TLC Homecare Limited

Town & Local Care

Inspection report

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Date of inspection visit:
26 September 2017

Date of publication:
17 October 2017

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 inspection took place on 26 September 2017 and was announced. At the previous inspection in September 2016, the registered provider was in breach of the regulations around the need for consent, safe care and treatment and good governance. We asked the provider to take action to make improvements in their systems and processes, how they sought consent from people, risk assessment and the management of medicines. This action has been completed.

This service is a domiciliary care agency and provides personal care to people living in their own homes in the community. At the time of this inspection they were providing a service to approximately 190 people over the age of 18 in the Calderdale and Kirklees area. It is a condition of registration with the Care Quality Commission that the service has a registered manager in place and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our inspection confirmed staff had received training in how to keep people safe. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents, which included contacting their line manager in the first instance and other statutory organisations if required.

The service practised safe recruitment to ensure people were cared for by staff who had undergone the necessary checks including obtaining evidence of conduct in previous employment, their full employment history, together with a satisfactory written explanation of any gaps in employment and checks with the Disclosure and Barring Service (DBS).

Environmental risks had been assessed to ensure a safe working environment for staff. The service had assessed the risks to people supported, but some of the measures put in place to mitigate risk were very general. The registered provider had recognised this and was in the process of improving these to make them more person-centred.

At our previous inspection we found moving and handling care plans lacked detail. At this inspection, we found improvements had been made in the assessment and records. These detailed the method staff were to follow when moving and positioning people.

We found the management of medicines was not in line with good practice at our previous inspections. We found improvements had been made at this inspection. Improvements were on-going and actions put in place when medicines audits highlighted gaps in medicines administration records.

At our previous inspection, the service was not meeting its responsibilities under the Mental Capacity Act

2005. Improvements had been made and mental capacity assessments and best interest decisions had been recorded. The registered provider was improving how it was recording Lasting Power of Attorney to ensure they had a record of who they needed to consult if the need arose.

Staff received regular training to ensure they developed skills and knowledge to perform their role and received regular on-going supervision and an appraisal to support their development. New staff completed the Care Certificate which included observations in their role and competency checks.

People were cared for by staff who were caring and compassionate and who respected their dignity and privacy. Staff could describe how they ensured they maintained people's privacy. Equality and diversity was respected by the registered provider in relation to the workforce, and when providing the service.

Care records were person-centred and recorded people's preferences, views and how they wanted their care to be delivered. Staff had received additional training in record keeping and this was an on-going development area.

The service had a complaints policy in place and complaints were handled appropriately to ensure a satisfactory outcome for people using the service. We saw a high number of compliments had been received. When these related to staff, these were published in the company newsletter to acknowledge staff achievements.

Staff spoke highly of the registered manager and the organisation and told us they were supported in their role. They told us the organisation had a positive culture, where they were supported with training and development.

The registered provider completed a detailed audit which had picked up where improvements were required and action plans were implemented to address these issues. Systems and processes were in place to monitor the service provided and it was clear strong leadership was in place to drive improvements.

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 we spoke with demonstrated a good understanding of how to recognise abuse and ensure people were safeguarded. They knew the procedure to follow to report any concerns.

Generic risks to people were identified. Specific risks to people had been identified and the registered provider was working to make risk reduction measures more person-centred.

Medicines management had improved and the registered manager actioned issues as they arose.

The registered provider was actively recruiting new staff. Recruitment records showed pre-employment checks were carried out to ensure suitable staff were employed to work with people at the service.

Is the service effective?

Good

The service was effective.

The registered provider was meeting their responsibilities under the Mental Capacity Act 2005 and capacity assessments had been undertaken and best interest decisions recorded.

Consent was sought in line with legal requirements.

Staff had received training to ensure they had the knowledge and skills to perform in their roles and were supported to develop through supervision and appraisal.

Is the service caring?

Good

The service was caring.

Staff knew how to ensure privacy; dignity and confidentiality were protected at all times.

Staff knew how to maximise people's independence to help them to live fulfilled lives.

The registered provider respected equality and diversity.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and referenced people's views, preferences and choices, and people were provided care in a way that reflected their wishes.

Regular reviews were undertaken to ensure care was responsive to people's needs.

