Surrey Quality Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 16 July 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

This was the first inspection of the service since it was registered in July 2017.

Surrey Quality Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service for older people, some who were living with the experience of dementia, and younger adults with disabilities. At the time of our inspection 45 people were using the service. The agency operated in the Surrey towns of Dorking, Redhill, Reigate and Horley. Some people had their care funded by the local authority or National Health Service, whilst others paid for their own care. The service was the only location for the provider, who were a private organisation.

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 and associated Regulations about how the service is run.

At this inspection we have rated the service requires improvement overall and in the key questions of ''Is the service safe?'' and ''Is the service well-led?'' This was because we found some aspects of the service did not always ensure people received safe care and treatment. And the systems for identifying this were not always effective. However, the provider supplied us with evidence that they took immediate action to improve these areas of the service following our inspection visit. We have rated the key questions of, ''Is the service effective?'', ''Is the service caring?'' and ''Is the service responsive?'' as good.

People told us they felt safe with the service and with the care workers who supported them. Some people reported that visits did not always take place at the planned time or care workers did not stay the full allocated time. From the records we viewed, we saw that most visits took place on time, although many visits were shorter than the allocated time. The registered manager told us that this was sometimes the choice of people using the service. Following the inspection visit, they introduced a system so senior staff would investigate why any visits were shorter than expected each week. This meant that if this was not the choice the person action could be taken.

People told us they received support with their medicines. However, we found a large number of medicines administration records we viewed had not been signed to show whether these had been administered. The provider's audits of these had identified gaps but had failed to improve practice to make sure staff followed the correct procedures for recording administration. The staff also used an electronic system for recording medicines administration, and in some cases they had signed the electronic records but not the paper ones.

Following our inspection visit, the registered manager introduced more robust and regular auditing which asked the auditor to record the action they took if they found any problems with medicines management.

The provider's systems for identifying risks and concerns were not always effective. Whilst they took action to respond to concerns we identified, they had not previously acted on these.

People told us that the care workers were kind, thoughtful and compassionate. They had good relationships with them and told us they had the skills they needed to care for them. A small number of people spoke about specific concerns, which we discussed with the registered manager and felt confident these had been appropriately dealt with.

People told us they were involved in planning and reviewing their care. They felt their needs were being met and they were supported to live the lives they wanted. They also were supported to stay independent and do as much for themselves as they could and wanted. The risks to their safety had been assessed. Care plans and risk assessments were regularly reviewed and updated to reflect changes in people's needs. People had the support they needed at mealtimes and the care workers made sure people had access to drinks. The care workers monitored people's health and wellbeing and there was evidence they worked with other healthcare professionals when needed.

There were procedures designed to safeguard people from abuse, to prevent and control the spread of infection, for making complaints and for investigating any incidents. People using the service and their relatives had information about these. The staff had received electronic handbooks, which included the policies and procedures. They undertook a range of training which was appropriate for the work they were undertaking. There was evidence that the provider carried out spot checks to see how each care worker was working and if any improvements were needed. The staff were also invited to regular individual meetings where they were able to discuss their practice and how they felt about the job.

The provider had systems for monitoring and improving the quality of the service. They worked closely with the local authority to assess whether they were meeting people's needs. The registered manager took immediate action to make improvements where we identified concerns. The provider contacted people using the service, staff and other stakeholders for feedback about their experiences and responded to this by adapting the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

There were enough staff to keep people safe and meet their needs, but the care workers did not always arrive at people's houses on time or stay for the allocated time. As a result some people felt that tasks were rushed.

People told us they received their medicines but this had not always been recorded properly and the staff responsible for administering medicines were not given additional training, support or supervision to ensure they kept accurate records in the future.

There were processes for supporting people with shopping, but the staff did not always follow these and therefore people were at risk of financial abuse.

There were procedures designed to safeguard people and the staff were aware of these.

The risks to people's safety and wellbeing had been assessed and planned for.

The provider carried out checks to make sure only suitable staff were employed.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed so that care could be provided to meet these.

