

Goodwill and Hope Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

Goodwill and Hope provides support and personal care to people in their own homes. At the time of our inspection 45 people were using the service. The service operates in the Farnborough and Aldershot area and provides packages of care for predominantly older people commissioned by the local authorities and for people who make private arrangements to receive care.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our previous inspection on 11, 12 and 14 May 2015 identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action to address the concerns we had identified. Sufficient improvement had been made for the provider to meet the requirements of the three previously breached regulations in relation to person-centred care (Regulation 9), good governance (Regulation 17) and requirements relating to workers (Regulation 19).

The provider had introduced new quality assurance systems and additional checks had been put in place to support the registered manager and staff to continually evaluate the quality of the service and risks in the service. We found these systems had been effective in driving some improvements for example, in staff training and supervision, care plan reviews and ensuring learning from safety incidents took place. However, there were aspects of the quality monitoring for example, in relation to recruitment records and ensuring people's capacity to consent to their care where kept under review that required some improvement to be judged as consistently good.

People told us they felt safe and well cared for. Staff had received training in safeguarding adults, were able to identify the signs of abuse and knew how to raise any concerns. Possible risks to people were identified and plans were put in place to reduce these risks. All staff knew how to deal with any emergencies to ensure people remained safe when accidents or safety incidents occurred.

There were sufficient staff to provide people's care. People received consistency in the staff rostered to provide their care. People's care was provided by staff who had received guidance about their care needs and to whom they were introduced prior to their care commencing.

Peoples' medicines were managed and administered safely by trained and competent staff to ensure people received their medicines as prescribed.

There was a process in place to ensure staff received a relevant induction and that their competency to deliver people's care safely and effectively was then assessed through regular spot checks.

People were asked for their consent before care was provided. People told us they were involved in making

decisions about their care whenever possible and were supported to be as independent as they could be. Staff were reliable and people told us that their dignity and individuality were respected. Where people were supported to eat and drink they were asked about their food and drink choices and any concerns were notified to family members or the GP if required.

An assessment of people's needs was completed before they started using the service and individual plans detailed the care and support to be provided. People told us they received the care as detailed in their care plans. The provider was implementing a new electronic care planning system to further improve the review of people's care plans to ensure the information would always be current.

There was effective communication between all staff. People and staff told us the service was well-led, the staff were reliable and the management team was approachable and supportive. The provider sought the views of people about the service through direct contact by telephone and visits

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.

Processes were in place to safeguard people from the risk of abuse.

Risks to people were identified and guidance provided to and followed by staff to keep people safe.

There were sufficient staff deployed to provide peoples' care safely and meet their needs.

Recruitment processes for new staff were detailed and documented which ensured they were suitable to work with vulnerable people.

Peoples' medicines were managed and administered safely by trained and competent staff.

Is the service effective?

Good ●

The service was effective.

Staff received training to enable them to meet people's needs and had access to effective professional development to increase their knowledge. Staff received one to one meetings with their line managers and felt supported as a result.

Where necessary, people were supported with their dietary and healthcare needs. Staff followed the instructions provided by healthcare professionals.

Staff had knowledge of the Mental Capacity Act and evidenced this by offering people choice when delivering care, people's rights were being protected as a result.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about staff and the care received.

People's care was delivered in a way which took account of their individual needs and the support they required to live their lives independently at home.

People were treated with dignity and their rights upheld by staff. Their care was delivered in private and people's property and homes were treated with respect by staff.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and individual care and support plans were developed; people's preferences were considered and respected.

People told us they knew how to make a complaint and the complaints policy and procedure was available for them to refer to if required.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There were systems in place to evaluate and monitor the quality of the service provided. However some of these had recently been introduced and time was needed to ensure all aspects of quality assurance processes were implemented consistency and evaluated as being effective.

Staff and people told us the service was well run and the registered manager was visible and approachable when guidance or support was required.

The provider took account of people's views about the service through reviews, phone monitoring, satisfaction questionnaires and spot checks of staff.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 December 2016 and was announced to ensure staff we needed to speak with were available. The inspection was completed by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with six people using the service and three relatives. We spoke with the registered manager, three care staff, a team leader, the director of the care company who is also involved in care delivery and a care co-ordinator. We also received feedback from the local authority's governance team who had identified no concerns relating to the service.