The service had an effective complaints policy and process in place to ensure concerns about the service were acted upon.

Is the service well-led?

Good

The service was well-led.

The ethos of the management team was to provide a high quality service and they evidenced they were constantly seeking ways to improve the service.

Registered provider audits had been robust and had highlighted where improvements were required and actions had been identified to ensure improvements were made.

The registered provider was working on improving the wellbeing of staff to retain good staff and encourage them to work towards the values and behaviours of the organisation.

Town & Local Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 26 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The membership of the inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection was informed by feedback from questionnaires completed by a number of people using services. 50 questionnaires were sent to people and 20 were returned. We used the information from the questionnaires to direct our inspection.

Before the inspection we gathered and reviewed information from statutory notifications. The provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning and monitoring team and reviewed all the safeguarding information regarding the service. We also contacted Healthwatch to see if they had received any information about the provider and they shared the information they had about this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We reviewed four care records and daily journals in detail. We reviewed four staff files and associated recruitment records. We spoke with eleven people who used the service.

We spoke with the registered provider, the Group Operations Director, the registered manager, the human resources manager, the assessment and reviewing officer and five care workers. We reviewed the records in

relation to the management and governance arrangements at the service.

Good

Is the service safe?

Our findings

We asked people who used the service whether they felt safe with the care staff who supported them. We received the following comments, "Yes I do feel safe with most of the care workers," "Yes I have no problem with safety at all," and "Oh yes, indeed I do feel safe with them, always." In addition one person said, "I feel very comfortable with the care workers. They are very good indeed."

At our previous inspection we had concerns about how the service managed risk. At this inspection we looked to see how the service had improved and found improvements had been made. The registered provider had implemented a new role since our last inspection, an assessment and reviewing officer and this person had been in post for five months. Their role was specifically to carry out all the risk assessments which underpinned people's person-centred care plans. The service used a general risk assessment which identified environmental risks at the property to ensure staff were protected from harm whilst they carried out their caring duties.

We saw risk assessments in people's care files around moving and handling, tissue viability, medication, personal care, Control of Substances Hazardous to Health (COSHH), diabetes, showering, meal preparation, and personal care. This was an improvement from our last inspection, although we found some of the risk assessments were very generalised and lacked specific information about the person. However, on discussions with the registered manager, and the assessment and reviewing office, they had highlighted this and had plans in place to improve the risk assessments to be more personalised.

Moving and handling training and moving and handling care plans had been an issue at our previous inspection. The registered provider had a training area in their main office which included all the equipment available through the community equipment service and which staff would be expected to use in people's homes. Staff told us and the training matrix confirmed staff had received moving and handling training and had their competencies checked. Moving and handling care plans had improved and the method of moving and positioning people was clearly described in people's care plans. This meant the registered provider had implemented safe systems of work to protect people from harm.

Staff we spoke with had a good understanding of how to identify abuse and act on any suspicion of abuse to help keep people safe. They were able to describe the type of abuse you might find in a community setting and the signs of abuse. They all told us the steps they would take if they suspected abuse. Staff also knew the principles of whistleblowing, the duty by a staff member to raise concerns about unsafe work practices or lack of care by other care staff and professionals. They knew the whistleblowing process and told us they would not hesitate to report any concerns.

Staff were all able to confidently describe to us what they would do in an emergency situation such as if they found a fallen person or could not get an answer at the door. One member of staff told us of a situation recently when they found a person on the floor. They told us they would "never leave a person" and told us they waited until the ambulance arrived and notified the office. Another member of staff told us what they

had done when they arrived at a person's house and could not gain access as the key was not in the key safe. These answers demonstrated the service had systems in place, which staff were aware of, to deal with emergencies as they arose.

We had concerns about the safe management of medicines at our previous inspection. There had been gaps in medication administration records (MARS) and records of people's medicines did not correlate with the records in the care plans. There had been some improvements in this area and the registered manager was regularly auditing MAR'S. We did still find some minor discrepancies which we showed to the registered manager to enable them to continue to improve staff recording practices which they agreed to action.

