

Independent Care Link 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

We inspected this service on 24 and 25 February 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the Erewash region in Derbyshire. At the time of the inspection 93 people were being supported by the service. Our last inspection took place in May 2013 and at that time no concerns were identified about the service.

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.

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. We found all staff had a positive attitude and they were committed to the support and care of people. We saw that the provider was creative and innovative in responding to people's support needs. The provider used audits to consider any service improvements for both the people using the service and the staff. Staff told us they felt valued by the registered manager and that they provided support in a way that engaged them as a team and developed them as individuals.

People told us they felt safe with the support they received from the staff. There were arrangements in place to help safeguard people from the risk of abuse. Risk assessments had been completed to keep people safe and provide guidance to staff. There were arrangements in place for administering and the recording of medicines. Where people were supported with their meals, they were given choice and encouraged to maintain their independence.

There were sufficient staff to support people's needs and the provider ensured the appropriate checks were completed when employing new staff. Positive, caring relationships had been developed with people. Staff respected people's privacy and treated them with respect and dignity.

Staff and people told us that the training enabled the service to be provided safely the training enabled staff to support people effectively and for staff to understand their roles. All staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Records showed people were involved in making decisions about their care and support and their consent was sought and documented.

People were involved and consulted about the type of care they wished to receive and how it was provided. Everyone we spoke with confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. The people we spoke with were positive about how the provider responded to their changing needs.

The provider had up to date complaints policies and we saw how any complaints had been responded to and addressed. We also observed a range of quality assurance systems which the provider used to monitor the quality of service people received. These audits supported the care that was planned and delivered along with ensuring safety to the people and staff.

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 ●

People told us they felt safe. The provider had completed risk assessments and provided guidance to staff to minimise any risks. There were sufficient staff to meet people's needs and when required the provider had completed recruitment checks on staff. Where medicines were administered procedures were in place to record they had been done safely.

Is the service effective?

Good ●

Staff were trained to support people's needs and new staff received an induction to enable them to be confident in their role. The provider worked within the principles of the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. People received a choice of meals and were encouraged to maintain their independence. People were supported to maintain their health and wellbeing with ongoing healthcare support.

Is the service caring?

Good ●

People told us they had positive, caring relationships with the staff. The support people received meet their needs and encouraged them to maintain their independence. People's privacy and dignity was respected.

Is the service responsive?

Good ●

People's needs had been assessed and care plans were in place to meet their individual needs. People were encouraged and supported to pursue their hobbies and interests. The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led. Management were approachable and had clear vision and values that were understood by staff and put into practice. Staff were motivated to develop and provide quality care. People who used the service and their relatives had been enabled to routinely share their experiences of the service and their comments had been acted on. Quality monitoring audits had been completed regularly and these were used

effectively to drive continuous improvements

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 visit took place on 24 and 25 February 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experiences. We visited six people in their own homes and made telephone calls to a further twelve people and three relatives. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with six care staff, the administrator, care coordinator, quality manager and the registered manager. We also spoke with one health care professional. We looked at care records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People told us they felt safe when they received care. One person told us, "I've got to know the staff and I have confidence in them." All the staff we spoke with understood about safeguarding and how to report any concerns. One staff member told us, "You have to protect people. Any neglect or abuse I would report to the office. You can also contact the police or the local authority, but I know the manager would take any concerns seriously and take action."

There were systems in place to protect people from harm. Where people had a number code to enable staff to enter the property, we saw there was a system in place to maintain people's safety and security. One person told us, "I feel more secure having the keysafe." In addition to the keysafe some people had a pendant alarm which they told us provided them with additional safety in the event of an emergency such as a fall. One relative told us, "With the care and the pendant I feel reassured my relative is safe."

The provider has a whistle blowing policy; staff knew about the policy and felt confident to use it if required. One staff member told us, "I would raise a concern, no doubt about it." Another staff member told us, "Everything would be confidential and dealt with." The whistle blowing policy is to protect staff if they raise any information of concern.

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. For example, one care record provided guidance on how the staff should support the person to increase their mobility by walking around the home if they were able. The person told us, "If I am wobbly they won't let me walk, when I can they do encourage me." Where people required equipment to support their mobility, a separate assessment had been completed which provided guidance on how to support the person safely. One relative told us, "I feel confident with the staff, I feel I can leave the room and let them get on with it knowing it will be safe." Staff told us when any changes were required, they received a text to their mobile phones from the office and then the care plan was updated. We saw care records had been updated with changes as they had been made.

