

True Homecare Limited

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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?	Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 15,16 and 19 June 2017. Two days before our inspection we contacted the service and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

True Homecare Limited is a domiciliary care service that provides personal care to people who live in their own homes. At the time of the inspection there were 93 people using the regulated services of personal care. The inspection was undertaken by one adult social care inspector.

The service was last inspected in June 2016. During that inspection we found breaches of one of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This resulted in us making two requirement actions. This was because medicines were not being managed safely and risks were not being assessed or mitigated properly. We also made three recommendations; that the service developed recording systems in relation to monitoring service quality and safety, that a structured approach to the provision of supervision and appraisal to staff be developed and that it improved its approach to care planning and assessment.

Following the inspection the provider wrote to us to tell us what action they intended to take to ensure they met all the relevant regulations. During this inspection we checked if the required improvements had been made. We found that improvements had been made, the requirement actions had been met and the service had acted on our recommendations.

The service has a registered manager who was present during our inspection. 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.

All the people we spoke with were positive about the registered manager and the way they ran the service. Staff spoke very respectfully and fondly about the registered manager. We spent time with the registered manager throughout our inspection and found them to be committed to providing a good quality person centred service. Staff we spoke with shared this commitment.

There was a safe system in place for managing people's medicines.

Individual and environmental risk assessments were person centred and gave staff guidance on how to minimise and manage identified risks. Care records, including initial assessments, were detailed and person centred. They contained information based on people's needs and wishes and were sufficiently detailed to guide staff in how to provide the support people required. One staff member said, "The care plans tell us everything people want us to do and how they want things to be done."

Care records, including care plans and risk assessments, had been reviewed regularly to ensure they reflected people's changing needs and wishes. We saw that people who used the service had been involved in the reviews.

People who used the service told us they felt safe. Staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor care to people.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff. Staff received the induction, training, support and supervision they required to ensure they had the skills and knowledge needed to carry out their roles effectively. Staff told us they felt supported.

Visits were planned well. People told us the service was reliable and staff had enough time to provide them with the support they required. One person said, "They come at regular times and know what I want."

Procedures were in place to prevent and control the spread of infection and systems were in place to deal with any emergency that could affect the provision of care.

People in their own homes are not subject to Deprivation of Liberty Safeguards (DoLS). However, staff were trained in the Mental Capacity Act (MCA) and DoLS to ensure they were aware of the principles. People who used the service told us they were consulted about the care provided and staff always sought their consent before providing support.

People supported by the service lived in their own homes and could therefore eat what they wanted. People we spoke with told us staff supported them with their meals. Staff had received training in food hygiene, nutrition and hydration.

People we spoke with told us staff arranged health care appointments for them and accompanied them if needed. People who used the service said, "I am going to the dentist next week. Straight away [when the appointment was made] they said they would go [with the person]" and "They support me to go to the hospital and to appointments."

People who used the service told us the staff were helpful, caring and friendly. They told us "They carers are good people", "They are absolutely wonderful, nothing is too much trouble for them." During our inspection we saw staff had a good rapport with the people they were supporting. We observed interaction that were relaxed and friendly. Staff we spoke with took pride in the person centred and caring nature of the service provided.

Staff and managers of the service had detailed knowledge of people and were able to tell us what was important to people, their likes and dislikes and the support they required.

Staff meetings were held regularly where staff had an opportunity to raise any issues and were used to look a developing good practice. Staff we spoke with liked working for the service and one told us, "We are more than work colleagues, we're like family. We [the service] have doubled in size but we have retained that."

There was a good system of quality assurance in place. The registered manager and other managers of the service carried out weekly and monthly checks and audits. These were used to assess, monitor and review the service.

Information was given to people who used the service to let them know what to expect from the service. Arrangements were in place to seek feedback from people who used the service. People we spoke with knew how to complain and were confident the managers of the service would deal with any issues they raised.

The CQC rating and report from the last inspection was displayed in the office and on the providers website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe when staff were providing them with care and support. Staff knew the correct action to take if they witnessed or suspected abuse.

The recruitment of staff was safe and there were sufficient staff to provide people with the care and support they needed.

Improvements had been made to medicines management. Care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

Is the service effective?

Good ●

The service was effective.

People told us the service was reliable and staff had enough time to provide people with the support they required.

Staff received the induction, training, supervision and support they needed to help ensure they provided effective care and support.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Is the service caring?

Good ●

The service was caring.

People who used the service told us the staff were helpful, caring and friendly.

We observed staff interactions with people who used the service were relaxed and friendly. Staff we spoke with took pride in the person centred and caring nature of the service they provided.