People were cared for by staff who were appropriately trained, supported and supervised.

The provider acted in accordance with the Mental Capacity Act 2005, assessing people's mental capacity and making sure they

had consented to their care. For people who lacked the mental capacity to do so, the provider had worked with others to make decisions in people's best interests.

The staff monitored people's health.

People received the supported they needed to meet nutritional and hydration needs.

Is the service caring?

Good

The service was caring.

People were supported by kind, caring and compassionate staff.

People were able to express their views about their care and were involved in making decisions about this.

People's privacy, dignity and independence were respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their needs.

People were able to make a complaint and the provider responded to these.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The provider had systems for monitoring and improving the quality of the service. However, these were not always effective.

The provider worked with other agencies to meet the needs of people using the service.

People using the service and other stakeholders were invited to share their views and experiences.

Surrey Quality Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 16 July 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

This was a comprehensive inspection carried out by one inspector. Before the visit, we contacted people who used the service, their relatives and staff to ask for their feedback. Telephone calls made to people using the service and their relatives were conducted by 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.

Before the inspection visit we looked at all the information we held about the service. This included information from the time the service registered with CQC. We also looked at notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We contacted local authority professionals who worked with the provider to commission and review care. The provider has their own website. We viewed this and other public websites to see if people had left reviews about the service. The provider completed a Provider Information Return (PIR) earlier in 2018. The PIR 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.

We sent surveys asking about the service to 27 people who used the service, 27 relatives, one care professional and 18 members of staff. We received feedback from 12 people who used the service and one relative. We spoke with eight people who used the service and the family members of eight other people. We received additional feedback from four members of staff and two external professionals.

During the inspection visit we met the registered manager, care coordinator and administrator. We looked

at the care records for six people who used the service and the staff training, recruitment and support records for six members of staff. We looked at other records used by the provider, which included information about safeguarding alerts, information about training provided to staff and quality checks. The registered manager told us about the systems and processes they had followed when they had received a complaint. At the end of the inspection we gave feedback about our findings to the registered manager. They sent us information about changes they made to the service following our inspection visit to improve areas where we had identified issues.

Requires Improvement

Is the service safe?

Our findings

People using the service and their relatives told us they felt safely cared for. Some of their comments included, ''I feel absolutely safe with them'', ''They are very respectful - they will even ask before taking their jacket off'' and ''I think they are trustworthy.''

However, some people using the service and their relatives spoke about care visits not taking place on time, visits not lasting the allocated time and not being told if care workers were running late or not available. Some people commented that this had negatively impacted on their lives. For example, when two mealtime visits took place too close together. Also, one person said that the visits to administer medicines did not always take place at the right time because they needed their medicines before food.

We looked at the records of visits recorded in log books and on the provider's electronic call monitoring system. We saw that the majority of calls took place at the same regular time each day. However, this was not always the case with one person's tea time visits varying between 15.20pm and 18.10pm over the period of one week. The same person's lunch time calls for this week also varied from 12.20pm to 14.15pm. This meant that people did not always know when to expect care workers and some of these calls were late or early for the person's meal. Furthermore, we saw that some people's planned lunch time visits were 30 minutes each day with tasks including meal preparation and serving, personal care, administration of medicines and companionship. However, the actual visits only lasted 15 minutes. A number of people told us that care workers were rushed when providing care and these records indicated that staff were routinely not using the full allocated time to provide personalised care.

One person told us that care visits which were supposed to last for 30 minutes were often only six minutes long. We discussed this with the registered manager. They investigated records of care visits and found that no calls were shorter than 15 minutes. They also told us that sometimes people were sleeping when the care workers visited. The care plan for one person indicated that they should not be woken if this was the case, so the care workers carried out the tasks they were assigned to do and then left.

Two other people we spoke with told us that visits had been missed. Again we discussed this with the registered manager. There was evidence that all visits had taken place as planned unless cancelled by the person themselves or the care workers had found people were not at home. In response to the concerns raised during our feedback, the registered manager told us they would speak with all people using the service or their representatives about this.