There were sufficient staff to support people's needs. People told us the staff usually came at the set time and had enough time to deliver care. One person told us, "I mostly have the same one and I always know the person that comes." One relative told us, "We have a steady group of carers, we like it that way. Any new person is introduced, so we feel comfortable." Staff told us they felt there was enough staff to meet people's needs. The registered manager had a clear understanding of the ratio of staff required. For example they had identified where they required additional cover in one geographical area. To support this the office covered the on call support so that the senior staff could focus on direct care to people whilst the provider recruited more staff. One staff member said, "We have enough staff, my hours are kept regular, they recruit if we need more or anyone leaves."

We saw that when staff started working, recruitment checks were in place to ensure they were suitable to work with people. This included a police check and references. A DBS provides a check relating to any previous criminal records. One staff member told us, "I had references and police check before I could start."

There was an on call system for people to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management. We saw the on call number was displayed in large print in the front of all the care folders in people's homes. All the people we spoke with knew about the number, but had not had a need to call it in an emergency or in relation to care staff not arriving.

People told us and we saw the staff used protective equipment when providing personal care and meal preparations. The staff told us there was always plenty of equipment for them to use to ensure that they could protect people. One staff member told us, "We have supplies everywhere; the person's home, my car and you can collect what you need from the office." This showed the service managed the control of infection and protected staff in maintaining standards of hygiene and cleanliness.

People were supported to take their medicines and have creams applied as required. People we visited showed us they had their medicines delivered to them in blister packs. One person told us, "The staff assist me with medication and it is always recorded appropriately." A relative told us, "After a GP visit my relative required another tablet, the senior came straight out and added it to the record sheet so that the staff could give it with the other medicines." Some staff we spoke with had recently undertaken medicine training. The staff told us that the training had prepared them to know what to do to keep people safe. For example one staff member found when they went to support someone with their medicine; there were twelve tablets instead of eleven. The staff member called the senior who contacted the pharmacy. The error was corrected and the blister pack was changed. This alleviated a possible incident with a person receiving one too many tablets. We saw that where support with medicine was provided staff had completed medicines administration records (MAR). We saw these were completed by staff to record when medicine had been given, or if not given the reason why.

Is the service effective?

Our findings

People who used the service told us they felt the staff were trained to support them. One person told us, "They know what they are doing." Another person told us, "When I had to use the hoist, the staff were well trained and patient with me as I did not like being in the hoist." Staff told us they received training which was specific to the needs of the people they supported. One staff member said, "It is some of the best training I have had." Another staff member told us they had recently had a refresher on moving and handling. They said, "Things are always changing, I learnt a new method of using the slide sheet, the new way is even better." This showed the provider ensured staff were suitably trained to support people's needs.

The provider had a structured induction for new employees which involved training and shadowing with experienced staff. One staff member told us, "I have been going through my theory; I have had brilliant support as some of it took a few days for me to understand." The registered manager told us that all new care staff were completing the national care certificate which sets out common induction standards for social care staff and was introducing it for new employees. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff told us and we saw the folders relating to the training were being completed.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. □

We checked whether the provider was working within the principles of the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. Staff told us they had received training in MCA and this gave them the understanding of the Act and how they needed to ensure people had choices. People told us that staff explained what they wanted to do and sought their consent before providing personal care. We observed this during our visits to people's homes. Staff told us they would speak to the registered manager if they had any concerns that people were losing the capacity to make their own decisions. The registered manager confirmed this and told us a review would be arranged, involving people and professionals who knew the person well, to ensure any decisions would be made in their best interest. This showed the staff and registered manager understood their responsibilities to comply with the Act.

People who received support with mealtime visits told us staff offered them choice and encouraged them to eat and drink enough to maintain good health. One person told us, "I supply the food and staff put it in the oven and then take it out for me." Another person told us, "They always give me a choice." People told us staff encouraged them to be independent. For example one person told us how they like to be involved in the process. They told us, "The staff assist me in the kitchen and although they are still present, I put the beeper

on the cooker so I knew when the food is cooked." Some people required their fluid and food intake to be monitored. We saw that records had been maintained and checked by the senior staff to ensure the person was receiving the correct support for their nutritional needs.

People retained responsibility for managing their health care, but staff told us they had provided support when requested by people, or when people's needs changed. For example one person was struggling when drinking and the staff suggested a referral to the speech and language service. A referral was made and the person now has their fluid thickened which has improved their fluid intake. They told us, "It feels more comfortable when drinking now." The relative of this person using the service told us, "It was the staff's prompt action which started the ball rolling to get the assessment, which has made all the difference."

