

Abicare Services Limited

Abicare Services Limited - Dorset

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

The inspection took place on 17 March 2017, with telephone calls to people and their relatives who use the service on 21 March 2017. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available.

At our last inspection in December 2015 we found the service was not meeting the requirements of the regulations and highlighted six breaches of the regulations. The following breaches of the regulations were highlighted; people were not protected against the risks associated with the unsafe management and use of medicines, risks to people's health and safety whilst receiving care had not been assessed, checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people, care workers were not supported with regular training, supervision and appraisal and effective systems and processes had not been established to assess and monitor the quality and safety of the service provided and accurate records were not maintained. Following our inspection the provider wrote to us to tell us what improvements they would implement to ensure they would become compliant with the regulations. At this inspection the provider was compliant with the regulations.

Abicare Services Limited - Dorset, provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care and support to 52 people.

The service is required by law to have a registered manager, 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.

Generally people were content and happy with the service they received. People were provided with support and care by a team of staff who knew them and understood their care and support needs well.

People felt safe with the care staff and staff knew the correct procedures on how to respond and report potential abuse.

Staff received training, which was refreshed at regular intervals, to ensure they had the skills and knowledge they required to be able to provide care safely. There was an on-going programme of staff supervision meetings and appraisals to ensure staff performance was monitored regularly. Staff were provided with support and guidance to carry out their role effectively.

Care plans and people's support records were clearly written, reviewed and kept up to date when changes occurred.

There were safe systems in place to administer and manage people's medicines.

There was a robust recruitment system in place to ensure people were cared for by staff who had been recruited safely. There were sufficient staff employed with the right skills and knowledge to meet people's needs.

People's rights were protected because staff and management had a working knowledge of the Mental Capacity Act 2005.

Environmental risk assessments were completed on people's homes to ensure any risks to staff and people were minimised.

Quality assurance systems were in place to monitor and where necessary improve the quality of service being delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were robust recruitment systems in place and sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

People were supported to access the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

People found their staff supportive, kind and respectful.

People were kept informed about any changes to their service.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed. Their care plans reflected their individual needs and were reviewed and updated.

The service had a clear complaints procedure and people told us they would feel able to raise any concerns and felt they would be

listened to and any concerns acted upon.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive, supportive culture where people and staff were confident to report any concerns to the management team.

Abicare Services Limited - Dorset

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 17 March 2017, which included visiting four people who used the service in their own homes. On 21 March 2017, we made additional phone calls to people and their relatives who use the service so they could provide their views on the service they received and prior to our inspection a further selection of people had been asked to complete a quality assurance questionnaire. This ensured views from a wide range of people who used the service could be obtained. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by two Care Quality Commission inspectors.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. Prior to the inspection, the provider completed 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. We also asked the local authority safeguarding and commissioning teams for their views on the care and service provided by Abicare Services Limited-Dorset.

We spoke with seven people on the telephone and visited four people and their relatives in their homes. We also spoke with eight members of staff which included care staff, the quality assurance officer, the training manager, the community field office and the manager. We checked five people's care and medicine records in the office and with their permission, the records of four of these people that were kept in their home.

We also saw records about how the service was managed. These included four staff recruitment and monitoring records, staff rotas, staff visit schedules, training records, staff meeting minutes, audits and

quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

All the people we spoke with said they felt safe with their care workers and that actions such as securing their property at the end of visits ensured their safety. One relative told us, "Mum is quite safe when they're here, I don't worry".

At our inspection in December 2015 we found people were not protected against the risks associated with the unsafe management and use of medicines, particularly around the use of 'PRN', as required medicines. At this inspection we reviewed the provider's PRN policy and protocols that were being implemented.

Care staff spoke knowledgeably about the use of 'PRN' medicines and explained the revised medicine systems that had been put in place. A member of staff said, "I so much prefer the new system, it's so much easier, I'm quite happy to administer meds, I enjoy it". Another member of staff told us, "The new system with the meds is much better, now it's all plain sailing".