Following receipt of the draft inspection report, the registered manager told us that some people's care did not need to take place at specific times because the care workers were not providing food, medicines or personal care connected with a specific time of the day.

Other comments we received indicated people were happy with the timing of calls. These included, ''Usually they are on time, but they will always ring if they are running late'', ''The regular girls come on time, but sometimes new ones do not, like at the weekends'', ''They don't always stay the right amount of time, but

they do everything they are supposed to'' and ''Most of the carers are quite good and will stay to do extra bits if I need them.''

We saw that the rotas for staff allowed enough time for each visit and travel time between the calls. The staff we spoke with explained that they had enough travel time to get between visits. We discussed the feedback and evidence that some calls were regularly shorter than planned with the registered manager. Following our inspection, they introduced a system whereby all visit times would be audited weekly and auditors were required to record the reason why calls were shorter than planned. This meant they could identify any patterns and take action if this was not the choice of the person. The registered manager also told us that they only accepted new care packages if they had the staffing resources to meet people's needs so there should not be any reason for the staff to be rushed or shorten visits.

People told us they received the support they needed to take their medicines. One relative said, ''They do give [person] their medicines and they watch [person] take them before writing it up in the book.'' A person using the service told us, ''They help with my meds and everything is written up in the book before they go.'' However, we found that records of medicines administration had not been completed properly. In three of the care records we viewed there were gaps on administration records where there was no information to say if the person was given their medicines or not. These gaps were over several days. In addition, two people's care records stated they had allergies, which were not recorded on the medicines administration records. As a result people were at risk of receiving care and treatment which was not safe or did not meet their needs.

The staff used both paper and electronic records to show they had administered medicines. In some cases, the staff had recorded administration on the electronic but not the paper records. However, this was not always the case. Therefore, it was not always clear whether people had received their medicines as prescribed.

Shortly before our inspection, the frequency of audits had increased and there was evidence that action had been taken to discuss the gaps in recording with the staff concerned. Following the visit, the registered manager told us they had introduced a system where medicines administration records would be checked weekly by senior staff and identified problems would be immediately addressed. They had developed a tool for these audits which they shared with us. The auditor was required to record the action taken for each error they found.

All staff had received training in the administration of medicines and this was renewed annually. Their competency and knowledge was assessed as part of the training. Also, staff undertaking an induction were assessed to make sure they administered medicines safely. The provider carried out spot checks to observe the staff every other month. Part of these checks included assessments of their competency in administering medicines. We saw evidence of these checks and that staff had followed the procedures to support people with their medicines in a safe way.

The care workers carried out shopping for some people. However, the procedures around supporting people with this were not always consistently followed. For example, one person told us, ''Every week I put cash into the carer's purse for them to get my shopping for me.'' The person went on to tell us they never saw a receipt for the purchases or questioned whether the change they received was correct. The person did not believe there had been any theft but the systems for recording and checking this were not robust enough. The care records for another person on a specific day included a comment by the care worker, ''Taken £10 for potatoes.'' There was no other record of this and no record of how much the purchase cost and the change given to the person after this within the care notes. However, the registered manager told us

that financial transactions and receipts were recorded electronically. The person's care plan did not include shopping as a task and this appeared to be a one-off occurrence. One external professional commented that the service did not have financial transaction forms and therefore it was difficult to track any shopping care workers undertook.

The provider had procedures designed to safeguard people and protect them from abuse. The staff received training in these and had written information about how to recognise and report abuse. They were able to explain what they would do if they had concerns in this area. There had not been any safeguarding concerns about the delivery of the service, although the registered manager told us they had raised an alert with the local authority about a person who was being cared for by the agency. They understood their responsibilities and worked with the safeguarding authority to help keep the person safe.

The provider had assessed the risks to people's safety and wellbeing when they started using the service and then again at regular intervals and when people's needs changed. They had assessed the safety of people's home environment along with risks associated with their physical and mental health, skin integrity, assisted moving, continence and nutritional needs. The assessments included plans to show how people should be kept safe and risks minimised. In addition to the individual plans, there was also guidance associated with good practice in managing risks such as bathing people, medicines management and infection control.

