

Juventa 4 Care Ltd

Sheffield

Inspection report

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18 September 2017

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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

The location name is registered with the Care Quality Commission (CQC) as 'Sheffield'. However, the service is known as Juventa 4 Care. Juventa 4 Care is a domiciliary care service registered to provide personal care. The service office is based in the S9 area of Sheffield. Support is provided to younger adults and older people living in their own homes in Sheffield. At the time of this inspection 39 people were supported by the agency. 15 staff were employed by the agency.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Juventa 4 Care was registered with the CQC on 27 September 2016. This is the services first inspection.

The inspection took place on 15 and 18 September 2017. We gave the registered manager 48 hours' notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

In the main people spoke positively about the support provided to them. They told us they felt safe and their care workers were respectful and kind.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures were robust and ensured people's safety was promoted.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Staff were provided with relevant training so they had the skills and knowledge they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Juventa 4 Care.

Visit times were flexible to support people's access to health professionals to help maintain their health.

People were supported to maintain a healthy diet which took into account their needs and preferences, so their health was promoted and choices could be respected.

Staff knew the people they supported well. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People said they could speak with their care workers or the registered manager if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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.

Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration and disposal of medicines.

Staff recruitment procedures were robust and ensured people's safety was promoted.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training and supervision for development and support.

Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People had consented to the support provided by Juventa 4 Care.

Staff supported people to eat a balanced diet to maintain their health.

Is the service caring?

Good ●

The service was caring.

Most people told us care workers were caring and kind.

People were supported to contribute to their support plan.

Staff respected people's privacy and dignity and knew people's preferences well.

Is the service responsive?

Good ●

The service was responsive.

People's support plans were reviewed and updated as required.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

The service was well led.

There was a registered manager in post who was an experienced health care professional.

There were quality assurance and audit processes in place to make sure the service was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

Good ●

Sheffield

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 inspection took place at Juventa 4 Care on 15 and 18 September 2017 and was announced. This was the first inspection of the service. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

At the time of this inspection Juventa 4 Care was supporting 39 people who wished to retain their independence and continue living in their own home.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection including notifications of incidents that the registered provider had sent us.

We contacted Sheffield local authority to obtain their views of the service. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

On 15 September 2017 we visited three people who received support at their homes to ask their opinions of the service and to check their care files. Whilst on visits we also met with one relative and one friend of a person receiving support.

On 18 September 2017 we visited the agency office and spoke with the registered manager, the field

manager and one care worker. We also spoke with three care workers over the telephone to discuss their roles and obtain their views.

We telephoned 21 people who received support and managed to speak with 12 people receiving a service, or their relatives, to obtain their views.

We reviewed a range of records which included care records for six people, four staff training, support and employment records and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

People receiving support told us they felt safe in their homes with their care workers. Comments included, "I feel safe, they [care workers] are all so kind," "I do feel safe and I do trust them [care workers]," "I feel safe. They [care workers] have all been very nice and it's nice to chat with them" and "I haven't felt unsafe with anyone of them."

Relatives spoken with told us, "I'm sure [name of family member] is safe with them [care workers]" and "Yes [my family member] is safe. They [care workers] are very good and do what they have to do within twenty minutes."

All of the staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. Staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training. This showed full and safe systems were in place to promote people's safety and wellbeing.

The service had a policy and procedure in place to support people who used the service with their personal finances. The registered manager informed us the service only handled money for one or two people, for example when food shopping for them. The registered manager informed us that staff completed a financial transaction sheet every time they handled money for a person receiving support. We saw guidance was provided to staff within the policy to promote people's safety.

All of the staff asked said they would be happy for a relative or friend to be supported by Juventa 4 Care and felt they would be safe.

We asked people about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "They [care workers] always give me my tablets. They always check the nomad (storage box) to make sure I've had them. They are wonderful people," "They [care workers] oversee me taking my medication and watch me take it. I am getting the support I need," "They [care workers] check to see if I have taken my medication. They have offered to do my eye drops for me, but I choose to do these myself," and "Yes, they [care workers] are very good. I get it [medicine] first thing in the morning when the carers come in. They always look at the book before they give me my medication." One

person told us, "I have some cream from the doctors and I asked them [care workers] to put it on. I think they have had some training. They put my eye drops in at night. Some do it well and others are rubbish. Sometimes the carers squeeze it too much. I asked the doctor if this could be a problem he said this shouldn't be detrimental." We discussed this with the registered manager. They told us they were in weekly contact with this person, who had not raised this with them. The registered manager gave assurances that she would contact the person and speak with their care workers to resolve this.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We checked nine people's Medication Administration Records (MAR), three during home visits and six during the office visit. We found they had been fully completed by staff to show when medicines had been administered. The three MAR checked during visits to people's homes held details of medicines that corresponded with the medicines kept at the person's home.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the field manager also regularly observed staff administering medicines to check their competency. We saw regular audits of people's MAR's were undertaken to make sure full and safe procedures had been adhered to.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection 39 people received a service and 15 staff were employed. Staff told us they had regular schedules. People receiving support told us they had never had a missed visit and on the whole staff stayed for the agreed length of time. This showed that sufficient levels of staff were provided to meet people's identified support needs.