We looked at three staff files and found all necessary recruitment checks had been made to ensure staff suitability to work with vulnerable people in their own homes. This included a Disclosure and Barring Services (DBS) check. The DBS is a national agency that holds information about criminal records. Checking these records helps to ensure people are protected from care staff identified as unsuitable to work with vulnerable people. The registered provider reviewed people's employment history and took at least two references for each person. The registered manager told us if the person had worked in care before they would take a reference from all their previous employers to ensure they were suitable to work for their organisation. The service was actively working to improve staff retention and they employed an employee engagement officer to support staff. If a person was considering leaving the employment they telephoned the person to try and work out, within reason, what they could do to encourage the person to stay. This included offering flexible working hours.

We asked people using the service whether staff arrived on time and whether they stayed the duration of their call as some people had returned questionnaires indicating this was an issue. One person told us, "They do come on time, complete all the tasks. I am happy with them." Another said, "My care worker is always on time, hence why I will only have [care worker]." A further person told us, "I have no issues about the timings, it is only on odd occasions they are late due to an emergency or traffic. They do not telephone me." We also received the following comments, "The time varies. Most of the time it will be only 15 minutes late," "I have no problems with the times the care workers come; they do everything I ask for," and "Sometimes they maybe 30 minutes late, it is usually due to traffic. They do not call me, they just come."

The service used a web roster system to monitor calls which alerted the office they had arrived to support the person. The registered provider told us electronic monitoring of staff had enabled them to work out which staff were consistently late or did not stay the agreed time. We saw when this had happened the staff member was disciplined appropriately to ensure practice improved. This demonstrated the registered provider monitored late calls and analysed the information in order to put actions in place to improve in this area.

The registered manager told us staff were provided with personal protective equipment which enabled them to carry out their caring duties safely. Supplies were kept in the office and staff told us they kept supplies in their vehicles. They told us they replenished supplies when visiting the office. Community equipment such as hoists and slings were provided through local community equipment arrangements. There was a record in people's care plans when assistive equipment had been serviced and tested which meant the registered provider had a system in place to ensure people and staff were protected from harm from faulty equipment.

Good

Is the service effective?

Our findings

We asked people using the service whether the staff who supported them had the knowledge, skills and training to care for them. One person told us, "My care workers do know what they are doing. They are trained." Another person said, "Yes they do know what to do; they are skilled, especially my care worker [name]." A further person told us, "Oh yes, certainly trained and caring."

At our previous inspection the registered provider was not meeting their responsibilities under the Mental Capacity Act 20015 (MCA) as they were not undertaking mental capacity assessments or best interest decisions for those people who lacked the capacity to consent to their care. 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.

At this inspection we found significant improvements had been made. The assessment and reviewing officer told us when they undertook their initial assessment of a person requiring care; they considered the MCA at this point. If a person might lack capacity they considered who else needed to be present and consulted about the care provided in their best interests. The registered provider had a tool to aid them to trigger an assessment for each specific decision, and following this an assessment of mental capacity was undertaken in line with legislation. Policies had been updated to reflect the MCA and how to support decision making, including the medication policy. This had been an issue at our previous inspection and the administration of covert medicines had not been in line with legislation. The registered provider had remedied this which meant they were providing support in line with the MCA and associated Code of Practice.

People with mental capacity had consented to their care and there was a record of this in people's care plans. Where people couldn't sign their consent, there was a record of the reason for this to evidence the registered provider had obtained their consent. The Group Operations Director told us they intended to do further work on the Lasting Powers of Attorney to ensure this was more clearly referenced in their assessment document to alert staff and the office who might be able to make decisions on people's behalf in respect of their finances and health and welfare decisions. This demonstrated the registered provider had plans in place to ensure they were working to best practice.

We looked to see how new members of staff were supported in their role. The registered manager told us all new staff received an induction into the service and this included five days introduction to care and a minimum of two days shadowing. We were told if staff required further shadowing this would be provided. The registered provider utilised the Care Certificate for all staff whether or not they were new to care. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. We saw observations and competency assessments had been carried out in line with the standards and staff were awarded the Certificate at the end of the process. The registered provider employed an Employee

Engagement Officer to provide regular contact with new staff. The registered provider told us this person had made an impact on retaining staff and they reported regularly on the benefits of this role.