Staff and managers had detailed knowledge of people and were able to tell us what was important to the people. They knew their likes, dislikes, and the support they required.

Is the service responsive?

Good ●

The service was responsive.

Care records were person centred and contained information about people's needs and wishes. They provided staff with the information they needed to support people appropriately.

The care provided was reviewed regularly. People told us they were always involved on reviewing their care.

There was a suitable complaints procedure for people to voice their concerns. People were confident any concerns they had would be dealt with quickly.

Is the service well-led?

Good ●

The service was well-led.

People who used the service said the service was well managed and well organised. Staff said they enjoyed the working for the service and felt very supported in their roles.

The registered manager and staff were enthusiastic and committed to providing a good quality person centred service.

We found there was a good system in place for assessing, monitoring and reviewing the service. Arrangements were in place to seek feedback from people who used the service.

True Homecare Limited

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 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 was an announced inspection which took place on 15, 16 and 19 June 2017. Two days before our inspection we contacted the service and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

Before the inspection we asked the provider 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 what improvements they plan to make. Before the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. We also asked the local authority for their views on the service; they raised no concerns.

The service supports people who live in their own homes. During our inspection and with their permission we spoke with two people who use the service in their own houses. We spoke with the registered manager, two care coordinators and six care staff. Following our inspection we also spoke by telephone with six people who used the service and three relatives of people who used the service to ask their opinion of the service.

We looked at a range of records relating to how the service was managed these included; medicines administration records, the care records of four people who used the service, four staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they felt safe using True Homecare Limited.

At our last inspection we found that medicines were not always safely managed and a requirement action was made. During this inspection we found the required improvements had been made.

We found there were safe systems in place for managing people's medicines. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The registered manager and staff we spoke with told us that staff received training before they could administer medicines. Records we saw showed staff were trained in medicines administration and regular checks were carried out by senior staff to ensure staff were following correct procedures, including daily checks of records and medicines in people's homes. Since our last inspection a medicines risk assessment had been introduced. This provided staff with information about any help or support people needed with their medicines.

We looked at five people's medicines administration records (MAR). We found that all records were completed to confirm the person had received their medicines as prescribed. We saw that medicines files were also audited monthly by the registered manager to ensure accurate records were being kept. We saw that any issues identified through the audit were highlighted and any action taken was documented.

At our last inspection we found that potential risks to people using the service were not being adequately assessed or mitigated and a requirement action was made. During this inspection we found the required improvements had been made.

We found people's care records contained risk assessments. We saw they contained information to guide staff on safe entry and exit of people's homes, including the use of key safes. They contained detailed risk assessments that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. We found these included; medicines, personal care, moving and handling, continence, nutrition and hydration, falls and finance. These were reviewed regularly and updated when changes occurred.

Care records also included environmental risk assessments for hazards in people's homes. These included; use of household electrical items such as kettles, lighting, tripping hazards and flooring, hot surfaces, equipment and garden and entrance paths.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures were in place that provided staff with guidance on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding adults and children. The service had not had any safeguarding incidents but the registered manager and staff we spoke with were aware of the signs of abuse, what they would must do if they witnessed it and who they should report it to. Staff we spoke with told us they were confident the

registered manager would deal with any issues they raised. One staff member told us, "I would get hold of the office straight away, they would sort it."

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or other issues of concern. It also gave staff contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with were aware of the company's policy.

We found there was a safe system of recruitment was in place. We looked at four staff personnel files. We noted that all the staff personnel files contained an application form where any gaps in employment could be investigated. In one staff members employment history we saw two gaps in employment with no written explanation. The registered manager was able to tell us the reason for the gaps but said it had been an oversight that they had not been recorded. They told us they would review their procedures and also audit all staff files to ensure the required information was in place. On the second day of our inspection we saw that all staff had been requested to send a copy of their full employment history including an explanation for any gaps. Managers of the service were completing an audit of the personnel files to check they were correct.

All the personnel files we looked at contained at least two written references and copies of identification documents including a photograph. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. We saw that staff also wore uniforms and name badges to help identify them.

We saw the service had policies and procedures to guide staff on staff recruitment, supervision, equal opportunities, sickness and disciplinary matters. These helped staff to know what was expected of them in their roles.

People we spoke with told us there were sufficient staff and they always received the support they needed it at the time it had be arranged. One person who used the service told us, "I have only ever had one cancellation, and they sorted it." Another said, "They tell me if someone is going to be late." We saw that when staff arrived at the start of a visit, with their permission, they used the person's telephone to log that the visit had started and then again when the visit was completed. This allowed managers and the local authority contracts team to ensure that visits were being completed as arranged.

