

Sally and Sarah Care Limited

Sally and Sarah

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	

Overall summary

Sally and Sarah are a domiciliary care service that provides personal care and domiciliary services to people living in their own homes. The service is named after the two directors, who are very hands on and involved directly in the running of the business. The service is provided from an office based at Innovation Court, Yarm Road, Stockton, and provides services to people living within an approximate 15 mile radius of the office, including rural areas. At the time of this inspection the service employed 11 staff and provided care to 34 people. The service focuses on providing private care and does not contract with local authorities. However, they do work with the local health commissioning group to provide some 'end of life' care services.

The service has a registered manager, who has been registered with us in respect of this service since 2013. 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 were protected by the service's approach to safeguarding and whistle blowing, with people who used the service telling us that they were safe, could raise concerns if they needed to and were listened to by staff.

Summary of findings

Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management listened and acted on staff feedback.

Safe arrangements were in place for staff recruitment and enough staff were available to provide people's care. People who used the service and their relatives told us that staff were reliable, arrived when expected and stayed the correct amount of time. Staff confirmed that they were not rushed, had time to travel between calls and provide the care people expected.

The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. Safe systems were in place for assisting people with medicines, where this was part of their agreed care plan. However, some more detailed information about this would have been useful in some of the records we viewed. We discussed this with Sally and Sarah, and the registered manager who agreed to ensure additional detail was recorded in the relevant records.

People were cared for by staff who were appropriately supported and provided with training to help them carry out their role. People who used the service told us that their staff were competent and knew what was expected of them. Staff told us they were well supported by their management and could get help and support whenever they needed it. Management monitored staff performance during care visits, reviews and one to one discussions.

This service supports people in their own homes and only provides help with meal preparation and eating and drinking where this has been agreed as part of the person's individual care plan. We saw that information about the help people needed with meal preparation, eating and drinking was included in people care plans where this was appropriate. Staff were able to describe people's dietary needs and preferences to us.

We saw that people's care records included information about people's health and wellbeing, so that staff were aware of information that was relevant to people's care.

The staff we spoke with were aware of people's health needs and could describe what they would do if someone was unwell or needed medical support during a care visit.

People who used the service told us that staff were caring, treated them well, respected their privacy and encouraged their independence. Staff were able to describe how they worked to maintain people's independence, privacy and dignity.

People's care records showed that their needs had been assessed and planned in a person centred way. People who used the service and their relatives told us that they were involved in planning and reviewing their care service. People also told us that their views were listened to and that any requested changes to their care had been made appropriately.

People who used the service had written information about the formal complaints process available in their care files. People also told us that they had been encouraged to get in touch with Sally and Sarah, or the manager, if they had any issues or concerns about their service. There had been no recent complaints about the service.

The service had an appropriate management structure and registered manager in place. People who used the service knew who Sally and Sarah and the manager were and told us that they were approachable and caring. People also confirmed that they had regular contact with Sally and Sarah or the manager, to check that they were happy with their service. Staff told us that the service was well managed and organised.

No one we spoke with during this inspection expressed any concerns about the quality of care people were receiving. However, at the time of our inspection the service did not have a regular programme of formal audits to help monitor service quality. The manager was able to describe lots of positive quality monitoring activities that were undertaken (which were confirmed by people using the service, relatives and staff), but many of these were informal and not recorded. We discuss the importance of formalising and recording these processes during our inspection.

Summary of findings

The health and social care professionals we spoke with as part of the inspection told us that the service was reliable and professional, and that they had no concerns about the quality of people's care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who used the service were protected from abuse, by staff who understood how to recognise and report any concerns about people's care.

People's needs were assessed to identify risks that were relevant to the care being provided. Care was provided by staff that had been recruited safely and had the time to provide the care and support people needed.

Good



Is the service effective?

The service was effective.

Staff received the training and support they needed to do their jobs. Where people's service included support with eating and drinking this was detailed in their care plan and staff were able to describe the individual support people wanted. Information about people's health and wellbeing was included in their care records and staff were able to describe how they would help people to access medical care if needed.