Staff received on-going training which was refreshed in line with company policy. We saw the training matrix, which indicated when staff had received training, to enable the registered manager to have an overview of staff training. The registered manager told us when a member of staff was due to attend they would send the care coordinator and the registered manager a date for the person to attend. Staff were positive about their induction, shadowing and training. One member of staff told us the registered provider had enabled them to attend advanced training in supporting people living with dementia and this had improved how they had supported people whose behaviour might challenge. They said they had attained nationally recognised qualifications in care since working for this organisation. This demonstrated the registered provider offered staff the opportunity to develop in their roles through on-going training.

Regular supervision of staff is essential to ensure that the people at the service are provided with the highest standard of care. Records showed staff had received individual or group supervision and an appraisal (if they had been in post for a year). Some of the newer staff we spoke with were unfamiliar with the supervision process and how often this would happen although all reported they had met with their supervisors as part of their induction. We reviewed some post Care Certificate supervision records and found these were very brief and did not record the person was reflecting on their practice to learn from their experiences. We discussed this with the human resources officer who told us this was an area they were working on and included in their performance management programme. Supervisions and appraisals going forward were planned to be reflective and encourage staff to live the values and behaviours of the organisation, where success was celebrated. Those staff that had been highlighted as outstanding would be used as role models and mentors to encourage all staff to work to this high standard. They shared information with us about their work on the organisations values and behaviours and told us this new model of staff performance management would be rolled out by the end of the year. This demonstrated to us the registered provider was actively seeking to improve and encourage staff to reach their potential to provide a high quality service.

Staff told us they encouraged people to remain healthy and offered people healthy meal choices. One member of staff told us "I encourage them to drink. I always make sure there is a drink beside them. I look at what they've got and what would be a healthy balanced diet. I have been through the cupboard with people to help them pick." People told us staff supported them to remain healthy. One person told us, "My food is ready for me. I choose what I want; the care workers only need to put it in the microwave."

Good

Is the service caring?

Our findings

We asked people using the service whether the staff who supported them were kind and caring. People were very positive about the staff supporting them. From all the comments we received, only one was not positive about a care worker which we subsequently passed to the registered manager. Comments we received included from one person, "My care worker is brilliant. We have such a good relationship. [Care staff] knows what I like and do not like and goes the extra mile." One other person said, "Oh yes they are really caring towards me. Kind, and caring." Another person said, "They certainly are caring. I usually have male care workers, we have banter. We speak about football and cricket. I enjoy those two sports. They never grumble at all." People told us staff involved them when providing personal care. One person said, "We speak. We discuss things. The care workers are good with me. I am really happy."

We asked people if staff supported them to remain independent in activities of daily living such as with personal care tasks or with meal preparation. One person said, "[Carer] values my independence. [Carer] encourages me, tries to make me independent where possible." We asked staff how they supported people to remain independent. One member of staff said, "I encourage people to do as much as they can. I might cut up their food into small pieces and give them the cutlery to feed themselves. If they can wash their hands and face, I will give them the flannel to do this themselves." The registered manager told us people were encouraged to remain independent. They told us this was recorded in people's care plans. Our review of care records confirmed this, and we saw people's abilities were clearly recorded.

People's sensory needs were recorded in their care plan with a record of equipment required to ensure the impairment was minimised such as whether the person used a hearing aid or visual aids. This demonstrated the registered provider acknowledged the importance of meeting people's sensory needs whilst providing support. We spoke with one member of staff who told us they had a disability; the registered provider was aware of this but had accommodated their needs, which showed the registered provider was meeting their equality requirements in terms of their workforce.

The service supported people at the end of their lives with support from community nurses and equipment services. There were plans in place to ensure "Do Not Attempt Cardiopulmonary Resuscitation" (DNACPR) information was more readily available to staff. The purpose of a DNACPR decision is to provide immediate guidance to those present on the best action to take (or not take) should the person suffer cardiac arrest.

Good

Is the service responsive?

Our findings

People told us they received care that met their needs, choices and preferences. One person said, "If I need to change the appointment, they will. I always give them advance notice to change my carer slot." Another person said, "They always leave the care plan out. We always refer to it. They know what I like, what I do not like; I have never made a complaint as I am happy." A further person said, "The supervisor does discuss the care plan with me. I have the number in case I need them."