We reviewed care records for seven people. We also reviewed training records for all staff and personnel files for six staff, medicine administration (MAR) records and other records relevant to the management of the service such as health and safety checks and quality audits.

Is the service safe?

Our findings

At our previous comprehensive inspection on 11, 12 and 14 May 2015 we found the provider had not implemented safe recruitment practices, not all of the required staff pre-employment checks had been completed fully. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 1 September 2015. At this inspection we found improvements had been made in this area and this regulation had been met.

The provider had reviewed their recruitment and selection procedure. Records showed appropriate checks had been undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. References had been obtained from previous employers. This was to identify any concerns in relation to staff's conduct in previous employment which might make them unsuitable to work with people using care services. Records showed the provider had asked all staff to provide a full employment history with written explanations of gaps in employment following our previous inspection. We found for some staff there were still unexplained gaps in their employment. We spoke with the registered manager who took immediate action to rectify this and ensured the measures in place prevented unsuitable staff being employed.

People told us they felt safe when receiving care in their home and people's relatives did not have any concerns about abuse or bullying from staff. One person told us, "I always feel safe when they (staff) are here" and another person said "They (staff) are very nice I have no concerns about my carers". People and their relatives told us they were encouraged to report any safety concerns. They would speak to a member of staff or the registered manager if they had concerns and were confident action would be taken to keep people safe.

People were protected from the risk of abuse. Staff had knowledge of the types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the office or registered manager. One staff member said, "I always phone the office when people refuse their care as they become at risk of self-neglect". Another staff member added that, if they were unhappy with the registered manager's response they would speak to the local authority safeguarding team or CQC. They said, "I will call social services or you [CQC]". If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action. For example, one staff member told us, "When someone fell I called the emergency services and let the office know."

The registered manager had responded to safeguarding concerns in accordance with local authority safeguarding procedures. Staff had also reported any concerns of self-neglect to commissioners when people continuously refused elements of their care.

Staff knew how to respond if they could not gain access to a person's home or did not find people at home when visiting. The registered manager had identified people who might not be able to raise the alarm in an

emergency situation and supported them to install key safes so staff could access their homes if they did not get a response when they knocked. Where staff needed to use a key safe the code was only known to the registered manager and the regular staff to reduce the risk of unauthorised staff entering people's homes.

People also felt safe because they knew staff would always come and they rarely experienced delays in their care visits. One person told us, "I never wait too long for my carers" another person said "They (staff) have never missed a visit". People and their relatives told us they were notified by the office if staff were running late.

People and their relatives told us when staff arrived they spent the time they expected with them and they did not feel rushed. One person told us, "They (staff) always stay for the whole time allocated to me" and "If I am not well they will even stay longer to make sure I am OK".

Staff told us they were given enough time to travel between visits and transport were provided for those who did not drive to ensure they would get to their care visits on time. Staff told us, "The driver takes us so we are seldom late" and "We definitely have enough time to get to people". The registered manager told us "A senior staff member or me are always available to cover if staff are absent or someone needs to wait with a person for an ambulance in case of an emergency". Contingency plans were in place to ensure when events, such as staff absences or emergencies occurred, the needs of people who used the service continued to be met safely.

The registered manager continuously reviewed the staffing capacity in the service to ensure there was sufficient staff available to meet people's needs. They told us they would not accept new care packages if they had assessed they did not have the staff available to meet people's needs safely. They also gave an example of when they suspended a care package in a neighbouring town when they did not have sufficient staff in that area. The registered manager told us "We worked with the commissioners and person and gave them sufficient time to make alternative arrangements before we withdrew the package. It is very important that we do not provide care unless we know we have enough staff in the right areas". There were sufficient staff to keep people safe and meet their needs.

People were supported to stay safe whilst being as independent as possible. Staff understood people's risks in relation to their specific health needs, behaviours, medicines, personal care, skin care, mobility and eating. Staff could describe how they would support two people to eat safely and what they would do if people were to choke. Some people at times refused their care. Staff were skilled in encouraging people to accept care and reported to the registered manager if people were at risk of self-neglect.

Some people had restricted mobility and information was provided to staff about how to support people when they were moving around their home and any equipment that was in place such as hoists. Staff underwent moving and handling training, which included hoist training, as part of their induction. Staff had also received further training in the use of each person's particular hoist and sling from a relevant health professional to ensure they used equipment safely. Some people had the use of alarm pendants to support them to raise the alarm if they were to fall and staff told us they ensured people had their alarms in reach. Records showed staff supported people to contact their alarm response company every month to check that their alarm remained in working order.