Good



Is the service caring?

The service was caring.

People were provided with appropriate information about the service to help them make decisions. Staff understood the importance of maintaining people's independence. People were involved in day to day decisions about their care and were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People's care plans contained individual, person centred information about their needs and preferences. Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances. People had been encouraged to raise any issues or concerns and had been provided with information on how to make formal complaints.

Good



Is the service well-led?

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care. The service was well led, with the provider's displaying a commitment to providing a high quality service. Quality monitoring took place and included listening and acting on feedback from people who used the service and staff, although this was sometimes done on an informal basis and was not always recorded.

Good



Sally and Sarah

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.

We carried out our inspection on 06 and 11 May 2015. We gave the service short notice of our visit to the office, because the service was small and the directors and manager were often out of the office working and providing care. Giving notice meant that the management team were at the office to assist with the inspection. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included looking at past inspection reports, any information that had been shared with us about the service and any notifications we had received from the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale.

The provider was not asked to complete 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. However, we did request information from the provider when we gave notice of our inspection visit and this information was provided to us promptly and professionally.

At the time of our inspection visit the service provided care and support to 34 people. The inspector visited and spoke with four people who used the service and three of their relatives. We also spoke with another relative on the telephone.

During our visit to the office, we spoke with five staff members, including the two owners, the manager and two care staff. We also spoke with another member of care staff during our visits to people who used the service.

We contacted two health and social care professionals for feedback about the service.

During the inspection we reviewed a range of records. This included four people's care records, such as care planning documentation and medication records. We looked at four staff files, including staff recruitment, support and training records. We also looked at records relating to the management of the service and a variety of policies and procedures.

Is the service safe?

Our findings

All of the people who used the service and the relatives we spoke with told us that they received a safe and reliable service. No one we spoke with had any concerns about their safety or the quality of care provided.

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. The service provided us with a copy of their adult safeguarding policy. This had been updated in 2015 to reflect recent legislative changes and provided in-depth information and guidance on adult safeguarding processes. There was also a safeguarding policy covering any children the service and its carers might come into contact with whilst providing services.

Staff we spoke with were able to describe the different types of abuse and how they would report any concerns they had. Staff told us that they would feel comfortable raising safeguarding or whistle blowing concerns with the management team and had confidence that the management team would handle any concerns appropriately and professionally. Staff told us that they had been trained on identifying and responding to abuse and training records we saw confirmed this. We found that the service had taken appropriate action to protect people from abuse and to ensure that any concerns were reported appropriately.

We looked at the arrangements that were in place for risk assessment and safety. The service provided a copy of their health and safety policy. This set out the health and safety duties related to the service and its staff, and referenced other relevant policies and procedures. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. For example, the environment care was being provided in and individual risk factors, such as safe manual handling, managing medicines and maintaining skin integrity. This information helped to provide staff with information on how to provide people's care safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. Staff told us how any incidents or accidents were reported to the office, so that they could be recorded and monitored. We discussed accident monitoring with Sally and Sarah and the manager.

They showed us how individual accidents were recorded, reviewed and any actions taken to reduce risks. However, they currently did not experience many incidents or accidents, so further formal analysis was not thought to be beneficial at this time. We also discussed the requirement to notify CQC of certain incidents and events. Notifiable incidents are events that the service has a legal requirement to inform CQC about and we had not received any recent notifications from the service. We discussed this with Sally and Sarah, who were able to describe the notification requirements correctly and clarified that there had been no recent notifiable events at the service.

We looked at the arrangements that were in place to ensure safe staffing levels. The people who used the service and relatives we spoke with all told us that the service was reliable and safe, with staff arriving when expected and staying the correct times. People also told us that they had a small group of main carers, who they got to know. Comments made to us included "They are pretty good time keepers", "Not missed (a call) once", "It's people who know my relative who are going to see him" and "Very reliable."