The provider had developed contingency plans for different eventualities such as adverse weather and road closures. These had been tested in the past and the provider was able to evidence that they worked with families to make sure people using the service were safe and had their care needs met.

There were appropriate procedures for the recruitment of new members of staff. These included checks on their suitability, such as references from previous employers, checks on any criminal records from the Disclosure and Barring Service, checks on their identity and eligibility to work in the United Kingdom. The staff completed application forms with full employment histories and took part in a formal interview which was recorded. Before they were able to work alone with people using the service, they completed training and an induction.

People were protected by the prevention and control of infection. The staff wore protective equipment such as gloves and aprons. Spot check assessments of staff at work included checks on this and to make sure they followed good infection control practices, such as hand washing. The staff received training regarding infection control.

The provider had systems for learning from things that had gone wrong. Following the feedback at the end of our inspection, the registered manager took action to make improvements. There were systems for recording accidents, incidents and complaints. These included a review of the action taken by staff to make sure this was appropriate and see if any lessons could be learnt.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care and treatment were planned to meet these. People using the service and their relatives explained that they were involved in this process. In addition, one relative told us, ''They visited before they started, so the main care worker could get to know my spouse and to know where everything was in the house.''

We saw that initial assessments included a history of the person's life, things that were important to them, information about their health and information about individual needs and how the care package could be delivered to them. The assessments had been used to form care plans and there was evidence people using the service, or their representatives had agreed to these.

People were supported by care workers who were well trained, supported and supervised. All the staff undertook a four-day induction training course before they started work with the service. This was delivered by the registered manager, who was a qualified trainer. The course included work books to test staff members' knowledge and skills. The course content included recommended guidance, information about legislation and good practice examples. The registered manager told us that courses were delivered to a maximum of four members of staff at a time to make sure they received a personalised training package. There was evidence that all staff had received training as part of an induction and then again regular updates. The training was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Some of the staff we spoke with told us that they had found the training very basic. They wanted to have opportunities to take part in specialist training, for example training in dementia. We discussed this with the registered manager who had already started to research different training opportunities which they could share with the staff.

New members of staff shadowed experienced staff for at least three days before they were able to work alone. There were records of this which showed their competencies had been assessed in different areas of the role.

Following this, the provider undertook regular spot checks on each member of staff. There was evidence of this and the checks included assessments of their competencies and discussions with the care worker and people who they were caring for. The registered manager also carried out regular individual supervision meetings where staff were able to discuss their work and any training needs or concerns they had. Some of the staff we spoke with told us that these meetings did not always take place, however, we found evidence signed by the care workers to show they had and that they had been given opportunities to raise any concerns about the support they received during the meetings. All of the meetings we saw showed that the staff were happy and did not have concerns about their support. One member of staff we spoke with told us, ''I feel very supported by the agency. You are able to speak to the manager or senior staff as and when needed and listen to everything that you have to say.''

The registered manager told us that they were looking at how they could support care workers to train as part of an apprenticeship. The administrator was working as part of an apprenticeship scheme and the registered manager explained this was going well.

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. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The provider had undertaken assessments of people's mental capacity and these were recorded. Where people lacked capacity, the provider had discussed their needs and care plans with the person's representatives to make sure care was provided in their best interests. People using the service, or their representatives, had signed agreement to their care plans. The plans included information about how people communicated and how best to support them to understand and make decisions when delivering their care.

The provider, staff and registered manager worked with families to help keep people healthy and respond to any changes in their healthcare needs. Information about people's health and any conditions was recorded in care plans. There was evidence in daily care records that the staff monitored people's health and took action if someone became unwell. One person using the service told us, ''They have called the doctor for me when I've been poorly." An external professional commented, ''Where carers had concerns about the health of a service user they either called the doctor on the persons behalf or advised the next of kin to do so.'' Also, a relative said, ''They ask [person] if everything is done ok and if they spot anything that they have concerns about they will always say to me 'I think you should get the doctor to see [person].'''