People were supported by staff who knew how to respond, report and record safety incidents and accidents in line with the service's policy. Records demonstrated that when incidents occurred such as people having experienced a fall; staff acted promptly to ensure people were checked by medical services. Actions taken had also been recorded in people's daily notes in their homes so that all staff visiting the person were kept

informed of any incidents. The registered manager investigated incidents and accidents and made recommendations to minimise the likelihood of future harm occurring. For example, when concerns were raised regarding an incident involving gas at a person's home, the registered manager ensured a home safety check was completed and arranged for staff to receive additional fire training which focused on the safe use of gas in people's homes. Learning took place from safety incidents and plans were put in place to ensure appropriate learning and guidance was provided to staff in order to keep people safe.

People received their medicines from staff trained in the administration of medicines. Staff told us they had their competency assessed during their induction and routine spot checks were completed by senior staff to ensure they remained safe to administer medicines to people.

Staff were only authorised to support people to take their medicine from a monitored dosage system (MDS) to assist them to administer medicines safely. MDS means the pharmacy prepare each dose of medicine and seal it into individual packs. The registered manager had ensured all medicine administration records were returned to the office and checked monthly for errors. The medication administration records seen were accurate and showed that people had received the correct dose of the correct medicine at the right times.

Staff could describe the provider's procedure for reporting and recording any medicine errors and explained the appropriate action they would take to ensure people were safe in the event of an error. Where people took their medicines independently, relatives told us staff alerted them to concerns when people did not take their medicine or stocks of medicines were running low. Staff told us the provider kept people's management of their medicines under review and if they had any concerns about safety additional support was then provided if required, to ensure the person took their medicine safely. The service had not identified and the registered manager confirmed there had not been any medication administration errors since our previous inspection.

Is the service effective?

Our findings

People and their relatives were positive about the care provided by staff and felt they had the right skills and knowledge to meet people's needs. One relative told us, "They (staff) definitely know what they are doing and can quickly spot when she is not well."

People were supported by staff who had undergone an induction programme which gave them the skills to care for people safely in the community. Training records showed there was a programme of ongoing training for all staff covering health and safety related topics and also topics relevant to the support needs of the people living in the home. Staff received training in for example, medicines management, moving and handling, infection control and health and safety. Records showed staff had completed the service's mandatory training and training dates were in place for those who still needed to complete the refresher training.

Staff were supported to complete a relevant qualification such as Qualifications and Credit Framework (QCFs) in care. The QCF has replaced National Vocational Qualifications (NVQ's) and is a flexible work related qualification made up of units which can then be used to build up to a credited qualification. Staff for whom English was not their first language were also supported by the provider to attend local courses to improve their language skills.

Staff received ongoing management support and enough opportunities to reflect on their work so that they could identify the improvements they needed to make when delivering people's care. Staff had access to frequent team meetings and one to one meetings with the registered manager (one to one meetings allows care staff to discuss their personal development needs, such as training and support as well as any concerns). Staff spoke positively about one to one meetings and felt they were supported. One member of staff told us, : "We get a lot of support", another member of staff said, "The manager also comes and checks that we deliver care correctly and will use these spot checks to improve our skills".

Staff had completed training in the Mental Capacity Act (MCA) 2005 and understood their responsibilities under the MCA. The 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. Staff described the support people needed to enhance their day to day decision making and how they would for example, give people time to make decisions about what they wanted to eat and drink. People told us staff sought their consent to provide their care.

Some people had appointed a power of attorney for health and welfare to represent them in the event they lacked the capacity to make decisions in these areas themselves. The provider had documented this and one relative told us "Staff know that I am my mother's legal representative and will discuss or aspects of her care with me". Staff were aware of what decisions the attorney was authorised to make on the person's behalf however it is good practice for providers to have a copy of people's legal documents to enable them

to check what decisions the attorney was authorised to make on the person's behalf. The registered manager told us they would ensure copies of relevant records were obtained from people's legal representatives.