We asked staff about the levels of staff provided. All of the staff spoken with thought enough staff were available.

We looked at the procedures for recruiting staff. We checked four staff recruitment records. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in place helped to keep people safe.

We looked at six people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments were relevant to the individual and promoted their safety and independence.

We found staff had completed fire training so that they had the skills and knowledge to support people in an emergency.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support and their relatives we spoke with did not have any concerns about infection control.

Is the service effective?

Our findings

People told us the service was reliable and staff stayed as long as they should. Comments included, "I know them all, [gave names of three staff]. They stay as long as they need to, sometimes they stay longer. I am very satisfied," "He [care worker] comes at the right time and stays for the right amount time," "They [care workers] are almost always on time. They tell me when they are expecting to be late. They stay the right amount of time," "Sometimes they [care workers] come a little bit early. The carers come anytime between 7 am and 9 am and don't always come at the same time every day," "They are mostly on time, it depends what happens at the previously client. They let me know if they are going to be late," "They have scrupulously kept to the agreed four visits a day" and "At one point it was getting later and later. One of my relatives requested they came before half past nine, so I can go out with my friends. They now come from 9 am onwards which is good."

People told us they had regular staff and had never had a missed visit. Some people told us they did not always know which of their regular carers would be visiting them, but they knew all the care workers that supported them. Comments included, "I have four regular carers and we agreed the times. They have never missed an appointment, to their credit," "I've never had a missed visit. I have regulars and I like them all," "I don't definitely know who is coming. Recently I have had the same carer," "I never know who is coming unless they [care worker] tells me they are coming back. During the holiday time they have been short staffed. I usually have three different carers," "I know all of them [care workers]. I have a couple of regulars and they have become friends, like family," "I have got to know them well. I have three and four different ones [care workers]" and "I have quite a lot of carers, sometimes it's only two a week, sometimes it is as many as five. I know them all." One person told us they had been introduced to their regular care worker, but liked having a variety of people visiting them.

People's relatives spoken with commented, "We have four or five regular ones [care workers], who we know and a few new ones sometimes" and "We know all our carers very well."

We found at each person's visit an 'Intervention record sheet' was completed. We saw staff recorded the date of the visit, arrival time, finish time, tasks carried out and the support provided in their intervention record sheet. Staff then signed the record. Record sheets we looked at showed visits were generally at the agreed time and staff stayed the agreed length of time at each visit.

Staff told us they were provided with a regular schedule so that they got to know the people they were supporting.

Most people told us they had good communication with the office and their care workers. Two people receiving support told us they sometimes struggled to communicate with their care worker. They commented, "I have job to understand some people's [care workers] accents. Some of them I understand. They speak well" and "I do relate to some [care workers] and some of them I find their English is not that good. It can be difficult and hard work with some, just a couple of them." We discussed this feedback with the registered manager who gave assurances that they would explore this.

We asked people about support with their healthcare. People told us that the service was flexible and accommodated their visits to healthcare professionals so that their health was maintained. One person told us they had been disappointed as they had made arrangements for an early visit to accommodate a hospital appointment, but carers had arrived too late to help. This was because of an emergency at another person's home. The person did say, "The carers are great." One relative of a person receiving support told us, "I trust Juventa Care. They have cleared up some sore areas (of skin.) They are fastidious and know what to watch out for."

The care plans checked showed people's dietary needs had been assessed and any support they required with their meals was documented. One person told us, "They always make sure I have a drink and help with my meals."

People we spoke with told us they thought staff were mostly well trained and performed their jobs well. Comments included, "I think they have training before they start working. They know what they are doing" and "Usually a new carer will come with an experienced carer."

Relatives of people receiving support spoken with commented, "One of the administrators [field manager] has come with a new carer and sometimes he comes with other carers to check they are doing the jobs. They [care workers] are skilled in everything they do around the place."

We checked the staff training records. These showed staff were provided with relevant training. Staff spoken with said they undertook induction training to make sure they had the right skills for their role. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The training records showed training in specific subjects were also undertaken, for example, training on dementia awareness. This meant staff had appropriate skills and knowledge to support people.

Staff spoken with said the training was "good".