The provider had a four stage process to guide staff when they administered medicines to people. The process covered areas from prompting people to take their medicines through to administering medicines to people. We reviewed four medication risk assessments, MAR (Medication administration records) and talked with four people and a relative about their medicines. People were confident they received their medicines as prescribed and had confidence that staff had the correct skills in regard to medicines for example, when applying creams.

A family member also told us, "They have never missed any medications". Medicines risk assessments identified the level of support people required, any allergies and who their GP was. Two of the four MAR records we reviewed were fully completed. However, the remaining two records had some administration gaps. In addition, there was limited advice on PRN (as required medicines) and the correct application of creams. MAR charts were handwritten and had not been counter signed to ensure they had been completed accurately. We discussed these findings with the manager who told us corrective action would be taken immediately. Immediately following the inspection, the manager wrote to us and confirmed this action had been completed.

The manager told us all staff were scheduled to receive additional training around 'PRN' practices in the following weeks and showed us a completed action plan that highlighted when this would be completed.

At our inspection in December 2015 we found there was a lack of guidance for staff to ensure people's creams were applied in accordance with the prescriber's instructions. At this inspection staff showed us the new system of body maps that were completed for people. Each person had a booklet that contained a body map to show staff where to apply cream, how much to apply and how often to apply it.

At our inspection in December 2015 we found shortfalls around the completion of risk assessments for people. Risk assessments had not been undertaken for a number of areas which included, the use of bed rails, moving and handling and using aids such as mobile hoists. At this inspection we found risks to people

were recorded and reviewed with control measures put into place to mitigate against any assessed risks.

Detailed risk assessments had been completed for all areas of risk, which included, moving and handling, environmental hazards, medicines, health and safety, bathing and confidential financial risks. The risk assessments included information on any equipment to be used, the action or manoeuvre, the frequency, the resulting risk level and any further actions to be taken, the due date and the person completing the action. These led to staff guidance on people's level of independence, what support staff needed to provide and any equipment required. Each risk assessment had been completed to cover the specific area of risk, for example the financial risk assessment detailed particular risks associated with the payment of bills, cash payments, credit and debit cards and any valuable items kept in people's homes.

Environmental risks were assessed to ensure safe working practices for staff, for example, to prevent slips, trips and falls and moving and assisting procedures. There was also information about specific health conditions in people's care plans. One person had a health condition that meant they were at risk; however this had not been fully assessed. Staff rectified this during the inspection. Staff confirmed they would review all the people they supported to ensure that risks associated with specific health conditions were assessed and plans put in place to mitigate the risk and guide staff.

At our inspection in December 2015 we found checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people. We found some staff had been employed by the service without the service having obtained employment references. At this inspection we found people were protected from the risk of receiving care from unsuitable staff. Recruitment records showed the provider had followed their recruitment policy and staff had been employed correctly. Applicants for jobs had completed applications and been interviewed for roles within the service. Records showed staff would not be offered positions unless they had proof of identity and written references. Full employment records were held for staff with any gaps in employment histories noted on their application record. New staff had been checked against the disclosure and barring service (DBS) records. The DBS is a national agency that keeps records of criminal convictions. Records showed that all the required documentation for recruiting staff safely was in place. Staff told us they had completed a period of 'shadowing' experienced staff before they were left to provide care for people independently. Staff said, "They use a system of shadowing and reverse shadowing... this means the first week you shadow and watch an experienced care worker then the second week you swop so they are watching you, it was really good".

People were protected against the risks of potential abuse. There were policies and procedures in place to help keep people safe from abuse. Staff spoke knowledgeably about their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk and were able to explain the different types of abuse that people may be subject to such as verbal, financial, or physical. Staff had completed safeguarding adult's awareness training which was refreshed at regular intervals.