The providers told us how their current focus was on recruiting good staff so that they could grow the business and take on new work. They were clear that they did not want to stretch existing staff by taking on too much work and that maintaining the quality of the service was very important to them. We spoke with the manager, who was responsible for organising staff rotas. They told us that the service used an electronic rota system and that they organised rotas so that people had a limited number of care staff visiting them. They also confirmed that staff were allowed travelling time, so that they could get from one call to another without this impacting on the time available to provide people's care.

Systems were in place to reduce the risk of missed calls. For example, each day the staff on duty texted in their calls for the day to the on-call manager, who checked this information against the rotas to minimise the risk of mistakes. The manager and providers also had a system where they reviewed any missed calls to find out what had happened and put any additional preventative actions in place. Records showed that 920 visits had been carried out during January, February and March 2015, with three (0.3%) missed calls taking place during this time. Each one had been investigated, to help prevent any reoccurrence.

Is the service safe?

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. People who used the service and their relatives told us that they were happy with their care staff and felt that the service provided good quality staff. The service provided a copy of its recruitment policy, which set out how the service would ensure that staff were recruited safely and in line with regulatory requirements. We also checked the recruitment records for four staff. These showed that staff had been subject to a thorough recruitment process which included completing an application form, which included providing a full employment history, attending a formal interview, and obtaining written references and a Disclosure and Barring Service check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. We found that the service recruited staff safely.

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. The service provided us with a copy of their policy on managing medicines, which set out the legislative framework and provided detailed information on how the

service assisted people with their medicines. Staff we spoke with told us that they had received training on managing medicines and the training records we looked at confirmed this. One staff member was relatively new and told us how the manager had provided extra support when they asked for it, to help ensure that they were confident and competent in handling medicines safely. The manager told us how they checked the competency of staff and the staff we spoke with confirmed that they had received medication competency checks, to ensure they were handling medicines safely.

The medication administration records (MARs) we looked at had been completed thoroughly and showed that people had been receiving their prescribed medications. We saw a couple of areas where recording could be improved, such as one unexplained gap on a MAR Chart [although the visit records confirmed that the medication had been given], and the section for recording allergies on the MAR front sheets had been left blank. There was also a lack of clarity around some topical applications in the care records and MARs, for example, what were prescribed medicines and what were homely remedies, and what should and should not be recorded on the MAR. A little more detail in the care plans to clarify these areas would have been useful. However, overall we found that people were receiving their medicines safely and as prescribed.

Is the service effective?

Our findings

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. All of the people who used the service and their relatives we spoke with told us that the staff understood what people needed and had been appropriately training. For example one person told us “The staff seem to be suited to the job, trained and competent, the ones that come now all know what they are doing.” All of the staff we spoke with told us that they were provided with good training, in the subjects they needed to know about to do their jobs. One staff member told us “I feel like I’m more up to date (with training) with this company than any other.” The manager was able to show us evidence that staff had been appropriately trained, by showing us the training certificates in staff files. They were also able to tell us about the training they were planning to deliver to help keep staff up to date.

We looked at the arrangements that were in place to ensure that staff were adequately supported, through effective support, supervision and appraisal systems. The staff we spoke with told us that they felt well supported and could approach the management team for support whenever they needed it. One staff member said “Always support. You can ring anyone of them anytime; they always have your back.” Staff we spoke with also confirmed that they were in the process of completing their annual appraisals and had regular contact with management, during care visits, quality checks and meetings. All of the staff we spoke with told us that they could arrange a one to one meeting anytime they needed one.

We also spoke with the manager about the arrangements for staff supervision sessions and meetings. They were able to tell us how they held regular staff meetings and showed us the records of these. They were also able to describe how they regularly met with staff and discussed any issues, although this was often done in an informal way and not recorded. They understood the need to formalise this and were able to describe how they aimed to create a more regular and formal supervision system as they developed their role. However, where performance issues regarding individual staff had come to the manager’s attention they

had already undertaken formal recorded meetings to discuss the issues and were able to show us the records of these. Overall we found that staff were being appropriately supported in their role.