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The records showed staff had been provided with regular supervision for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported. The registered manager confirmed that staff would be provided with an annual appraisal when they had worked at the service for one year. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. We saw a written schedule to evidence appraisals had been planned. We saw policies on supervision and appraisal were in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

Staff we spoke with understood the principles of the MCA. This showed staff had relevant knowledge of procedures to follow in line with legislation.

People told us they felt consulted and staff always asked for consent. The care plans checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

Is the service caring?

Our findings

Most people receiving support that we spoke with made positive comments regarding staff. Their comments included, "They [care workers] are friendly and kind," "The carers have a brilliant manner and are very good at their job," "They [care workers] are kind. The staff talk to you and when they come in they ask how you are feeling," "They [care workers] usually come in smiling and ask how you are. When they wash me they talk to me. They all express an interest in my life," "They [care workers] are kind and caring. There is not one who isn't. They are all very nice and they listen to you. I have a good relationship with them. None of them have been nasty," "We have a right laugh. It makes a big difference if you have a good set of carers. They are caring and it is a big bonus," "I have a good rapport with the staff. They are all so friendly, even at 7 o'clock in the morning," "I'm getting to know a new one [care worker]. We are both qualified [health professionals] so we have this in common. They are very good. I would recommend them without hesitation," "I do think they are kind, although some are not articulate or don't give warmth" and "Yes care workers are kind, except the very few exceptions, who just don't seem the slightly bit interested and don't speak. One always doesn't remember what to do. They write in the file afterwards. The new ones don't read the files."

Relatives spoken with said care workers were kind, patient and respectful. They commented, "They [care workers] are kind and caring. They are great" and "Very thoughtful and patient."

People receiving support told us that staff were respectful and maintained their privacy. Comments included, "Yes they [care workers] respect my privacy. When I have a shower they wait outside and I can call them if I needed to," "When they [care workers] get me washed they come in and draw the curtains to respect my privacy" and "They [care workers] respect my privacy, which is good considering they are undressing me."

Relatives spoken with told us, "They [care workers] are very good and [name of family member] also says they are fine. They use their first name and chat to them. They are always very good and don't take offence at anything we ask for."

Some people receiving support provided examples of how the staff helped to maintain their independence. They told us, "They [care workers] always say it is good to maintain your independence and they encourage me to go out with friends," "If I say I can do it, they [care workers] let me" and "I try to go to the shop and do little things myself. They [care workers] encourage me and when I tell them what I have done the next day I feel brilliant about it."

The service had relevant policies in place to advise staff on confidentiality and data protection. All of the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support told us their care workers never discussed anyone else they were visiting with them. This showed that people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the appropriate people and only limited information regarding visit times and people they would be visiting was

sent to staff via their phones. This promoted people's privacy.

Staff we spoke with were motivated about their work. They could describe how they promoted dignity and respect and were caring and compassionate in their approach.

People told us they were involved in writing their care plan and they told us that someone from the office had visited them to talk about their support needs. Comments included, "I am quite happy with the way it [care plan] has been done. I quite happy with how the care plan is going," "Yes I do feel involved. We usually discuss my care," "I have a care plan and the carers write how they have found me that day" and "[Name of field manager] came to see me. They spent a long time talking to me about what I wanted. They put it all in my care plan and I signed it. I am involved in it all."

One relative told us, "I have been fully involved from the beginning. We agreed it [care plan] together."

We looked at six people's care records during the home visits and during the visit to the office. The care records showed people supported and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing that people agreed to their planned care and support. Each care plan contained some details of the person's care and support needs and how they would like to receive this. The plans gave some details of people's preferences so that these could be respected by care workers.

At the time of the inspection no one was being cared for at the end of their life. The registered manager told us if they were approached to care for a person who was at the end of their life they would involve a multi-disciplinary team of healthcare professionals and work together to plan care and support in line with the person's personal wishes.

Is the service responsive?

Our findings

People receiving support and their relatives we spoke with all said they could talk to the registered manager and staff at any time. People told us they knew who to speak to if they needed to raise any concerns or a complaint. Their comments included, "I haven't had any problems, but I could call them [staff] for help with anything. I can't speak too highly of them," "I've not had a need to, but I would fill out a complaints form if I needed to," "The [office] number is on the care plan and I would ring Juventa and the council if I had a complaint," "I would feel comfortable to raise concerns. You don't always get through. Sometimes you get through to a person; sometimes it is a message machine. More often than not they [staff] get back to you," "I have made a complaint (about one specific issue) and I was happy with how it was dealt with."

Staff we spoke with said the registered manager and field manager were accessible and approachable and dealt effectively with any concerns they raised.