When people had accidents, incidents or near misses these were recorded. There was a process in place of reviewing these records to look for developing trends. Incidents and accidents were reviewed by the providers head office on a monthly basis and the local office alerted to any trends or themes to enable preventative action to be taken. Where appropriate, incidents were discussed with staff in meetings to enable learning from these incidents to be shared with staff and to reduce the risk of reoccurrence.

There were arrangements in place to keep people safe in an emergency. There was an out-of-hours on call system for people who used the service and staff to contact staff in emergencies or where they needed additional support. Staff and people told us they knew how to use the service and had no concerns about

using it. The provider had a system to ensure people and staff were protected in the event of any emergencies, such as inclement weather or system failures. The system was risk based and gave clear guidance for staff to follow to ensure risks to people's health and safety were kept to a minimum.

The manager said the service was currently fully staffed however, as a company they were always recruiting to replace staff that left the service through natural turnover. They told us about the work that was being done throughout the company to focus on staff retention. The manager stated the service ensured new staff were employed in post before they took on additional packages of care.

This system ensured there were enough staff in place with adequate time available to meet the person's needs before it was provided. Rota's showed people were given the names of the staff that would be providing their care and support. We reviewed the staff rota information, records showed that staff deployment was planned to make sure care staff had the time available to meet each person's individual support needs. Rota's showed adequate travelling time was allocated to staff between visits. Generally, staff said the travelling time was enough, however, when the traffic was particularly busy this could mean they may run late. Staff said the travelling time had improved and they had been given better times to travel between visits. People told us staff were, "More or less on time". Two people said the service could improve on phoning them if they were going to be late arriving. Another person said, "The whole care package I think is really good. I'm comfortable because they let me know if they are going to be late, which doesn't happen very often".

Some people were concerned about not receiving a rota or not being contacted to advise when their care worker was going to be significantly delayed. One person told us they did not always get their rota's through in time. They said, "It's getting less and less that we are being sent a rota. It's very good to know who is coming. For example tomorrow I don't know who is coming. We see different people but we do know each other". One person described the staff by commenting, "Very good except they sometimes come late, I think weekends are a problem" and another person commented, "My only beef is the rota. When we asked this person what the service could do to improve they said, "The rota, the rota, the rota". Another person said, "They send a schedule out in advance, sometimes we don't always receive them. So you don't know what time their visits are going to be or who will turn up. I've never had a situation where they have let us down completely".

We discussed these issues with the manager who told us these concerns had already been highlighted by their quality assurance systems and showed us their plan of action to address and rectify the problem. This included a bespoke software system that had been introduced and was going live the week of our inspection. The manager said once firmly embedded this system would significantly improve the problems that had been experienced with the rota's.

People told us staff had enough time during their visit to carry out their care and support thoroughly and never appeared rushed or hurried. A staff member said, "My rota gets delivered each week by e mail, I tend to have the same people to visit, which is good continuity and I get to know them well, I'm not rushed although some people are a bit slower than others ... you just need to give them time, I really enjoy it". The manager told us wherever possible people had consistent care from the same staff so they were protected from risk. Two people we spoke to confirmed they received their care from a small team of regular carers and said the service had listened to them when they had requested certain carers. "One person said, "Nothing I would change, it works, if it's not broke don't fix it. It's a very good service".

Staff told us they had sufficient supplies of personal protective equipment such as disposable gloves and aprons to ensure people were protected from the risk of cross contamination.

Is the service effective?

Our findings

People felt staff were well trained and had the right knowledge and skills to effectively support them. Comments from people included, "They're very good, the whole lot of them. They have been brilliant and very good to me" and, "She gives you a good wash; she is really good at that, very thorough" and, "You can't get anyone better, whatever you want they will do" and, "They are excellent, the actual care is marvellous. The girls are great, amazing" and, "They are good at their job, you can have a laugh; I can't speak highly enough of them".

At our inspection in December 2015 we found some staff had not received training that was specific to the needs of the people they were caring for. At this inspection we found the provider had addressed the shortfalls and staff received training that they found useful, effective and informative.