We looked at the arrangements that were in place to ensure that people received the help they needed with eating and drinking. This service supports people in their own homes and only provides help with meal preparation and eating and drinking where this has been agreed as part of the person’s individual care plan. We saw that information about the help people needed with preparing meals and drinks, and eating and drinking, was included in people care plans where this was appropriate. This included information about people’s dietary preferences and routines, so that staff knew what they liked and disliked. During our visits to people who used the service we also observed a staff member preparing a meal. They were able to describe the preferences of the person they cared for and how they catered for these. We also saw how the staff member brought the person a drink and made snacks available to them during our visit.

We looked at the arrangements that were in place to ensure that people were able to maintain their health, including access to specialist health and social care practitioners when needed. We saw that people’s care records included information about people’s health and wellbeing, so that staff were aware of information that was relevant to people’s care. The staff we spoke with were aware of people’s needs and able to describe what they would do if someone was unwell or needed medical support during a care visit. For example, contacting the doctor or ambulance service, and contacting the office for additional support if needed so that they could stay with the person until medical help arrived. Emergency first aid training was included in staff training.

We looked to see if appropriate arrangements were in place to ensure that people’s legal rights were protected by proper implementation of the Mental Capacity Act 2005 (MCA). The MCA protects people who lack capacity to make a decision for themselves, because of permanent or temporary problems such as mental illness, impairment of the brain or a learning disability. If a person lacks the capacity to make a decision for themselves, best interest’s guidelines should be followed. The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. Sally and Sarah

Is the service effective?

were able to describe the principles of the act and how they involved people as much as possible in making decisions about their care. The majority of people using the service had the capacity to make their own decisions about their care and support.

We viewed the care records relating to one person using the service, who had a dementia that affected their capacity. However, there was not a lot of information in the care plan about whether the person had capacity to make decisions; or who might be able to act on their behalf. For

example, information about any powers of attorney that were in place; or how the person should be supported to make decisions. We discussed this with the providers and manager during the inspection as an area that could be improved.

We did find that relatives were kept informed and involved in people's care where this was appropriate. For example, one relative told us how they were involved in reviews and contacted regularly by Sally and Sarah, so that they could support their relative in decisions relating to their care.

Is the service caring?

Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people using the service. The people who used the service and relatives we spoke with all said that the staff were caring and treated people well. Comments made to us included “The actual carers are very, very nice” and “I think they (Sally and Sarah) are very caring.” We also received positive feedback from a health care professional, who told us “They (staff) are always polite and conscientious and give feedback on any concerns they have.”

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. All of the staff we spoke with were able to demonstrate an understanding of the importance of maintaining people’s autonomy and independence. For example, one staff told us how they always asked if the person wanted to do things for themselves or if they wanted the staff member to help or do it for them. People who used the service and their relatives told us that staff encouraged them to do what they could for themselves and asked what help and assistance they wanted. One person who used the service told us “They ask what you want and if you want anything different.” Another person who used the service said “Anything I ask them to do, they do it.”

We looked at the arrangements in place to protect and uphold people’s confidentiality, privacy and dignity. We asked people who used the service and their relatives if they had ever experienced staff sharing information about

other people inappropriately. Everyone we spoke with told us that their staff did not gossip and maintained people’s confidentiality appropriately. People also felt that staff understood the importance of maintaining people’s privacy and dignity. For example, one person told us that the staff were “Very discrete.” Another person told us “They are very careful about not causing any pain or difficulty.” The staff we spoke with were able to describe how they helped to maintain people’s privacy and dignity while carrying out care. For example, one staff member told us how they always made sure curtains and doors were shut to maintain people’s privacy. They also described how they asked if people wanted to do things themselves to help maintain independence, and always made the effort to chat and make people feel comfortable.

