told us they did not work with people until all the checks were completed satisfactorily. The registered manager told us that to ensure they recruited the right sort of care worker, during recruitment they not only looked at an applicant's work experience, but also the type of person they were, to make sure they had the right attributes and values to work for the service.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. Where care workers supported people to manage their medicines it was recorded in their care plan. People told us they were satisfied how they were

supported to take their medicines. A family member told us, "Yes we collect them from the chemist each month; they are in a box with what the medicines are and when they should be taken. I have no worries about this."

Care workers told us, and records confirmed; they had received training to administer medicines and had been assessed as competent to give medicines safely. Care workers we spoke with were confident they knew what to do and said they checked medicines against a medicine administration record (MAR) sheet, recorded in people's records that medicines had been given and signed to confirm this on the MAR.

MARs were checked by staff during visits and by the field care assessor during spot checks for any gaps or errors. There was an auditing process to check the MARs had been completed accurately when they were returned to the office. Completed audits showed where errors were identified, staff had been asked to confirm whether the medicines had been administered. The completed MARs we looked at in people's office files had been accurately signed and dated by staff when medicines were administered.

Good

Is the service effective?

Our findings

People we spoke with thought care workers had the right skills and knowledge to provide the care and support they needed. Comments from people included, "Yes, they all seem to do the job properly," "Yes, they know what they are doing," and "Yes they seem quite capable."

Care workers told us they completed an induction, which included reading the provider's policies and procedures, shadowing experienced staff and completing training. The registered manager told us the induction followed the principles in the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Care workers' competency was checked during the induction to make sure they understood the training and their responsibilities.

Staff told us after their training and shadowing experienced staff, they felt prepared by the end of their induction programme. One care worker told us, "I was very nervous initially as this was my first job in care. The shadowing and training was great, it gave me confidence to work with people and understand how to do things." Care workers told us the training was good because it was very thorough and linked to people's needs. Comments included, "I enjoyed the training and I learnt a lot. We have regular updates as well." Another said, "I was shown how to use a hoist, how to check to make sure it's safe to use, and how to put the sling on properly. I have the confidence to do the job properly."

A training programme was in place that included courses that were relevant to the needs of people using the service. The provider considered some training as mandatory for staff working in care, this included moving and handling people, safeguarding adults from abuse, and medication awareness. The majority of the mandatory training was carried out by the registered manager, who was a qualified trainer. The registered manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. Training records confirmed staff completed training and had their training refreshed in line with the provider's timescales.

Care workers' skills, competence and behaviours were continually assessed through observations of their practice at 'spot checks' at people's homes. Care workers told us, "We have regular spot checks, we never know when they will turn up. They watch what we do, check the records and MARs, speak with the person and give us feedback about our practice," and "They do spot checks to see we are working to the care plan and provide the right standard of care."

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 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA). The provider understood their responsibilities under the Act and provided training for staff about the MCA and about obtaining people's consent to receive care.

People told us care workers respected their right to make decisions and obtained their consent to provide care. One relative told us, "[Care worker] talks through things and tells them what they are going to do, they do ask." People and relatives remembered signing to give consent for the care and support to be provided, comments included, "Yes [person] has signed it. It is his care and he makes the decisions." "My [relative] has a head injury; I am in charge of the care, he has a care plan."

Care workers understood the principles of the Act. They told us all the people they visited could make their own decisions, or had a close relative who supported them to make decisions in their best interests. One care worker said, "MCA is about people making their own decisions. All the people I visit have capacity to do this. I do visit one person living with dementia. I try to support them to make everyday decisions, it's about offering the right choices. I find showing the person the options is much better than asking them and not giving too many options is important, keep it simple." Another told us, "If I was concerned about anyone's capacity, I would phone the office, they would arrange for a social worker to visit them." Care workers were confident the registered manager would address their concerns by assessing the person's capacity and involve other health and social care professionals if decisions needed to be made in people's best interests.

Care plans included a capacity assessment completed at the start of the service and informed staff, "All carers to assume capacity unless otherwise recorded in the care plan. Consent should be gained for all daily support decisions." Instructions were also available for staff if people were unable to give consent. Care workers knew that people had the right to refuse care. One care worker said, "I always ask for consent before I do anything, sometimes people refuse. If so I have a little chat and then ask again, this usually works but if they continue to refuse, particularly to take medicines I would record it and inform the office. If it was refusing medicines they would contact the persons GP."

Most people told us they or their relative provided their meals and drinks. People who relied on care workers to assist with meal preparation were satisfied with the support they received. Most people said care workers prepared cereals and toast for breakfast, reheated ready-prepared meals at lunchtime, and prepared sandwiches. They told us, "Yes they help make my meals," and "Yes they always ask me what I want." Care plans included people's preferred food and drinks. Care workers spoken with said they always made sure people were left with drinks of their choice before they left. People confirmed care workers left a drink if they were unable to prepare their own. One person explained, "Oh yes I can have tea or coffee or anything I want". Another told us "Yes they always leave water; I have to drink a lot of water."