There was evidence in the care records to show the provider had worked with some healthcare professionals to make sure people's needs were being met. For example, there was evidence they had liaised with occupational therapist to assess people's equipment needs.

People who received support at mealtimes were happy with this support. Their comments included, ''I have ready meals that they prepare for me and they always ask me which one I want and leave drinks for me between visits'', ''They always leave me with a drink'', ''They give me a choice of food'' and ''I am happy with the meals they provide.''

People's nutritional needs and any dietary requirements were recorded in care plans. A check list completed by care workers at the end of each visit included a prompt to make sure the person was left with a drink they could reach.

Good

Is the service caring?

Our findings

A small number of people who we spoke with told us that care workers sometimes appeared rushed. Others told us that care workers sometimes discussed their own problems telling people they were busy or tired. We discussed this with the registered manager. They told us that there was no reason the staff should be rushed as they had ample time allocated for each visit, this was confirmed with the staffing rotas we saw. They told us they would look into why some staff were rushing and not staying the agreed length of time. They also told us they would call a meeting for the staff to remind them that they must not discuss their personal problems with people using the service or their relatives.

Everyone we spoke with told us they had good relationships with their regular care workers. They told us that care workers were kind, caring and compassionate. Their comments included, ''They are young girls but they are always kind and polite to me'', ''They are ever so kind to me - real friends'', ''I haven't had one that isn't kind'', ''They always check if they've done everything right for me and if there's anything else I want before they go'', ''I think for me the caring is the best - tip top and their friendship is number one'', ''The girls I have seem to have a lot of knowledge and you can ask them questions and they know the answer - It gives you reassurance'', ''One girl is wonderful with [person]- she interacts really well with [person] and manages to get [them] laughing and I haven't heard that for a couple of years'', ''They are very respectful, I often think how lucky we are to have them, they're really nice people I can talk to'', ''We look forward to seeing them, we always get a smile and a chat'', ''I can't speak highly enough of them, they are very, very kind to me'' and ''Most of the carers I've had have been very kind and respectful and they chat to me while helping me which is nice.''

People using the service and their representatives told us the care workers respected their privacy. They said that they covered them when they got washed and dressed and provided care behind closed doors. People said that they had been asked if they had any preference for the gender of their care worker, although at the time of our inspection only female staff were employed.

People using the service told us they did not have any specific cultural needs and were happy with the support they had in this area. We saw that care plans included information about people's first language, method of communication, religion and cultural needs. The registered manager told us they did not have any people using the service who spoke languages other than English as a first language. However, they employed staff who spoke a range of different languages in case people needed this in the future.

People told us that they were able to do things for themselves if they wanted. The care plans included information about people's abilities and whether they wished to be independent in certain areas. People also explained that they had been involved with planning their care and making decisions about this. This was evidenced in care plans, which included information about people's preferences.

Good

Is the service responsive?

Our findings

People received care which was personalised and met their needs. They told us that the care workers knew their needs and could meet these. One person explained that the provider had been flexible at changing visit times when they had hospital appointments.

People's care plans were personalised and included information about their needs, how these should be met and their preferences. People using the service and their representatives had been involved in creating the care plans and this was recorded. Care plans were regularly reviewed and people were also involved in these reviews. There was evidence that the provider had responded when people's needs changed by adapting the care plan.

The provider carried out regular telephone monitoring to ask people what they thought about their care and if they wanted any changes. Records of this indicated that the provider had responded to people's requests. For example, one relative had commented about an aspect of a person's care during a monthly telephone call with the provider. The following month they had stated that improvements had been made as a result of their feedback.

The provider had a complaints procedure and people were aware of this. Some people said they would not feel comfortable raising a concern because they would be fearful that this would result in negative treatment. We discussed this with the registered manager. There was evidence that they had responded appropriately to concerns and complaints which had been made. These had been investigated and the registered manager had written to the complainant and local authority to explain the outcome and action they had taken. People who had raised concerns told us these had been addressed. For example, some people had said they did not want specific care workers, and they had not received care from them since.