Where people were able to they had signed their consent to the care to be provided. If people lacked the capacity to consent to their care and treatment by the service the provider had asked their relatives to sign the consent form on their behalf in the absence of a power of attorney. The provider was able to tell us, how they had assessed that the person lacked the capacity to consent to their care and how they had applied the best interest checklist for the person in determining that it was in their best interests to provide the care but had not documented this for people. Although no decisions had been made for people unlawfully; it is good practice for providers to keep a record of the steps they take when providing peoples' care. The registered manager showed us a mental capacity form they had obtained to document these decisions for people. They assured us this would now be used to provide a written record of how these decisions had been reached for people.

People told us they were supported to have enough to eat and drink. Staff assisted some people with meal preparation and assistance to eat and drink. People said they either told staff what they wanted to eat or staff offered them alternatives, which they could choose from. They said, where preparing food and drinks was part of the care and support package, staff always made sure they had food and drinks left within their reach. People's nutritional needs were understood by staff. For example, one person was living with diabetes and needed to eat regularly to maintain their blood glucose levels and would need visits at specific times to ensure they have their meals at the required time. Staff understood the importance of timely care visits for this person. One staff member told us "We always make sure this person receives their meals and medicine at specific times during the day'."

Several people whose records we reviewed required some level of monitoring at each visit to keep their skin healthy. Care plans instructed staff to check people's skin and report any concerns that might require additional support from the district nurse. Staff told us once they identified skin changes they had to record them and inform the registered manager and relatives. The service had also recently introduced a daily monitoring form to be completed for people with known pressure ulcers to ensure any changes in dressings or concerns are clearly recorded. One relative told us "They (staff) are really good at checking [loved one] skin and will always tell me if they have any concerns." Staff received training in skin care during induction and had a good understanding of the support people needed to keep their skin healthy. Staff could also describe how they supported people to eat and drink enough to promote healthy skin.

There was a system in place to alert the registered manager when people's health deteriorated. Records showed staff informed the office at the start of a visit of any concerns. We heard staff phoning the office to share their concerns about people's health. We saw the registered manager regularly contacting people's GPs to discuss staff's concerns when appropriate. Staff told us the registered manager responded quickly to their concerns and gave them feedback and guidance once they had contacted the relevant health professionals.

Records showed the service involved occupational therapists, district nurses and other community health professionals as required to support people to stay healthy. People told us staff would discuss any health concerns with them and where people required additional support to make GP appointments staff would assist them with this. People's relatives told us staff alerted them promptly of any health concerns they might have identified whilst supporting people.

Is the service caring?

Our findings

People who used the service and their relatives were positive about the way staff treated people. People's comments included "They have such a positive attitude and I get on very well with them", "They are first class" and "I really like the carers". One relative told us " They have really built a good relationship".

People and relatives told us staff interacted with them in a warm and relaxed manner and showed an interest in their lives which included asking after their family, pets and interests. Staff knew people well and had developed a warm engaging relationship with them. They spoke about the people they supported with affinity, compassion and concern. We heard of many examples where staff supported people with kindness, tenderness and patience. For example, one relative told us that their loved one had sight difficulties and described how staff understood the person's preferences and took the time to ensure the person could still enjoy the things they liked.

People received individualised care in a way that took account of their preferences and choices. One person told us, "Staff know what I like to eat and drink and will always make it for me". Staff demonstrated detailed knowledge about the needs of people and the reasons they required support and care. Staff were able to tell us about the personal histories and preferences of each person they supported. This included people's preferences about what they liked to be called, bathing arrangements, times they liked to get up and go to bed, we saw these preferences were noted and followed.

Staff described how they supported people to remain independent in their homes. People's care plans informed staff of the level of support people required and what they could achieve independently. Staff said they would ask people what they wanted done or if they needed assistance rather than presuming people could not complete a task. One staff member told us, "People have good and bad days, therefore you have to ask every time when and how they would like things done and what they are up to doing themselves on the day." Another staff member described how they supported a person during meal times. They told us they worked through a sequence of routine tasks set by the person as it gave the person a sense of control over their lives. They told us "It is really important to allow people to do things for themselves for as long as possible". People we spoke with told us staff gave them the opportunity to be as independent as they wanted to be.

People with diverse communication needs were supported to make their wishes known. People told us staff took time to talk with them in a meaningful way. Staff could describe how they supported people with hearing impairments and those living with dementia to express their wishes and remain involved in decisions about their care. This included communicating through writing, use of short sentences and hand gestures. One relative told us "They always talk to him even though he struggles to respond. Every now and then he will say something and they get as excited about hearing him speak as I do".