Training records and discussions with staff showed that care workers had received the training they required to understand how people needed to be supported. Staff new to care work received a thorough induction and a large amount of training was provided face to face. The training matrix confirmed staff had received training in areas including medicines management, moving and positioning, dementia care and pressure care awareness. Refresher training was scheduled for staff to ensure they remained up to date with their training. Some of the people we visited at home required support with their continence. Staff had received training on catheter care including reading about the types of support people may need and direct training which included a practical session. This was followed up with a quiz to promote discussion, share learning and ensure the organisation was confident staff had the right skills. Staff told us, "The training is really good, we cover everything lifting, handling all the time, it's all done internally and is really thorough, we get updates as well, it all comes through automatically on our rota's". Another member of staff told us, "The training is brilliant, very good all round, If there is any training I particularly want to do I would just ask and I'm sure they would arrange it for me". All new staff completed six days of training and completed the Care Certificate which is a recognised national training accreditation. A staff member said, "My training was a whole week, practical and really good, I learnt loads". A trainer described the importance of making sure care staff received effective support to develop their skills and knowledge. They said, "They feel more supported; it shows we care about them".

At our inspection in December 2015 we found shortfalls in the system of staff appraisal and supervision, with some staff not receiving supervisions or annual appraisals during 2015. At this inspection, records showed and staff told us, a full schedule of supervisions, group supervisions, practical observations, meetings and annual appraisals had been completed for staff. Annual appraisals gave staff the opportunity to request further development and training and demonstrated the appraisal process was a two way system with staff able to comment on their performance and development.

Most of the people supported by staff had capacity to make their own day to day decisions. People told us that they made their own decisions and that staff respected these and carried out their instructions. Care plans reflected this, for example one person's plan said, 'Assist to dress in clean clothes of [the person's] choice' and another person's plan said, 'Prepare drinks and meals of [the person's] choice'. Where people

may have lacked capacity to make a specific decision the manager acknowledged that further work was required to ensure staff completed mental capacity assessments and best interests decisions for people who lacked capacity to consent to specific decisions. Immediately following the inspection we were sent documentation that confirmed this work had been correctly completed for people that lacked capacity to make their own decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes and hospitals. Where people are deprived of their liberty in community settings, applications are made to the Court of Protection to consider whether the deprivation is in that person's best interests. We talked about this with the manager. No one supported by the service at the time of the inspection was deprived of their liberty and the manager understood their responsibility to recognise where someone might be at risk of being deprived of their liberty and knew which statutory body they needed to alert.

People described how staff helped them to prepare drinks, snacks and meals. One person said, "They are very good at that" and another described staff cooking skills as, "Pretty good". Staff understood what people liked and disliked and paid attention to the small things that people described as making a big difference. For example, people told us all the staff knew their preferences for drinks included how they liked their hot drinks such as tea and coffee. One person told us about how they enjoyed a bacon sandwich for breakfast and described how staff made sure it was prepared exactly as the person liked it, including cutting off the crusts.

Most people managed their healthcare needs either independently or with family support. Staff told us about one person who may have required assistance to access healthcare such as their GP. They showed us the plans in place to ensure staff understood what they needed to do. One member of staff told us about a situation where they noticed a person had an injury to their ankle. They raised their concern with their manager and the service arranged a district nurse to visit the person and treat their wound.

Is the service caring?

Our findings

All the people we spoke with described care workers as highly caring and genuinely interested in, and concerned about their welfare. We received wholly positive feedback about the caring nature of staff. Comments included, "Wonderful" and, "Anything I want doing, they do" and, "They are so nice, they are good girls" and, "We have a laugh and joke; as soon as we got to know each other it was fine" and, "Kind in every way". We asked people if they found the staff caring and compassionate, people replied, "They are indeed" and "They are all definitely, and they know what they are doing, they're career carers rather than job carers". Another person told us "What they do they do well, it's quite simple in a way".