People were given a file of information which they kept at their homes. This included copies of the complaints procedure and information about the service.

The provider sometimes cared for people at the end of their lives. The care plans included information about how people could be cared for so they were not in pain and their wishes were adhered to. The care plans included information about healthcare professionals involved in people's care, so that the provider could contact them if someone's health declined.

Requires Improvement

Is the service well-led?

Our findings

People's feedback about their experiences with the service were mixed. Some people did not feel they received a good service and told us they would not recommend them to others. They described that care visits did not take place as planned. However, the majority of people explained that they were happy, with their comments including, ''Superb, nice girls all of them, I am very happy with them'', ''I would recommend them, they are kind to [person] and always leave everything tidy and make sure [person] is comfortable'', ''I think they do that very well'' and 'The manager is pleasant and the staff do everything they can.''

The provider's own website included two complimentary testimonials which included the comments, ''It's a shame I didn't have this care agency earlier. Couldn't ask for better'' and ''It was nice getting to know you all and we would be happy to recommend Surrey Quality Care to anyone.''

Two members of staff told us that they did not feel supported. However, the provider's records of discussions with the staff showed that most staff members were happy and felt supported. One member of staff we spoke with told us, ''I love my job, knowing that I make a positive difference to service users' lives.'' Another member of staff said, ''This is the best job in the world.'

The external professionals we spoke with told us they were happy with the service. Their comments included, ''I have had a positive experience with Surrey Quality Care'', ''I find [the registered manager] is very quick to respond to queries, requests and to raise any concerns'', ''Surrey Quality Care are generally very good at communicating and keeping us up to date on the individuals that they care for'' and ''I've always had good feedback from the individuals using the service regarding care workers being kind and good at their jobs. They also appear to go out of their way to help with extra bits and pieces, e.g. if somebody needs help completing a form or making a telephone call, which not all agencies are so proactive with. They've also been very good with managing more challenging individuals when other agencies have handed back the package of care.''
The provider's systems for monitoring and improving the quality of the service were not always effective. We identified gaps in medicines administration records and missing information, such as recording people's allergies. Senior staff had audited these records and they had highlighted the gaps and lack of information about allergies. But there was no evidence that action had been taken to investigate these gaps or to discipline or retrain staff who consistently made the same errors. Furthermore, some of the audits had not taken place for up to four months after the medicines record had been used. As a result, the same staff were making the same errors each month with no action being taken.

During the inspection, we had identified that a number of care visits did not last as long as they were supposed to. This had not been identified by the provider. However, following the inspection visit, the registered manager explained that they had introduced a new audit tool where staff checking the time of care visits had to record the reason for any variance between the planned and actual visit length.

The registered manager was an experienced manager of care services, who had worked as a care worker in the past. They had a level 5 qualification in leadership and management, as well as qualifications in health

and social care and they were trained as a trainer. One member of staff told us, ''[The registered manager] is good at everything and so organised.''

The provider had systems for gathering feedback from people using the service and other stakeholders. They carried out telephone monitoring by contacting everybody who used the service for feedback each month. They also visited people and involved them in a review of their care package. They observed staff in the work place and carried out competency assessments as well as meeting with them to discuss their performance.

The registered manager was responsive where concerns were identified and made changes to systems and processes to improve the quality of the service. For example, we found that the staff had not always recorded when they had administered medicines. The provider's audits of medicine administration records had sometimes taken place a long time after the record was completed. This meant that concerns had not always been identified in a timely way and improvements had not taken place. However, we noted that audits for the past month had been more timely and the registered manager told us that they were improving this system further. In addition, they took more action after our inspection visit by introducing a weekly audit of all medicines administration records. They created a record for these audits which included a section to record the action taken if errors were found.

The provider had links with other organisations and the local authority to keep themselves updated with best practice guidance and changes in legislation. The registered manager told us they were reviewing the electronic call monitoring system and electronic care plan records to improve these. There were regular audits and checks on files and records being kept and the provider met with the local authority to review the service and make sure they were meeting key performance indicators.