Staff received training to ensure they understood how to respect people's privacy, dignity and rights. These formed part of the core skills expected from staff. The registered manager assessed how care staff put these values into practice when observing their practice. People told us staff put this training into practice and

treated them with respect. Staff described how they ensured people had privacy and how their modesty was protected when undertaking personal care tasks. People told us that staff closed curtains and doors before undertaking bathing tasks.

Relatives told us how they were given the opportunity and time during care visits to develop relationships with staff. One relative said "They (staff) are always very polite towards me. They take the time to chat to me and explain to me what they are doing". Relatives told us they observed staff taking the time to chat and update relatives of the outcome of their visit whilst not intruding on their family time.

People told us that staff respected their home and personal belongings. They said that staff left their bathroom the way they liked it after completing their personal care routines. One person told us "They know I am very proud of my house. They take so much care to keep things neat and tidy".

Is the service responsive?

Our findings

People and relatives told us people had a plan of care to meet their support needs and this had been drawn up in discussion with them and/or their relatives, where this was appropriate. People told us the information in their plans were current, this meant that staff unfamiliar with people's care would be able to follow it and meet their needs safely. People told us they received the care detailed in their care plan. One person told us "It is all written down and they (staff) do it all".

At our previous inspection on 11, 12 and 14 May 2015 we found the changing needs of people had not been routinely reviewed to ensure people's care continued to meet their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 1 September 2015. At this inspection we found improvements had been made in this area and this regulation had been met.

A system was in place to review people's care to ensure it remained appropriate to their changing needs. One person told us "They (staff) regularly phone from the office to hear if I am happy with my care and if there are any changes needed". All information received about people as well as noted in people's daily notes were reviewed monthly to determine if any changes were required or if people had any concerns about their care. The registered manager told us to ensure information in people's care plans was comprehensive and updated as soon as required the provider had purchased a new electronic care planning system that will be implemented from January 2017.

We saw assessments of people's needs had been carried out before people started using the service to ensure these could be met. People's care plans identified a range of needs such as any mobility or health concerns and there was guidance how to meet these needs. Staff told us the office was quick to update them with any changes to people's needs. One member of staff told us 'The manager will send a text or phone us if for example, a person's medicine changes, staff are also really good at noting any changes in people's daily notes and letting the office know'. Records showed the service contacted health and social care professionals promptly when concerns were raised by staff that might require professional input.

Care plans noted information about people's needs, preferences and risks. People and their relatives told us new staff often came for an introductory visit with an experienced staff member. This enabled them to become familiar with people's care routines and preferences. People and their relatives spoke of always receiving care from a small team of staff that knew them well and delivered their care the way they wanted. One person told us "I have seen the same carers now for some years".

Relatives told us they had seen people benefitting from regular staff. One relative said "The carers know her very well and they can complete [loved one] care without asking for any guidance". Another person told us that the agency had accommodated their need for consistency and ensured when possible, they always received care from the same staff member.

People and staff told us there was enough time allocated to care visits to deliver care the way they wanted

at their pace. People and their relatives told us staff remained for the full duration of the agreed visit time. People were provided with the time they required to complete their care routines, without being rushed. One person told us "They (staff) never rush me they always give me plenty of time to get everything done. They are always telling me to take it slow and take my time so I don't fall".

People received their care visits at the time they wanted and needed them. People told us they had agreed the times of their visits with the registered manager which was respected. The provider was flexible and adjusted people's care times when requested. We heard many examples of adjustments that had been made to ensure people's visit times were convenient for them and allowed people the opportunity to do the things they liked.

People and their relatives told us they would and had called the office if they were unhappy about any aspect of the service. The registered manager told us they had received no formal complaints in the past year. We saw informal concerns were logged and investigated. People and relatives told us the service took action to address their concerns and they therefore did not feel the need to use the complaints process. One relative told us "We did not get on with some of the carers in the beginning and the manager changed staff till we had a team we were happy with". Processes were in place for people to raise concerns and complaints and action taken where required to ensure people remained happy with the quality of the service provided.

Is the service well-led?