A family member described how staff had supported their relative to attend a family occasion including spending the day with the person, taking them home and making sure they were happy and settled for the night. The relative told us about how this had enabled them to enjoy the occasion without having to worry about their relative. They said, "We are happy with them, we wouldn't dream of going elsewhere. I haven't once been frustrated or disappointed with them".

Staff told us about a situation where a person needed to leave hospital and desperately wanted to go back to their own home but their home had not been lived in for many months and needed cleaning. Cleaning companies were not available at such short notice, so two members of staff went to the person's home and spent all day cleaning it thoroughly, to make sure it was safe and welcoming for the person to return to after their lengthy hospital stay. This shows staff were willing to ensure people were given the care and support they needed.

Staff spoke knowledgeably about people and told us how they preferred their care and support to be given, which showed they knew them well. People told us staff supported them well and care and support was offered in a friendly and caring way. People told us they were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed.

People were supported to maintain their independence. For example, one person's plan described how staff needed to, 'Only assist with tasks that [the person] asks for help with. We asked another person if staff enabled them to remain as independent as possible and they replied, "Oh god yes".

Plans included information about the individual, their likes and dislikes, family and life history. This meant staff were better able to understand the person and how they wanted to be supported. For example, one person's plan included, 'Things that are important to me' and, 'Things that upset or worry me'. People told us the carers were always polite, kind and respected their dignity and privacy.

The service had a variety of systems to make sure people were able to say how they felt about the service they received. People's views were sought through regular phone calls from a manager, care reviews and annual surveys. People told us they knew who to contact if they needed advice and guidance, one person said, "They are always on the end of the phone and so friendly, no problem at all".

Is the service responsive?

Our findings

People felt staff were responsive to their needs. One person told us about an occasion where they had required unplanned urgent assistance. They had telephoned the office and a care worker arrived to help them within half an hour. They said, "That is a big thing for me". A family member also told us, "If we need extra cover, sometimes at short notice, I feel they will do their best".

At our inspection in December 2015 we identified shortfalls regarding the lack of proper steps being taken to ensure that people's needs were assessed and planned or, to provide the care, treatment and support they required. This was because some people's specific health and care needs had not been properly assessed and planned for. At this inspection we found the provider had implemented a number of system changes to ensure these shortfalls were addressed.

People's needs were assessed before their service started to make sure staff were confident they could provide a safe, effective and responsive service. The assessments led to care plans which provided staff with accurate guidance on how people wanted or needed to be supported. For example, one person who required specialist nutritional support such as a PEG feed (a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach) had plans in place which provided accurate guidance and staff who were trained in this area to effectively support them.

Outcomes of the support were identified. For example, one person wanted to remain as independent as possible and stay in their own home. Staff were provided with guidance such as how they needed to communicate with or support people in order to help them achieve their identified outcomes.

Staff spoke knowledgeably about specific health conditions and how to ensure people maintained a standard of health and well being. One staff member told us about the risks relating to diabetes and what signs to look for if a person was at risk of having a hyperglycaemic incident. People had regular reviews of the care and support they received to make sure staff had up to date and accurate guidance on how people needed or wanted to be supported.

The manager showed us the improvement that had been made to the care plans. Previously care plans had been hand written which meant sometimes these were illegible and a lot of resource was taken up re writing them at each review. Care plans were now electronically held on the computer systems which ensured, clear legible instructions were available. Staff told us this system was much quicker and enabled them to update people's care plans quickly, accurately and effectively. Care plans included a 'core task' area which enabled clear summaries of care and support to be outlined for key times of the day. This meant staff had a clear 'at a glance guide' to ensure people received their specific care and support at the correct times.

Daily records were completed. These included an accurate account of the support people had received including assistance with personal care, meal preparation and the administration of prescribed medicines. These were person centred including information on how the person was and any odd jobs completed such as putting the bins out. People told us staff were unhurried in their approach and records confirmed this

with most people's daily records including time spent with the person chatting.