We looked at the arrangements in place to support people with their end of life care. The service works with a local health commissioning group to provide end of life services to people in their own homes. A health care professional told us “They (the Sally and Sarah service) have also seen palliative (end of life) patients, and been very caring and handled both the patient and family well, at a very stressful time”. We looked at the care records relating to one person who was receiving end of life care and found that they contained detailed information about the person’s care needs and the equipment that was in place to help provide the person’s care. The records made after each visit were detailed and showed that the care described in the care plan was being delivered. We also spoke to the person receiving the care and their relative and found that they were very satisfied with the standard of care they were receiving.

Is the service responsive?

Our findings

We looked at the arrangements in place to ensure that people received personalised care that was responsive to their needs. Sally and Sarah told us how anyone who was interested in using the service was visited or invited to the office, so that they could discuss what people wanted and if Sally and Sarah was the right service for them. The people using the service and relatives we spoke with all told us that they had been provided with plenty of information about the service, both before they made the decision to use them and when care was provided. For example, one relative told us how they had been visited by Sally and Sarah to discuss the service and if it could provide the care the person wanted. They had been provided with written information to consider after the initial visit and not been placed under any pressure to use the service if they did not feel it was for them. One relative said “There was no hard sell at all and the information was very clear.” Another person told us “We were told what it would cost and how we would be billed, we weren’t in the dark.” Everyone we visited had information about the service included in the front of their care file, so that they could access it at any time.

We saw records of people’s initial assessments and the care they wanted in their care records. Each person had a detailed care plan that provided person-centred detail about the service provided and how they wanted their care to be provided. Person-centred planning is a way of helping someone to plan their support, focusing on what’s important to the individual person. People told us that their care packages had been set up according to their individual wishes and needs. For example, one person told us how they had requested a particular gender of care staff and that this had been provided. A relative told us how they had been able to make changes to the agreed care package easily when needed, to reflect changing individual circumstances.

The care records we looked at showed a variety of different care packages, which had been set up according to people’s different circumstances and wishes. One person told us “We have a routine that works perfectly”. Another person said “What we want we are getting.” We also saw an example where staff were assisting someone with dementia to maintain their independence using laminated signs and notices that they put up around the person’s

home at the appropriate times. For example, a sign telling the person when the next visit would be to help reduce anxiety, and a sign reminding them that it was night time to help orientate the person. This person’s care plan was very detailed and showed that the service was providing individual person centred care to help the person maintain independence and control.

Staff we spoke with were knowledgeable about people preferences and how they liked things done. For example, what people liked cooking for lunch on particular days. Staff also confirmed to us that they were provided with plenty of information about people before they provided their care. For example, staff told us where possible they were introduced to people before care was provided and that staff were always provided with information about the care people needed before they visited them. One staff member told us “I always read the care plan and ask the client, I’m not going in blind, far from it.” Another staff member commented “New clients? We get full information before we go in and information is already there in the care plan.” Staff also showed us the recording system they used to share information and ensure that information was passed on to different care staff or people’s relatives when needed.

We looked at the arrangements in place to manage complaints and concerns that were brought to the service’s attention. The service had an up to date policy setting out how complaints should be dealt with. This included roles and responsibilities of staff within Sally and Sarah, and the complaints process and timescales for dealing with complaints. Information about the role of Local Authorities and the Local Government Ombudsman was also available, so that people could escalate their complaint if they were unhappy with how Sally and Sarah had handled it. Each of the four people we visited had information in their care folder about the service, including how to raise concerns and complaints.

The people who used the service and relatives we spoke with all told us that they had been encouraged to contact the management with any concerns they had and would feel able to do so. No one we spoke with had needed to make a formal complaint, but those who had asked for small changes to be made told us that they had been listened to and their issues had been promptly resolved. One person told us “If I did have any concerns I wouldn’t be

Is the service responsive?

nervous about ringing up, they are very, very approachable.” Another person told us “We’ve been told to contact them if we have any concerns or complaints and it will be sorted out.”