Most people we spoke with managed their own health care appointments, although some said care workers would assist in making appointments if they asked. People told us, "Yes they get a doctor or nurse," "Yes they have done," and "I think if I wasn't well they would do it." People's care plans included their medical conditions so care workers could offer support with this and knew the signs to look for that might indicate a person was unwell. For example a care worker told us one person they visited had a stoma (an opening through their stomach for waste products). Another said they visited a person with a 'PEG' percutaneous endoscopic gastroscopy tube. A PEG is a way of introducing nutrition and medicines directly into the stomach when people have difficulty swallowing. Care workers said they had been trained to support these

specific conditions so they could monitor if medical interventions were required. For example, the care worker told us about Stoma training, "I had not seen this before, I had training with the person so I know exactly how they like it done. When I change the bag, I always check for any redness or white blotches as this could indicate colitis. Any concerns I refer them to the office and they contact the district nurse." Care workers told us, if a person was unwell during their call, they would ask the person if they would like to see a doctor, contact a family member and contact the office. Records showed health professionals were consulted where concerns had been identified, for example referrals to the occupational therapist for assessment of people's mobility. People were supported to manage their health conditions where needed and had access to health professionals when required.

Good

Is the service caring?

Our findings

All the people we spoke with agreed that care workers had a caring attitude and were respectful. Comments included, "Yes they are great," "My carers are lovely," and "They are always pleasant and always ask if I want help or anything else doing."

During our discussions, care workers demonstrated they cared about the people they supported and understood the importance of developing positive relationships with people and their families. A member of staff told us, "We are like a family. We always have a laugh and joke about things." Another said, "I love my job and all my clients. I always ask is there anything else I can do for them before I leave, and I mean it, nothing is too much trouble."

The registered manager told us to ensure the service was caring it was important to recruit the right sort of staff that had the right attitude to work for the service. They said, "During the recruitment process we make sure staff have the right ethos and values. We ask them to complete a written summary about what care work means to them and during the interview we also give them different scenarios of care practice and what they might encounter. For example intimate personal care, so we can gauge their reactions and see whether they are able to carry out their role as we would expect them to."

The registered manager and care co-ordinators made sure people were able to develop good relationships with staff by regularly allocating the same care workers to people. This supported care workers to learn about people's needs and abilities and get to know and understand them well. The registered manager told us and records in staff files confirmed, that some care workers had completed profiles which told the reader a little about them, their interests and included a photograph. The registered manager said if possible new clients were given the profiles so they could choose which care workers suited their needs or who they preferred. The registered manager also told us they had obtained 'life story work' from some people or their families so staff had more information about people. This included a photograph of the person (with their consent) so staff working in the office knew what people looked like and could put faces to names when they talked on the telephone.

Care workers confirmed they visited the same people regularly and told us continuity was important so they could gain people's trust and develop a good relationship with people. Most people told us care workers had time to sit and talk to them. People's comments included, "Depends, if they have five minutes spare they will sit and chat. We ask about their families and we like to have a laugh." "Sometimes when they have time." "Yes, to find out if anything has happened since the last visit or night before." Another said, "Yes; but not in the evening as my slot is only fifteen minutes, so it's a rush."

The providers PIR completed by the registered manager told us how they promoted people's dignity. "We have a 'Dignity Tree' and dignity wall in the training room, we try to ensure that dignity and person centred care is embedded in the care that we provide." We saw the information on the training room wall about dignity encouraged staff to treat people as individuals. People who used the service had written on the leaves of the tree what dignity and respect meant to them. Comments people had written included,

"Allowing people to be independent." "Being polite and respectful" and, "See me as a person not a disability."

Care workers said they treated people who used the service with respect and "in the same way I would treat a relative and how I would want to be treated myself." A care worker told us, "We treat all our clients with respect. We find out information from them about how they like their care provided and how they like to be addressed. These little things are important to people, we like to make people feel valued and at the centre of their care. It's all about them not us."

People told us care workers treated them with respect and were satisfied with how their privacy was maintained. They told us, "They keep it all very private they are very good." Another said, "They always stand outside the door while I use the toilet and then come back in." Care workers told us they understood the importance of maintaining people's privacy by closing curtains and doors and protecting people's dignity by wrapping a towel round their lap while washing their upper body. Records showed that staff's behaviour, and the way they interacted with people, was regularly observed and monitored during spot checks to ensure people were treated with dignity and respect.