Staff rotas we examined showed that there were sufficient staff to provide people with the planned support. Staff told us that cover for sickness or annual leave was always provided by the existing staff team. Staff told us they had sufficient time in between visits to travel to the next visit.

People who used the service told us they were always supported by staff they knew well and that any new staff always worked alongside familiar staff so that people got to know each other. This helped to ensure continuity of care.

The service had a business emergency response and continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt or endanger people who used the service. This included loss or damage to offices, communication or computer equipment, reduction in staff availability due to illness outbreak and severe weather. This meant that risks to the service were identified and measures were in place to help ensure people continued to receive the support they needed.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. The registered manager told us there had been no accidents in the last twelve months but showed us there was a system to record any if needed. This included a description of the incident and any injury, action taken by staff or managers and recommendations from managers to prevent reoccurrence.

The service had an infection prevention and control policy; this gave staff guidance on preventing the spread of infection; effective handwashing and use of personal protective equipment (PPE) including a uniform, disposable gloves, aprons and hand gel. We saw that PPE was available and staff and people who used the service we spoke with told us PPE was always available and used. Records showed that staff received training in infection prevention and effective handwashing.

Is the service effective?

Our findings

People told us the service was reliable. They told us, "They are very reliable" and "They come at regular times and know what I want." Other people told us, "I would be in a mess without them, I can tell you" and "I am satisfied with them. They are very good."

A staff member told us, "We help keep people at home; I believe that's a good thing. Because of this I feel motivated."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS).

Care records we looked at contained evidence the service had identified whether a person could consent to their care and had been signed by the person to indicate they agreed to the planned care. People we spoke with also confirmed staff sort their consent when supporting them. A relative told us, "They always ask before they do anything."

Records we reviewed showed that staff had received training in MCA and DoLS. All the staff we spoke with during the inspection demonstrated their understanding of the principles of this legislation and the need to gain consent from people before they provided any care. A staff member we spoke with said, "I always check, I sit down with clients and explain what I am doing and why."

We looked at the arrangements in place to help ensure staff received the induction, training and supervision they required to be able to deliver effective care.

The registered manager told us that new staff worked alongside an experienced staff member until they are confident to work alone. The registered manager told us that new staff received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This included reading policies and procedures as well as completing required training. Our review of records showed that all staff completed this induction.

Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. The registered manager showed us the training matrix they used to record all staff training. Records we looked at and staff we spoke with showed that staff received training that included; duty of care, person centred care, communication, fluids and nutrition, dementia,

basic life support, emergency first aid, health and safety, moving and handling, fire safety and food hygiene. Some staff had already completed a level 2 qualification in social care; plans were in place for others to complete this. One staff member told us they were now planning to complete a level 3 course.

Since our last inspection the service had reviewed the supervision policy and there was guidance for staff on how often they should expect to receive formal supervision. Records showed that staff received regular supervisions and attended team meetings. Staff we spoke with told us they felt very supported. They said, "Yes, I definitely feel supported", "I have been supported. If I didn't like it I wouldn't stay here" and "You can ring the office or go in any time you need to."

People supported by the service lived in their own homes and could therefore eat what they wanted. People we spoke with told us staff supported them with food preparation if it was needed and respected their food preferences. We observed that staff checked with people that they were happy with the planned meal before the prepared it.

Care records showed that people had access to a range of health care professionals such as their own dentist, optician and G.P. People we spoke with told us staff arranged appointments for them if needed. People who used the service said, "I am going to the dentist next week. Straight away [when the appointment was made] they said they would go" and "They support me to go to the hospital and to appointments."

Is the service caring?

Our findings

One person who used the service said of the staff, "I would recommend every one of them."

People who used the service told us the staff were helpful, caring and friendly. They told us, "They are very helpful and very obliging", "They are all kind", "They carers are good people", "They are absolutely wonderful, nothing is too much trouble for them", and "I get on well with them, they are nice people." Other people said, "They always ask if there's anything else they can do", "They always knock on the door and say 'hi' [before they walk in]" and "They are so polite, they help me." A relative told us, "They ask how you would like things doing. They stay with [the person who used the service] routines." Another said, "They are very caring. I wouldn't have them if they weren't."

During our inspection we visited two people in their homes and spent time observing how staff interacted with them. We found all staff were attentive and had a good rapport with the people they were supporting. We observed interactions that were relaxed and friendly.