We looked at the registered providers complaints, suggestions and compliments policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service.

The registered manager informed us the service had no complaints at the time of this inspection. They gave assurances that any complaint received would be recorded, along with the actions taken and the outcome of the complaint. One previous record seen showed the complaint had been fully investigated by the registered manager and care coordinator, and action taken to resolve the complaint was recorded. This showed that any concerns or complaints received would be listened to and taken seriously.

People we spoke with said the service was flexible to suit their needs. Comments included, "I rang the organiser and asked for no lunch time calls or at the weekends. I had four calls reduced to three and at weekends I have two so that's alright," "We have recently changed my plan and I got my confidence back. They [care workers] used to come every day, twice a day at one point. They come three days a week now" and "We talked with my daughters and we reduced the amount of times they come." One person told us they would like a change in the way some support was delivered. With the person's permission we contacted the registered manager who then contacted the person to discuss and resolve their concerns.

People receiving support and their relatives we spoke with were aware they had a care plan and felt they were involved with their care and support. People told us they had been consulted by the registered manager and staff in subsequent reviews of their support and the support plans. Comments included, "I have my care plan. I feel I am getting what I need. It was reviewed once and I was given another care plan. They [staff] expanded the times and gave me a copy," "I had a review and they asked if I was alright and I said I was happy with what has been done" and "They [staff] come from the office to talk about my care plan and to check everything is all right."

People's care plans contained some information about their care and support. These were regularly reviewed and updated in line with the person's changing needs. Whilst the care plans seen contained information about people's support needs, this was limited and did not fully reflect people's individual needs and preferences. For example, one care plan stated "Staff to assist with strip wash / shower and dressing needs." The plans did not fully explain how this support was to be delivered and did not describe the person's preferences. The care plans seen would benefit from further detail to ensure people's individual needs and preferences were known and respected. We discussed this with the registered manager who gave assurances care plans would be checked and further detail added where relevant.

The care plans checked contained clear detail of the actions required of staff to support specific medical conditions. This showed that this aspect of people's individual and diverse needs were known and met.

Staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs which enabled them to provide a personalised service.

With people's permission we shared some of their views with the registered manager. The manager telephoned some people using the service to further discuss their wishes and preferences so they could be respected. This showed a responsive approach.

Is the service well-led?

Our findings

The manager was registered with CQC.

People receiving support and staff spoke positively about the registered manager. They told us the registered manager was approachable and supportive.

People receiving support told us, "I have met [Name of registered manager], they are very good. I see [Name of field manager] a lot and they are very good as well" and "I know [Name of field manager] really well, he is like family. They would do anything for you. I know [Name of registered manager]. She is very kind."

One person told us of a concern they had when they first started receiving support in early summer 2017. The manager had been aware of this and been involved with relevant professionals to address the concern. With the person's permission, we discussed their concern with the registered manager. The registered manager contacted the person to discuss and fully resolved their concern.

Most of the people asked said they would recommend Juventa 4 Care to their friends and family.. Comments included, "Yes I would recommend them," "I think I would recommend them," "Yes, I would recommend them. I am satisfied," "I am happy with the service. However I don't like to recommend as different people have different views," "The service is good. I don't like to recommend, as what is important to one person is different to others" and "Yes I would recommend them. I'd tell them that as company they give proper care and look after you." One person said they would not recommend the company.

Staff spoken with said the registered manager was very approachable and supportive. They commented; "The manager is very supportive. I could go to her about anything" and "I've got to know [Name of registered manager]. Any support needed is given."

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. Their comments included, "I am happy working for this company. If I had any worries I would go to [Name of registered manager]." All of the staff asked said they would be happy for a friend or family member to be supported by Juventa 4 Care.

We saw an inclusive culture at the service. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. Comments included, "We have lots of meetings to talk about things" and "We have meetings all the time." Records seen showed staff meetings took place to share information. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

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. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering aspects of the running of the service. Records showed the registered manager and field manager undertook regular audits to make sure full procedures were followed. A written 'time line' of all quality assurance checks was in place to show the frequency of the different checks and audits. These included care log, MAR, care plan and risk assessment audits undertaken every four months. As part of the quality assurance checks, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support. All the staff files we looked at had records of 'on site spot checks' of staff's practice.

The registered manager told us she had plans to send surveys to people receiving support and care professionals once the service had been operating for over one year, within the next month. They told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this. We saw records of care reviews undertaken by the field manager. Those seen included a questionnaire completed by the person receiving support during the review visit. The questionnaire asked if people were happy with the care workers, if they felt they were treated respectfully and if they were happy with the times of their visits. All of the questionnaires seen contained positive responses.

We saw policies and procedures were in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.