People told us they were supported to maintain as much independence as possible so they could remain at home. The language used in care plans, for example, 'encourage' and 'assist', promoted people's independence by reminding staff to support and enable people rather than 'look after' them. Care workers said they had enough time 'to do things with people rather than for people'. One care worker told us, "I regularly ask clients to help me prepare their meals and drinks, particularly lunchtime and evenings when we have a bit more time; mornings can be a bit full on." The registered manager said supporting people's independence was easier to achieve and maintain in the 24 hour packages as care workers were not restricted by time.

People said they felt involved in their care and made decisions about how their care was provided. People told us, "Yes, I make my own decisions" and "Yes, very definitely."

Good

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started. They said that close relatives, or people who were important to them, were involved in planning their care if they wanted them to be. The registered manager told us, "At the assessment at the start of the service, [Field care assessor] will involve the family, an advocate or social services if needed. We find out about the person's preferences. People are always at the heart of our service so we find out people's expectations at the beginning and how they want us to meet these." We saw in peoples care plans their expectation had been recorded. For example, one plan included, "I want to remain at home as long as I can with the support of my [family member] and carers."

We asked people if they had regular care workers that knew their likes and preferences. They told us they did, for example, "Yes, they do," and "Yes they learn; like with buttons, it is better for them to do the buttons on my shirt because I can't see to do fiddly things."

Staff told us they visited the same people regularly so they got to know how they liked their care provided. They said from information in care plans, the daily records and from asking people, they understood people's needs, abilities and preferences for care. One care worker told us, "I know all my clients really well, I know their likes and preferences and how they want me to do things." The registered manager told us, and records confirmed; that most people were provided with a list of their regular care workers and their photographs. This supported people to know who would be calling. The registered manager told us feedback from relatives who had family members living with dementia found the care worker photographs useful as their family member could indicate which care worker they were referring to.

We looked at the call scheduling system and the schedule of calls for the people whose care we reviewed. These showed people were allocated regular care workers and calls had been scheduled in line with people's care plans.

The registered manager told us an initial assessment of needs was carried out before the service started to make sure the service could meet the persons' needs. Following the initial assessment a care plan was completed to match the person's needs and abilities. The registered manager told us office staff phoned people during the first ten days after starting with the service, to check people were happy with their care, the care workers and the times of calls. This ensured that any changes needed were made promptly.

Care workers told us care plans in people's homes were up to date and accurately described people's needs, abilities and preferences. They told us the care plans informed them what to do on each call. People told us they had reviews of their care to make sure it continued to meet their needs. Comments included, "Yes, we had one a couple of months ago," and "Yes, the last one was about four months ago." Care workers said they would always phone the office if they noticed a person's needs had changed. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs.

We looked at four people's care records. Care plans we viewed provided staff with information about the

person's abilities and dependencies for personal care, medication, nutrition and mobility. There were instructions for staff to follow that described how people wanted to receive their care and what they needed to do on each call. For example; how staff should support people who required assistance or equipment to move around. One plan advised, "Please be smiley and happy around me, this enables me to remain positive." Plans we viewed had been reviewed regularly and updated when people's needs changed. Plans had been signed by people or their relative which showed they had been involved in planning their care.

The provider's complaints policy was explained in the service user guide that each person had in their home. Details of how to make a complaint was also included in their care plan folders. People said they had access to the necessary information to make a complaint and would feel comfortable raising a concern or complaint. People told us, "Yes, I will say if there is a genuine problem" "I would definitely feel comfortable," and "Well yes, but I'm happy with the way they treat me." Other people told us they would contact the office if they had concerns. People who had made a compliant were satisfied with the outcome. Two people we spoke with had made a complaint, they told us, "Yes (made a complaint) and they were excellent," and "Yes a slight one (concern) it was fine"

Concerns and complaints had been recorded and the registered manager had followed the organisation's complaints policy to respond to them in the required time frame. The registered manager told us all formal complaints received were recorded so they were able to take appropriate action and identify any emerging trends. The provider and registered manager analysed complaints for trends and patterns. No trends had been identified in the complaints. On a recent audit of complaints by the provider the head of quality had recorded 'Coventry manage their complaints with a high level of efficiency, often closing a complaint within 48 hours.'

Good

Is the service well-led?

Our findings

We asked people if they thought the service was well managed, eight of the ten people we spoke with thought it was. Most people told us "Yes it is" [well managed], although one person told us, "I hesitate on that. The office gives us a rota each week of people coming to see us, occasionally that has to be changed. Too many staff went away on holiday in the summer and left me in quite a state, one call was over one and a half hour late. I think an additional person capable of floating around would be useful." During our discussions with the registered manager they told us at weekends they now had a 'stand by' member of staff to cover staff sickness or short notice absence so that disruption to people's call times was minimal. All the people and relatives we spoke with were happy with the care workers and the service they received.