Our findings

At our previous comprehensive inspection on 11, 12 and 14 May 2015 we found a breach in relation to the quality monitoring and monitoring of risk in the service. People's records did not always reflect all their care needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 1 September 2015. At this inspection we found improvements had been made in this area and this regulation had been met. There were aspects of the quality monitoring management that needed further development and time to embed to ensure shortfalls would always be identified and used to drive improvements in the service.

People's medicine administration records, communication and daily care logs were audited by the senior staff on a monthly basis in order to identify any omissions or areas that required action for people. When actions were identified for example, changes that were required to be made to care plans this was noted. Records showed people's care plans had been reviewed and were up to date with the changes required. The registered manager told us that the new electronic care planning system would further improve prompt updating of people's care plans. This care planning system was being implemented in January 2017.

The registered manager had reviewed staff's recruitment records following our previous inspection but had not identified that some of the reviewed records relating to staff's employment history were still not complete. Following our inspection the provider told us they would be developing a recruitment record audit to ensure they would effectively pick up any shortfalls prior to staff being offered employment. Time was needed for the provider to effectively implement this new audit tool.

Regular reviews of people's care needs took place and the provider told us they would again be reviewing people's capacity to consent to their care and treatment to ensure the principles of the MCA were adhered to. Time was needed for the provider to complete this action and to evaluate the effectiveness of their decision making processes in line with the requirements of the MCA.

The registered manager completed an annual audit of staff training, safety incidents, complaints, health and safety checks and any late or missed calls to assess the risks in the service. We saw where they had identified for example, that people's understanding of their risks at home had diminished due to their dementia, additional safety precautions had been introduced. This included ensuring staff completed additional stove and kettle checks before they left to ensure no electrical appliances that posed a risk would be left on.

The provider took action when risks to people's safety were identified and developed working protocols to ensure staff would consistently respond to risks. For example, they had been made aware that concerns of self-neglect had been shared with individual health and social care professionals but not always with the local safeguarding team. In response the provider was developing a procedure to ensure staff would always report any concerns of self-neglect to the local safeguarding team. This meant a robust risk management plan could be developed and monitored with all professionals involved to ensure people remained safe whilst respecting their rights to choice and independence. The provider was also reviewing the service's

annual medicine competency check format. This was to ensure that senior staff would consistently record all the observed aspects of medicine administration so as to effectively assess and manage staff's performance.

People and their relatives told us they thought the service was well organised. One person commented "It is a very effective service, always on time with professional staff". A relative told us "They always write everything in the file so that it is easy to see what care has been given and if there are any concerns".

Staff told us they were happy working for the service and felt it was well managed. They told us communication between staff and the office was good and helped to ensure people received their care as planned and any changes were reported and recorded. Staff told us effective communication and guidance provided by the registered manager ensured staff understood their roles and responsibilities. One staff member told us "I have worked in care for a long time and this is definitely the best service I have worked for. Everyone knows what is expected of them and the office is quick to sort out any concerns staff might raise". Staff meetings were held which staff said gave them the opportunity to achieve a consistent approach for people and to discuss common issues as well as changes in procedures and policies as a team.

The provider told us about their values, which included treating people with kindness and respect whilst providing the best possible care to meet their needs. Staff we spoke with about the values and philosophy of the service confirmed these had been discussed with them during their induction. The registered manager kept the service values and behaviour of care staff under review and undertook spot checks to observe whether staff were delivering these objectives. One staff member told us, "The manager is very clear that it is about treating people well and making sure they live the life they choose". People were cared for by staff who understood and practised the values of the provider in the provision of their care.

People, relatives and care staff had the opportunity to feedback to the provider on the quality of care provided. They told us they felt the provider defined quality from the perspective of the people using the service. People and their relatives told us the registered manager worked alongside staff and took the opportunity to speak with people, observe staff interactions and seek staff feedback. Staff told us the registered manager was always available if they needed guidance. There was an open and transparent culture in the service and people felt able to express their views freely.

People were asked to share their views about the agency and their feedback was used to improve the service. Annual satisfaction surveys were conducted to obtain people's views of the service. The last survey was completed in September 2016 and 39 of the 56 questionnaires sent had been returned. The results showed people expressed a high level of satisfaction with their care. People told us they were also asked for feedback at reviews and as part of staff performance spot checks. Telephone monitoring calls were made to seek people's views and records showed where any issues were identified these were addressed.