Changes to the structure of the assessing team had been implemented following our previous inspection and a new role created to undertake all the assessments and care plans. This new assessment and reviewing officer together with the registered manager had implemented new person-centred care plans and risk assessments for people using the service. The assessment and reviewing officer had been in post for five months at the time of the inspection and they had been supported by an assessment and reviewing officer at another of the registered provider's location and by the registered manager and the Group Operational Director. By working together, there was a demonstrable improvement in the consistency of the risk assessments and care plans.

We reviewed four care plans as part of this inspection; a copy was kept in the person's home and a copy was kept in the office. We found care plans contained information about the person such as their living arrangements, "I live with my wife." They also contained information about hobbies or past interests and we found the following recorded, "I like rugby and cricket." Care plans detailed how people communicated, whether they had any sensory loss such as a hearing impairment or whether they wore glasses. We found detailed person centred information in the care files we looked at to enable care staff to support people. It was clear the assessor had involved the person or their relatives in the assessment process due to the detail of the information recorded which showed how the person preferred to be cared for. One record contained the following information, "Once in the bathroom, I need my care workers to position me in front of the sink and put the brakes on my commode."

The care files included information to enable staff to support people to maintain a balanced diet and detailed what people liked to eat. For example, one file we looked at guided staff to the support for one person and recorded, "I require assistance from my care worker to prepare my meals and drinks. My family also put a menu on the fridge door each week for my care worker to follow. Please offer me a choice at breakfast time and prepare what I would like. I need my care worker to prepare me a hot dink and a glass of fresh orange." We cross referenced this with the person's daily record and could see the staff were following the plan of care.

We could see evidence care plans were reviewed regularly and as a result contained up to date information in relation to how people wanted their care to be provided. The assessment and reviewing officer told us, "If staff noticed a change, they'd ring the office and the office would contact me." They told us after the initial six to eight week review, they did one annual face to face review and a six monthly follow up over the telephone. They said, if any issue arose, they would go out sooner, or if there was a requirement for an

increase or a decrease in the care required.

The registered provider had introduced a journal for staff to complete at each visit, which included the times of the visit and a place for staff to sign they had attended. Staff recorded information about the tasks they had completed, in a varying standard of detail. The registered manager and provider advised us they were actively working to improve care staff recording and they had provided further training for staff in this area to encourage improvements.

We asked people using the service if they had any complaints about the service and if they knew who to complain to if they were unhappy. We received the following comment from one person, "I have the number for the office. I do not need to complain so I have never used it." Another person said, "I am quite clear what I need with management. If I need to complain I know what to do. I have no complaints at all." The service had a complaints policy and procedure in place. We reviewed the recent complaints to check they had been resolved to the satisfaction of the complainant. Most complaints had generally been in relation to staff and the duration of some calls. We could see what actions the registered manager had taken to remedy issues. This demonstrated the service had an effective system in place for dealing with complaints and improving the experience of people using the service as a result of effective complaint handling.

Good

Is the service well-led?

Our findings

At our previous inspection we found areas where the quality of service provision had not been managed effectively and audits had not driven up improvements. At this inspection we found significant improvements in the quality of the audits undertaken and how these had been utilised to make improvements at the service.

The registered provider and Group Operational Director explained to us the improvements they had made since the last inspection including improved audits, improved the care records, and an overall improvement in the quality of their service delivery. We confirmed these improvements had been made on our review of the records during our inspection. The Group Operational Director had undertaken a detailed audit of the whole service and where issues had been identified; an action plan had been put in place which the registered manager was responsible for implementing. There were still areas for improvement which were on-going around staff recording practices, but the focus was on sustained good practice rather than a 'quick fix'.

The service had a strong leadership team made up of the director, a Group Operational Director, and the registered manager. The registered manager had been registered since March 2016 and we found they had a good overview of the service. We saw evidence they were analysing information about the quality and safety of the service. The registered provider had employed other staff in supporting roles such as in human resources, training, and staff engagement. They were also in the process of recruiting a compliance officer to support the service to improve the quality of their service delivery. The registered provider had developed their own set of key performance indicators, to support the service towards achieving their required standards and as a measure to enable them to monitor and improve.