There was a registered manager for the service who understood their responsibilities and the requirements of their registration. For example, they knew which statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR), as required by the Regulations. We found the information in the PIR reflected how the service operated.

The registered manager and staff shared the provider's values and aims to deliver person centred care. The registered manager told us they were proud of how staff worked well together. They said, "Everyone here has a passion, we make a difference to people's lives. We support staff to provide good quality care by providing support and training which in turn helps people who use the service receive better care." A care worker told us about their role, "I love it. It has completely changed my life. I now have much more patience in all aspects of my life and my attitude to older people has totally changed. I think as a society we don't value older people too well. We are able to help people stay at home."

Care workers told us they enjoyed their role and thought the service was good to work for. One told us, "It's such a person centred service, the office staff are very good at looking at the person as an individual. They know all the clients and the staff who go into them, which is great." Another said, "Communication between us [care workers] and the office staff works really well, you can come to them for anything."

Care workers said there were opportunities to share their views and opinions about the service provided. Care workers said they had regular staff meetings and that these were arranged for morning and afternoon so staff had more availability to attend. They told us staff meetings were also used to reinforce the provider's policies, for example two staff told us that in a recent staff meeting they had discussed professional boundaries and acceptable behaviour. They said they had also been reminded about the Mental Capacity Act and offering choices. One care worker said, "We did a role play about people making unwise decisions, I enjoy role play as I am a practical person I learn by this hands on method."

Care workers we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. They told us they had were given information about the provider's policies during their induction and in the handbook they had received when they started working for the service and were reminded about policies in the staff newsletter. Care workers said the provider's policies supported their practice. For example, all care workers knew they could not use a hoist unless they had been trained to do

this and knew about the provider's whistleblowing policy for reporting concerns about other staff practice.

Care workers told us they received regular support, supervision meetings and advice from the registered manager and office staff via the telephone and face to face meetings. They told us that the training and supervision procedure included discussions about their personal development. For example one care worker said, "We discuss my personal development and career progression in my one to one meetings. I want to look at moving to a more senior role so I have started my level 3 qualification."

Care workers were able to access support and advice from the registered manager or staff in the office at all times as the service operated an open door policy, and out of office hours 'on call' telephone system. Care staff told us the 'on call' system worked well.

People told us there was always someone available in the office if they needed to call. One person told us, "Yes someone has always answered the phone, always someone on the night phone as well." The registered manager told us, and records confirmed; that information provided to people in the folders in their homes included photographs of the office staff and a description of their roles. This helped people to know who they were talking to when they contacted the office and who senior staff were when they carried out reviews of their care, spot checks on care workers or telephone satisfaction calls.

The provider's quality assurance process included formal and informal opportunities for people to give their views of the service. People were asked about the service they received during reviews of their care, 'spot checks' of staff practice and telephone satisfaction calls.

The provider used the call monitoring system to check that staff arrived within the expected time and had stayed the allocated time at each call. This enabled senior staff to check people received the care they needed and whether there were any changes in people's needs or abilities that would need a care plan review.

The field care assessor visited people in their homes to ask whether their care plan continued to meet their requirements, to observe care workers practice and to check people were happy with the service. The staff observation checklist included how the care workers behaved, how they spoke with people, whether people were given choices and if care workers carried out the care plan. Care workers told us they had feedback from the supervisor about what they did well and where they could improve. Some people remembered a senior staff member visiting them to find out their views of the service and several people remembered spot checks on care workers taking place. "They have visited and yes they call me if they are going to do a spot check, I don't think they tell the staff." "Only ever had one spot check," "Yes, A couple of times."

Most people said they had been sent a survey to establish if they were satisfied with the service. "Yes I have and I filled it out." "Yes just done one," "Yes, I think they send one annually," and "No we've not been asked for that, there's no need we are quite happy with this service really. It stumbles at times but doesn't fall over."

Responses from the provider's 2016 satisfaction surveys showed people were satisfied with the service. These included people knowing who to contact for support, having regular care workers and care workers staying the length of time agreed. Overall, people were positive about the care workers and the service received.

The registered manager and staff in the office undertook regular checks of the quality of the service. When people's daily records were returned to the office, they checked the records matched the care plans and that

people's medicines administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. The registered manager told us when errors or omissions were found in the records, care workers were reminded of the importance of accurate recording. The registered manager and the provider regularly monitored incidents and complaints on a monthly basis for trends and patterns. The registered manager told us they encouraged people who used the service to make complaints and raise concerns so they could learn from this to help improve the service. They said, "We are constantly asking what happened and how we can improve things." They went on to say, "We have an improvement list. I have completed two PIR's now which has made us really focus on what we do and where we can improve."