The management team confirmed that there had been no recent complaints made about the service. They also described how they tried to sort out any small issues straight away, before they escalated and resulted in the need for people to raise concerns and complaints.

The staff we spoke with told us that they felt that management listened to them and that any issues they raised were acted on promptly. For example, one staff member told us “If we feel we need to raise anything with them (Sally and Sarah), they listen and take appropriate action.” Another staff member told us “It (whatever issue they raise) is sorted out within days; it is so quick that something is put into place.”

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, one of the service's directors was registered as manager. A registered manager is a person who has registered with CQC to manage the service.

Sally and Sarah had a clear management structure in place, which was appropriate for the size of the service. Sally and Sarah, the services owners and directors, oversaw the management and development of the service. They had recently employed a manager, who oversaw the day to day running of the service and first line management of the care staff, with support from Sally and Sarah when needed. Two team leaders were also employed to help with the support of staff and delivery of care. An on call rota was in place and staff told us that they could get management guidance and support when they needed it.

Feedback from the people using the service, relatives and staff told us that the service was well organised and well led. For example, people who used the service and their relatives made the following comments to us, "No problems with the service at all", "We would recommend them to anyone, absolutely super" and "I would certainly recommend them, the quality is very good." One staff member told us "It is a good company to work for; definitely, I would recommend them to anyone." Another staff member said "It is a brilliant company." A healthcare professional told us "They are well organised and seem to go that extra mile," and a social care professional said "they have always been very reliable, professional and approachable."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. People who used the service told us that they had regular contact with either the manager or Sally and Sarah, through care visits, reviews and telephone calls. One person told us "The manager comes, sometimes on her own to do the job, she always checks the book, and asks if everything is okay, you know she is checking up." Another person told us "The management are fully involved in the service, so we do see them regularly; they ask if all is okay." A relative told us

"Every so often Sally and Sarah ring up and ask if we are happy or need anything changing." None of the people we spoke with had any concerns about the quality of the service provided to them or their relative.

We asked Sally and Sarah and the manager about the systems in place to gather feedback from people who used the service and how this feedback was used to improve the service. They told us that they were all very involved in the day to day delivery of the service, which allowed them to pick up any issues quickly and ensure that changes were made, before anything escalated to more serious problems. We were also shown how the formal review paperwork included a question about people's satisfaction with the service, so that any issues could be identified and acted upon during the review process. The outcome of recent service user reviews had been looked at by the management team, to identify any trends, comments or actions that were needed. Sally and Sarah also talked to us about changes they were planning to make to the review form, to help collect more user feedback during reviews.

At the time of our inspection the service did not have a regular programme of formal audits to help monitor service quality, although this was something they were looking at developing. For example, Sally and Sarah showed us a dignity audit tool that they were hoping to implement in the near future. The manager was able to show us how they completed checks on staff, such as formal medication competency checks, and tell us about less formal checks they completed. For example, observing staff while working on double up calls and having informal one-to-one discussions with staff. The manager was able to describe lots of positive quality monitoring activities that were undertaken, but a lot of these were currently informal and not recorded. We discussed how the service could record some of these processes better with Sally and Sarah, and the manager, during our inspection.

Sally and Sarah have an arrangement with an external company to help them keep their policies and procedures up to date and in line with current best practice. The policies and procedures we viewed as part of this inspection reflected recent changes in legislation and provided appropriate information and guidance to staff. However, not all of the policies and procedures provided to us had a clear implementation date or review due date recorded on them, which is something for the service to consider.

Is the service well-led?

We looked at the standard of records kept by the service. The care records we saw were detailed and individual. Staff kept detailed records of their visits and ensured that handover records included anything that following staff needed to be aware of. One relative told us “They are very thorough. There is a file in the flat for records and communications. Everything is documented well.” The

other records we saw were also of good quality. However, there were some areas where the records kept by the service did not fully evidence the work they were actually doing. For example, records relating to the supervision and support of staff and quality checks that were being undertaken.