Staff supported people to receive support from health care professionals in their own home. A health care professional told us, "Staff will meet at the time of the call and provide assistance in turning the person or with transfers so I can check the person's pressure areas." They also told us, "They know the person well, they will ring if they need our help or if they run out of creams." This showed the provider ensured staff knew how to support people with their health care and well-being.

Is the service caring?

Our findings

People told us they had positive relationships with the staff. One person told us, "They are pretty good with me and look after me well." Another person told us, "They knew me really well, even when I have been unwell, they put up with me as I can be grumpy." One relative we spoke with told us, "They go the extra mile." Everyone we spoke with told us they were involved in discussing their care needs with staff. One person told us how the time of the call was arranged to enable them to attend their weekly club. Another person told us how the staff supported them when the hairdresser called by transferring them to a different chair and then returning after the hairdresser has finished to transfer them back into their armchair. This meant that people were fully involved in making decisions about the care and support and staff listened to what they wanted.

People felt the staff were caring and that they supported them with all their needs. One person told us, "I couldn't get better carers anywhere, they are very caring. When I am down, they put their arm around my shoulder and give me a hug." They also added, "I can talk with them and they listen." Another person told us that between their planned calls, they have had occasions to call for assistance. They told us, "The office always get someone to me; I don't have to wait very long."

People told us the staff kept in contact with their families when their needs changed. One relative told us, "If there are any concerns or changes they always ring." One staff member told us, "If someone is not well and they want me to, I will contact their family." This showed staff involved people's families with their care.

People told us their privacy and dignity was respected. We observed staff knocked on people's doors or rang the bell before entering, even if they had the key to the person's home. One relative told us, "Its life changing having carers in, but they are respectful of my home. We would be in a mess without them." Staff we spoke with told us how they tried to make people feel comfortable and when safe to do so leave people to have privacy and encourage their independence. One person told us, "They leave me to do my personal areas and just help were I need it."

People told us when they received personal care this was provided in a dignified way. One person explained how the care staff placed a towel round them and closed the curtains. One person told us, "Between them they make what could potentially be an 'awkward situation' as comfortable as possible." Staff understood the importance of respecting people. One staff member told us, "You need to respect people's opinion, you're in their home."

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences. One person we spoke with told us, "The carers were flexible and would help if I required assistance." Another person supported this by telling us, "If there's anything extra I need, they'll do it."

The care records reflected people's needs and also covered aspects of the person's life. The records provided a guide to the tasks identified by the person during their assessment, which were available in each care folder within the home. One person told us, "I have read my care plan and found a mistake. This was corrected and a new care plan put in place. I am happy with the content now and I have signed it." We saw that people had signed consent for the care they were to receive as documented in their care records. The staff we spoke with told us they read the care plans and that they were updated regularly. One staff member said, "If there are any changes these are done and a new plan is put in place."

People told us they received a review every year. One person said, "Each year we have a review, I can discuss any changes I might need." The records confirmed that all reviews were held at the person's home so they could be part of the process. One relative told us, "We appreciated that the person had been included." We saw how changes had been made when requested during a review. For example, one person received a 30 minute call daily, they told the assessor that they only required 15 minutes and wanted to use the remaining time to support with household tasks as this was where they were struggling. The assessor confirmed the time required to support the person with staff and checked with the commissioner that they could use the allocated hours differently. It was agreed and we saw the new service had been implemented. This showed that the provider was responsive to people's changing needs.

All the people we spoke with confirmed they had a copy of their care plan and that staff signed a daily record for each visit. People commented on the two week rota saying they found it useful so they knew who was coming. Staff told us because they received their rota two weeks in advance and if they had someone new to go to they had time to read the care records. Staff told us they felt it was important to have a regular rota so they could get to know people. One staff member told us, "People get used to us and we get used to them and knew their needs. We can act on things straight way if they are not right."

People told us they saw the same carers and if there were any changes, the office let them know. One person told us, "We get different ones but we know them all. Occasionally there will be a new one but we meet them first." Another person told us, "If someone is going to be late they contact me. They're pretty good and usually within 5 minutes of the expected time."

The provider had a complaints procedure and we saw that all complaints had been investigated and any resolution had been communicated to the people involved. One person told us, "I have no complaints, they do what they should." Another person told us, "There have been one or two minor things but I've met with the assessor and they've been sorted out." A relative told us they had contacted the provider in relation to a couple of carers that they had wanted changing and this had been resolved immediately and to their satisfaction. We saw that the service had received many compliments. One person said, "Without the care

my relatives would not have been able to be at home, which is what the person wanted." This showed the provider addressed any complaints or concerns.