A complaints procedure was in place which gave clear guidance for people to follow if they needed to raise a concern or complaint. Complaints were recorded, reviewed, analysed and outcomes actioned with the outcome of the complaint communicated to the appropriate parties.

People told us they were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. They were confident their concerns would be listened to and acted upon. People shared examples of where they had raised a concern and how staff had resolved it. One person told us, "Only once I had a minor complaint. I go to a day centre on Mondays and Wednesday and for a couple of weeks the carer came too late to get me ready for the day centre, It was all listened to and resolved". Another person said, "You have only got to phone up and tell them, they are very good". A family member commented they were confident staff listened to and acted on concerns and added, "It's not about making mistakes it's what you do about it".

The provider also kept copies of compliments received. One relative wrote, 'Staff have all been so kind and caring, nothing was ever too much trouble'.

Is the service well-led?

Our findings

People told us the service was largely well led and that they could easily contact office staff. One said, "I would recommend them to anybody" and another person described the service they received as, "Eleven out of ten".

A family member told us communication with the office was effective commenting, "The message always gets through and things get done".

At our inspection in December 2015 we found effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of services provided and because accurate records were not maintained. At this inspection we found the provider had made significant improvements and implemented a range of systems and processes to ensure they were compliant with the regulations.

Staff told us they felt well supported by the management team and felt that the service was well led, with a friendly, open, supportive culture. Staff told us, "I get on really well with the team, they are always on the end of the phone if I have any problems, they will help...I feel very supported, there is a good rapport everyone is friendly and treated equally, there are no favourites we are all treated very well". Another member of staff who had recently taken over a different role said, "I'm enjoying it, I get on going support and I'm constantly learning, I know I can go to anyone for help if I need it". We asked staff what they felt the service did really well. One staff member replied, "I think the staff support is excellent, all very friendly and always helped if any problems". Another member of staff said, "It's a brilliant team here, nothings too much trouble, we are welcomed with open doors".

The manager told us about the various staff award and incentive schemes the provider offered. Staff told us they appreciated these awards which gave them the opportunity to receive certificates, gift vouchers, recognition cards and take part in the staff appreciation day.

There were communication systems in place to ensure communication between people, staff and the local office were effective. Staff told us these systems had improved the way they worked, they told us about the various newsletters, software messaging systems and daily e mails that were sent that enabled them to keep up to date. We saw a number of these systems during our inspection and heard from staff how useful they found them.

Staff meetings were held regularly and minutes from these meetings were available for all staff to read, to ensure they were fully aware of what had been discussed if they had been unable to attend the meetings. Minutes showed the meetings were conducted in a positive and informative way. Staff told us they were comfortable to raise any issues they may have at these meetings and felt confident they would be listened to.

Feedback on the service was sought from people using the service and their relatives. Quality assurance questionnaires had been sent to people using the service during November 2016, and covered areas relating

to, quality of care, responding to concerns, communication and staff knowledge and attitude. Once completed the questionnaires were sent to the providers Head Office where they would be reviewed and any areas of concern highlighted to the local office for their action. People who had raised concerns had these addressed in writing by the manager. The service had received 20 completed questionnaires from people, comments from returned questionnaires included; 'Time keeping has improved over recent months and I appreciate having continuity of carer, it seems to make for better care' and 'Generally I'm very happy with the service but get a little frustrated when published rota not kept to' and 'everything runs smoothly and there haven't been any problems to discuss, I feel confident that any issue would be quickly and professionally resolved'.

We spoke with the newly appointed quality assurance officer who explained about their role and how it would impact on the service by promoting, guiding and supporting the service to maintain a high standard of care and support. The provider had a range of systems to monitor the arrangements in place for the care the service provided. These included care plan and risk assessment audits, accidents and medicine management. Management staff carried out staff supervisions and a variety of spot checks as part of the quality assurance systems. We spent time talking with the manager, who was able to demonstrate how committed they were to providing a quality service. We were shown the systems and processes they had implemented to ensure a continuous quality service was provided to people.

There was a manager in post. The manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.