People who used the service were heard to have nicknames for the staff who they obviously knew very well. We observed that gentle humour was used and there was lots of laughter between people. One person who used the service said of the staff member who was present, "This one is a smashing girl!" another said of their main carer, "[name] has been an asset. I have been very lucky with [name]. It's been two years I have had [staff member]" and "This [staff member] is very attentive."

The registered manager and all the staff we spoke with all spoke in a caring and compassionate way about people who used the service. One staff member said, "The time spent with [people who use the service] is so important. I am very conscious what it means to people who don't see other people." Another said, "I love it, you know you are making a difference. Some people don't see anyone else during the week. You can see it on their faces when you go in."

Staff had detailed knowledge of people and were able to tell us what was important to people, their likes, dislikes, and the support they required. Care records we looked at described people in positive ways and included information on how to promote people's independence, including things the people liked to do for themselves. Staff told us, "You get to know what they [people who used the service] like and don't like", "We get time to build up relationship with people" and "I always ask if there is anything else they [people who used the service] want or if there is anything I have missed."

Staff we spoke with took pride in the person centred and caring nature of the service provided. One said, "I think we are all very friendly. We all care", "This is a very rewarding job. They [people who used the service] have got used to me and I have got used to them", "It's like visiting family. You have regular clients, you get to know people and pick up if something is wrong."

One staff member told us how they encouraged the person they supported to go into the garden on sunny days. They said they would re arrange their days off so that they could do this when the weather was right for

the person.

The registered manager told us that one of the main aims of the service was to help maintain and promote people's independence. Staff we spoke with told us they always tried to encourage people to do what they could for themselves. One staff member said, "If people want to make tea themselves I will say I will stand with them while they do it."

The service had policies and procedures about protecting people's confidential information, privacy and dignity for staff to follow. This showed the service placed importance on ensuring people's rights, privacy and dignity were respected.

Is the service responsive?

Our findings

People who used the service told us the service was responsive. People said of staff, "They listen and they are cooperative", "I tell them what I want doing, if I have washing they will do that", "They are very good. There are no objections to what I ask them to do." Other people said, "Without any shadow of a doubt they do what I ask" and "Nothing is too much trouble."

People told us they had been asked about the support they needed and how that support should be provided. The registered manager told us the service always completed an assessment of people's needs prior to people then starting to use the service.

Since our last inspection the registered manager told us that initial assessments were now more detailed and care plans had been amended to ensure they reflected people's needs and preferences. They said that before someone started to use the service a manager from the service met the person and their relatives to carry out an assessment. We saw that this covered all aspects of their health and social care requirements. Care records we looked at contained assessments which were detailed and showed what support the person required and what was important to them. We saw that the assessments were used to develop care plans and risk assessments. This included a client care plan which told people the times and day's staff would be with them and what the staff would do to provide the support they needed.

Care records we looked at were sufficiently detailed to guide staff in how to provide the support people required. They also gave information about what people could do for themselves and were written using respectful terms. They gave information about things that were important to the person including routines, preferences, food likes and dislikes, health conditions, medicines. Also how they wanted to be supported with their personal care, equipment that staff needed to use, social activities and how best to communicate with the person. Care records we saw included statements such as; 'I would like you to make me porridge with water, no sugar', 'please speak up or I might not hear you', 'give.. tooth brush with fluoride toothpaste.'

We saw care records included a 'map of life' and an "I am" document. These included information about what was important to and for the person. They included the person's life history, who their family and friends were, hobbies and interests, what upsets the person, how they like to relax, their community and social networks and important things they would like staff to know about them.

Staff we spoke with told us care records were always in place when they started to work with someone. One staff member said, "The care plans tell us everything people want us to do and how they want things to be done."

We found care records including care plans and risk assessments had been reviewed regularly to ensure they reflected people's needs. Everyone we spoke with told us they had been involved in reviewing how their care was provided and asked if any changes were needed. One person told us, "I know all about the folder [care record in the persons' house] and what's in it."

We found detailed records were made in daily logs by staff after each visit. Staff told us that if people's needs changed they wrote in daily logs, reported to the office and managers would update care records.

We found the service had a policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and other organisations they could contact if they were not happy with how their complaint had been dealt with. The service had a system for recording any complaints. We saw that one complaint about a missed visit had been investigated and responded to. We saw this included action that had been taken to prevent it happening again.

People we spoke with knew how to complain and were confident the managers of the service would deal with any issues they raised. A person who used the service said, "I had one [staff] that I didn't like. I told them and they sorted it out." A relative said, "We haven't got any complaints but I am sure they would listen if we had."

Is the service well-led?