Is the service well-led?

Our findings

People told us they were confident in the service they received and when we asked them to identify anything which would improve the service they felt there was nothing to add. Some of the comments included; "I'm very happy with the service." And, "I can't think of anything that needs to be improved." The office is really responsive, you can ring for anything they sort it."

The provider who was also the registered manager took an active role within the running of the service and had a good knowledge of the people who were supported. For example, when discussing the people we had visited they were able to identify information about the person, their lifestyle, interests and family members. We saw the service was built around people's needs. For example, one person told us how the provider had enabled them to take a staff member with them when they went on a family holiday. The person told us, "All my care needs were met whilst I was away, I would not have been able to manage without the support." The provider talked enthusiastically about the importance of knowing the person and how this knowledge helped to ensure the quality of the care provided, so that it was tailored to the individual's needs.

The provider had written to all the people who we visited to explain the reason for our visit and to gain their consent. They offered them the opportunity to have a staff member present if they wished to have this support. One person told us, "They rang me to ask if I would mind having a visit and then followed it up with a letter." All the people we visited knew we were calling and the reason for our visit. We saw the provider sent communications to people in relation to seasonal events and any staff or service changes. For example, the support people required over Christmas and the number to contact over this period. This showed the provider respected people and kept them informed of relevant information.

The provider used a range of methods to assess the quality of the service being provided. Each senior staff had a core of people they monitor. They provided a weekly report to the registered manager in relation to these people, raising any concerns or required actions. For example, the report showed a second commode was required at a person's home as staff had to carry the commode up and down the stairs. We saw that a second commode had been ordered and was in use.

People received care that met their needs and staff were able to identify where additional training was required. For example staff had completed a sign language course as the service supported people who used this form of communication. This provided people with staff who were able to communicate effectively and ensure their needs were met. The care coordinator had also attended the sign language course; they told us they wanted to ensure people could participate in expressing their care needs during assessment and review.

People told us they had continuity with the staff who provided their care. One person told us they had moved house three times and had asked to still receive the same staff. They told us this had happened and they continued to receive the established group of the staff which they had requested. Another person told us they had requested not to have two staff due and we saw that these staff had been changed. The registered manager told us they had spoken with the staff concerned and provided them with additional

training to ensure they could provide support in the right way. The records we saw confirmed this.

People told us they were encouraged to develop their own care needs. One person and their relative told us they had requested a hydration call, between the established calls as they had recognised their fluid intake had reduced. We saw that the person received these hydration calls twice a day and records had been established to record the level of fluid to monitor their intake. Other people told us how they used the service to support them to follow their interests and hobbies. One person told us how their calls had been arranged to enable them to join the local board game group and we saw within other care plans where people had been supported with the hairdresser and other social occasions.

People told us the provider had gone above and beyond their caring role. One person told us they had arranged for the fire service to attend and fit a smoke detector. Another person told us how their hairdresser was unable to attend anymore, the staff arranged for another hairdresser. The registered manager told us about an occasion when the service had been requested to support someone with three calls a day. This person required support with medicine four times a day, so the service had arranged for the pharmacist to reassess the medicine to see if it could be dispensed three times a day. This was done and the provider was able to support the person fully with their required needs.

The roles within the organisation were clearly identified. Staff told us they knew who to go to for all aspects of the service. For example, the administration person completed the work rotas, the care coordinator provided the assessments and reviews to reflect people's care and the managers were there to support with all aspects of staffing and the accountability of the service. One staff member told us, "Brilliant support, it could not be better."

Staff told us they received support from the manager. They told us they felt happy in their work and understood what was expected of them and were motivated to provide and maintain a high standard of care. During our time in the office we observed a cheerful and friendly atmosphere towards people and relatives who telephoned, or staff who called into the office. For example, staff who visited the office received a positive welcome from the management team who took time to talk with staff socially. The staff and registered manager told us how they had social events. At Christmas the provider arranged a Christmas party over two nights so that all the staff were able to attend and that people would still have their needs met. The rotas were managed so that the staff could enjoy the party and have the following morning off. Staff told us, "It was a fantastic party, it was good to get to mix with other care staff and socialise."

The staff told us how the provider valued them. Every six weeks the provider had a prize draw for all the staff that had not been off due to sickness. The winner received a money voucher at a place of their choice. One staff member told us, "Here they do bother about your welfare." All the staff were provided with a mobile phone, this was to ensure they could always contact the on call service or other staff members for support and advice. The registered manager told us they had other events planned throughout the year. They told us, "It's important to value the staff, they are my most precious asset. All these things support them and give them an opportunity to see themselves as a team."