As a leadership team, the focus was on driving up the quality at the service and ensuring the wellbeing of the workforce. We found evidence of a positive culture amongst staff who spoke highly about the organisation and the support provided from the registered manager and the care coordinators. They were positive about their colleagues, and how they all worked well in their patch based teams. Comments were mostly positive about the organisation and any negative comments we received were indicative of the social care sector, such as low pay rates, and calls changed at short notice due to staff sickness. One member of staff reported there was not enough travel time booked in between visits. Staff told us they felt confident to raise any suggestions for change and to share their views about improvements with their management.

The registered provider showed us how they had worked on the organisation's values and behaviours to determine what good and outstanding care looked like. They had involved staff in various fora to gain an understanding of staff views about care and from these meetings they could see that some staff recognised the difference between 'OK' care and outstanding care. Their intention was to use staff to support other staff to embrace the values and behaviours and to aspire to providing outstanding care. The registered provider gave us an example from one staff forum during which a member of staff highlighted what had made a difference to one person they supported. This was simply down to the way the care staff made the person's bed. But the point they were making and wanted to pass on to other staff was, it might only be one little

thing that made the difference to the person. But that one thing had led to the perception that the care provided by this one member of staff had made a difference to their package of care.

The registered provider told us they had done work on retention and recruitment of staff including work with the local authority. They recognised there was a small pool of people in the care staff field and therefore, it was essential they had to improve the retention of staff they had trained to care. They paid staff additional premiums in rural area and paid mileage and travel time. They encouraged staff to speak with them and with the employee engagement officer and they had collated feedback from the annual staff questionnaire to open up dialogue so staff felt listened to. They gave an example of one care worker who was unhappy with one aspect of their terms and conditions, so the registered provider did a piece of work to show how this had been calculated. They said the worker told them they were pleased they had done this and thanked them. We saw evidence of a staff survey and the outcomes were compared with previous years. The outcome of these surveys and the views of staff on how the service could improve were used in an action plan which the registered provider was using to make improvements to have a positive impact on staff and on the people they were supporting.

The registered provider told us they kept up to date with best practice through their involvement with the United Kingdom Homecare Association Ltd (UKHCA). This is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. They said they had constantly got their eyes and ears open to be aware of all the changes. They also talked with other colleagues providing domiciliary care and looked out for developments in policy and guidance such as the National Institute for Health and Care Excellence (NICE) guidance. NICE make evidence based recommendations on adult social care topics and CQC uses NICE guidelines as evidence to inform the inspection process.

The registered manager attended the local registered manager forum which assisted them to keep up to date with local initiatives and they attended "Good Practice" events run by the local authority. We saw policies had been updated to reflect changes in best practice, regulations and legislation. This demonstrated the registered provider was proactive in ensuring their service delivery was continually changing and improving dependent on the most up to date available resources.

The registered provider had sought the views of people using the service through an annual survey. We were shown a copy of the 2016 survey which compared the results to the previous year's survey. Overwhelmingly people were happy with the service provided. The main areas of concern were in relation to the continuity of staff and the duration of the call. We could see from the results what actions had been put in place by the registered provider including undertaking a regular continuity audit to monitor the continuity of staff supporting people. 70 % of people we contacted prior to our inspection told us care was provided from regular, consistent care workers.

We were also shown the electronic call monitoring audits which showed information on staff calls including the duration of the calls, which the registered manager monitored. These audits and actions arising from these audits demonstrated the registered provider was actively seeking the views of people using the service and using the results to improve their service delivery.

Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. In addition to holding staff meetings the registered provider utilised memos to support in the development of staff. For example, October was "Medication Education Month" and over the four week period the following guidance was to be disseminated to staff through memos; "Common Errors," "Dangers of Getting it Wrong,"

"Completing the Paperwork," "Summary of policy and the previous three weeks articles." This demonstrated the registered provider was utilising various methods to communicate with and to support staff to develop their practice.

As part of their regulatory responsibilities the registered provider must notify CQC of any allegations of abuse and certain events. They had met this requirement. The registered provider is required to display the latest CQC inspection ratings and we observed these were displayed in the office and on the registered provider's website in accordance with the regulation.