Our findings

All the people we spoke with were positive about the registered manager, the way they ran the service and the service provided. People we spoke with told us, "They are great, I can't fault them", "Now its ok. They weren't at first but they are getting better", "Of all the agencies I have had these are number one", "They are very good" and "I would recommend them, I wouldn't have kept going apart from the care I get."

The service has a registered manager who was present on the day of our inspection. 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 we spoke with were very positive about the registered manager. Staff said, "She's amazing, very dedicated", "She will always give you a different perspective, "She's very nice", "She's lovely", "She treats you like a family member", 'She is very easy to talk to... I trust her.' Other staff said, "If you ever need anything she will always help", "She's lovely, she is so particular, she likes everything to be right" and "It doesn't matter if its work or home, she is there for you"

We spoke with the registered manager throughout our inspection and found them to be committed to providing a good quality person centred service. Staff we spoke with shared this commitment.

Staff we spoke with liked working for the service and told us they felt supported in their work. They said, "It's brilliant"; "They are fantastic. They are a great company to work for", "It's brilliant, I am happier, it's my first job. They are so flexible", "I love the company", "I love working here" and "It's the best thing I have ever done."

Staff told us there was good teamwork and managers and staff worked well together. They said, "I have never been so happy. We have a good team", "We are a good team, were have different skills and we get on with each other", "We are more than work colleagues, we're like family. We [the service] have doubled in size but we have retained that."

Records we reviewed and staff we spoke with also confirmed that the service held regular staff meetings. We saw that notes were kept of these meetings and that staff could raise any issues they wanted. At the last meeting there had been a discussion about safeguarding and staff responsibilities. We saw that the importance of arriving on time for visits had also been discussed at another team meeting.

The registered manager told us that the service provided incentives to keep staff happy and retain exiting staff. They told us that they believed that, "...if you keep staff happy, they enjoy what they do, they will keep clients happy." We were told that incentives included financial bonuses if staff worked more than 30 hours per week during a particular month. They also received extra holidays after working for the service for two years and an additional financial bonus once they had worked for the service for 5 years.

Staff told us that they also have an informal gathering in the office on Fridays. Any staff that were available sit and have lunch together. The registered manager told us that staff celebrate each other's birthdays and also the service gives flowers when staff are poorly. The registered manager had planned for ten staff to go paintballing and planned to start an 'employee of the month' award, which would recognise good practice and the winner would be given vouchers. They told us these initiatives were to make sure staff felt part of a team and show them their work was valued by managers and the company.

We saw that the service had a range of policies and procedures. The policies we looked at included infection control, medicines administration, complaints, the mental capacity act, safeguarding adults and whistleblowing. The policies were reviewed regularly to ensure they were fit for purpose.

We looked at the quality assurance systems in place within the service and found there was a robust system of quality assurance. There were a number of weekly and monthly checks and audits carried out by the registered manager and other managers within the service. We saw these included, medicines records, care records, training, supervision, visit punctuality and spot checks of staff performance. Managers of the service carried out regular spot checks; they used these to ask people about the quality of the service they were receiving. Records were kept of these checks. These included how staff spoke with people, their record keeping, uniform and how they supported people with their medicines. Comments about staff on spot check records we saw included; 'Brilliant rapport with clients', 'gloves worn during food prep', 'was aware of persons routines, read care plan.'

We saw that the registered manager and other managers of the service met twice each week to discuss new referrals and packages of care and any issues for the following week.

We looked to see if people had the opportunity to comment on the service they received. People told us they were involved in regular reviews of the support they received. The service had staff who acted as 'key workers.' Each month they collected all the care records to make sure they were completed. Every four months they completed a 'quality review.' They sat with the person who used the service to make sure the service was being provided as planned and to see if the person needed anything to change or be added to the support provided.

The registered manager told us that the annual satisfaction survey had just been produced but had not been returned by people yet. During our inspection we saw thank you and compliment cards the service had received. One stated, 'A big thank you...you all gave amazing care and [person who used the service] was so fond of you all.' Another said, 'Thank you to all at True Homecare who have made my life easier for the past year.'

Before our inspection we checked the records we held about the service. We found there had been no notifications since our last inspection. Notifications of significant events such as accidents, incidents and safeguarding allegations allow us to see if a service has taken appropriate action to ensure people are kept safe. The registered manager told us there had been no such events, but was able to tell us what should be notified and how they would do this.

We saw there was a service user guide and statement of purpose. These documents gave people who used the service the details of the aims of the services and facilities provided at this care home. These explained the service's aims, values, objectives and services provided. These documents helped to ensure people knew what to expect when they used this service.

The CQC rating and report from the last inspection was displayed in the office and on the providers website.