Staff told us they received regular supervision. One staff member said, "They are always available, between supervisions if needed." Another staff member told us, "There is always good support here; I feel I can ask anything, even if it's personal." Staff were encouraged to suggest ways to improve the service for people. Systems to support this included; team meetings, weekly office meetings and staff newsletters. At a recent office meeting it was identified by a member of staff that the on call phone was being used for day to day task. We saw that a letter had been sent to staff giving clear guidance on what the on call phone was to be used for. One staff member told us, "The letter made it clear and now staff are using it correctly." The

provider had a mentoring scheme for new staff. We saw on the training wall a photo of the mentors and a new staff member confirmed they had been supported by one of these staff. They told us, "They are always available; you're not left on your own, the shadowing builds your confidence." Established staff told us they felt the mentor scheme ensured people received a consistent service from well trained staff. One staff member said, "If the staff get the right training at the beginning they don't pick up bad habits." This meant people were supported by skilled and experienced staff who were confident in their role.

The registered manager worked with other organisations to make sure they were following current practice and providing a high quality service. This included membership of a local provider group, attending local authority provider meetings and working closely with local training providers. The registered manager and the office manager were currently developing their own training through a teaching qualification. They were planning to use these skills to offer training to other care providers in the area to promote co working and the necessary standards of care.

The office staff told us how they had been encouraged and supported to attend career developing courses and qualifications. One staff member told us, "I was encouraged and supported to complete the distant learning courses and I am currently doing business admin level three." This supported the office function of the business and provided the staff with the necessary back up. Staff told us they felt able to focus on their caring role as the office dealt with things really well. For example one staff member had raised a concern about a person managing, the care coordinator reassessed the person and the changes were implemented. One staff member told us, "The office are great, you don't need to worry, if you ask for something it is sorted."

The registered manager told us they had started to use the training to demonstrate the person focussed approach to training and flexibility in meeting staff learning requirements. For example one member of staff told us, they had completed a two day course on MCA, but it was such a complicated subject they had requested further training, this was provided and now they understood the requirements of the Act. Another staff member told us, "The training is done in groups and you get to know other carers and talk about your experience and ask questions." Staff told us and records confirmed that following all training a competency test was completed. Following this staff received an observational check to ensure they had understood the training and were putting it into practice correctly. For example one person received support to transfer in a hoist whilst they recovered from an injury. They told us, "The staff are well trained, they continued to support me until the occupational therapist said I was well enough to weight bear on my legs again." This showed the provider encouraged staff to receive the training and understanding to enable them to support people they cared for.

People told us they were asked to give feedback on the quality of the service they received. One person told us, "I have received surveys to fill in and I have had review." The provider had analysed the surveys and we saw any concerns which were raised had been addressed. For example, some people had commented they did not know about the complaints procedure. The complaints procedure is now included in the care folder and explained during assessment and review. There were several compliments on the questionnaire feedback. 'You train your staff to a very high standard, they are friendly, always smart and clean'. Another comment said, 'My relatives care is well planned, we cannot think what you could do better.' The registered manager told us they were going to introduce a newsletters for people who used the service as part of their development plan and this would support them to give feedback on the recent survey and ongoing changes or events.

The provider had developed a system to analyse trends and patterns in relation to the care being provided. The staff used a telephone recording system (TRS) to log their visits in and out at people's homes. The TRS is

analysed against the scheduled hours with those that were completed. For example one person who was scheduled to receive 30 minutes was taking staff 40 minutes, regularly over a period of time. The provider was able to use this information to agree an increase in the care for the person. We saw how the time had been adjusted on the care records and the rota. This can also work the other way in reducing a call. Staff told us, "It's good because it benefits the people and the staff." The rotas were completed on an electronic system which enabled staffs availability to be pre populated to ensure regularity of their hours and to add people's staff preferences to give them consistency. Staff told us, "The System is good; I can work around my childcare." Another staff member told us, "You get regular hours which are really good, but they can also be flexible if you need time off."

We saw that audits had been completed every month across a range of areas including accidents and incidents. Any actions had been identified and responded to. For example, an incident described how a person had lost their balance in the hoist. Further guidance was given to staff and an urgent referral to the occupational therapist was made.. A larger hoist was provided and a new risk assessment completed before staff commenced using the equipment. This shows the provider used a range of information to drive improvements and ensure the safety of both staff and the people they support.

The registered manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.