

Inspire Community Trust

# Independent Living Centre

## Inspection report

20 Whitehall Lane  
Erith  
Kent  
DA8 2DH

Tel: 02030455100

Date of inspection visit:  
08 February 2018

Date of publication:  
27 March 2018

### 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

This inspection took place on 8 February 2018 and was announced. Independent Living Centre 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 to older adults and younger disabled adults. At the time of this inspection, seven people were using the service.

At our comprehensive inspection on 30 November and 02 December 2016 we found breaches of legal requirements as risks to people had not always been identified, assessed adequately, or steps taken to mitigate them. Recruitment checks were not always robust and did not always demonstrate that staff were of good character. Records relating to people's medicines were not always properly completed and staff had not always taken action in good time to ensure people had sufficient stocks of their prescribed medicines at home. Staff had not always completed training or refresher training in line with the provider's requirements and staff had not received supervision in line with the provider's policy. The provider's systems to assess and monitor the quality of the service provided were not always effective. Records relating to people's care records were not always accurate and up to date and the provider had not always sought feedback from people using the service to help drive improvements.

The provider wrote to tell us the actions they would take to address these concerns by 28 February 2017. We undertook an announced focussed inspection on 25 April 2017 in relation to the warning notices we served on Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that action had been taken and improvements made but the systems and processes that had been implemented had not been operational for a significant amount of time for us to be sure of consistent and sustained good practice.

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.

At this inspection, we found that the issues we had identified had been addressed, in line with the provider's action plan. Risks to people had been assessed, identified and with appropriate management plans in areas such as moving and handling, medicines management, eating and drinking and falls. Appropriate recruitment checks took place before staff started working with the provider to and were vetted to be of good character and suitable for the role they had applied for in social care. People were supported with their medicines safely and staff ensured there was sufficient stock of medicines for people and records relating to people's medicines were completed properly.

The provider had training courses that were mandatory and all staff training were up to date. Staff had also completed training relevant to people's needs and had completed an induction when they first started working with the service. Staff were supported with regular supervision and appraisals in line with the

provider's requirement.

Appropriate systems had been put in place to assess and monitor the quality of the service. People's care records were up to date and reflective of their care needs. People's views were sought through telephone monitoring calls, home visits and annual satisfaction surveys and staff views were sought through regular team meetings.

People told us that adequate numbers of staff were deployed to support them; however we had mixed feedback on staff punctuality. Staff said the current staffing numbers in place were appropriate to support the number of people using the service. The provider had safeguarding policies and procedures in place and staff knew of their responsibility to report and records any concerns of abuse to their manager. People were protected from the risk of infection because staff were aware of the provider's infection control practices.

Before people started using the service their needs were assessed to ensure the service would be suitable and their needs met. People were supported to eat sufficient amounts for their well-being. The provider worked well within and across organisations such as the local authority to plan and deliver an effective service. People said they made their own arrangements for healthcare appointments but where required, staff supported them to access healthcare services. Staff were aware of the need to seek consent from people and work in line with the requirement of the Mental Capacity Act 2005 (MCA).

People were involved in planning their care and support needs. Staff demonstrated a good understanding on supporting people under the Equality Act. People's privacy and dignity was respected and their independence promoted. Staff demonstrated a good knowledge of the people they supported including their support needs and preferences.

Each person using the service had a care plan which was reviewed regularly to ensure their needs were met. People were supported to be engaged in activities that interest them. The provider had a complaints policy and procedure in place which provided guidance on how to raise a complaint. People were provided information about the service so they know the level of support to expect. The provider had arrangements in place to support people with end of life care; however, no one using the service at the time of this inspection required such support.

People told us the service was well-led and staff said their manager was open and addressed issues quickly. Staff teams were aware of the provider's values and visions. The provider worked in partnership with key organisations to drive improvement. The provider kept records of accidents and incidents and continuously learned to improve on the quality of 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?

Good ●

The service was safe.

Risk to people had been assessed, identified and with appropriate management plans were in place.

There were systems in place to ensure that suitable staff were recruited to work in social care.

People were supported with their medicines as prescribed by healthcare professionals.

People told us that staff punctuality could be improved. We found that the provider had taken action to address this issue.

Adequate numbers of staff were deployed to support people with their needs.

The provider had safeguarding policies and procedures in place and staff knew of their responsibility to safeguard people in their care.

Staff wore personal protective equipment to prevent or minimise the spread of infection.

Where issues were identified, lessons were learnt and action was taken to prevent or minimise similar occurrences.

### Is the service effective?

Good ●

The service was effective.

Staff were supported through induction, training, supervision and appraisals to perform their duties efficiently.

Before people started using the service, they were assessed to ensure their needs could be met.

People were supported to eat and drink sufficient amounts for their well-being.

Staff teams worked well together within and across

organisations.

People were supported to have access to healthcare services.

Both staff and the management team understood their responsibility under the Mental Capacity Act 2005 (MCA)

### Is the service caring?

Good ●

The service was caring.

People were consulted and involved in making decisions about their care and support needs.

People's preferences including their likes and dislikes were included in their care and support plan.

Staff were aware of the provider's policies around equality and diversity and supported people without any discrimination.

People's privacy and dignity were respected and their independence promoted.

### Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which were developed based on an assessment of their needs. People's care records were updated regularly to ensure their needs were met.

Care records were personalised and allowed people to instruct staff how they preferred to be supported.

People were engaged in activities that interest them.

People said they knew how to make a complaint if they were not satisfied with the service.

No one using the service required support with end of life care. However the provider had systems in place to ensure people's last wishes would be respected.

### Is the service well-led?

Good ●

The service was well-led.

The provider had effective systems in place to monitor and assess the quality of the service delivered.

People's views were sought through telephone monitoring calls, home visits and annual surveys.

Staff views were sought through regular team meetings to improve the quality of the service

There was a registered manager in post who knew the requirements of the Health and Social Care Act 2008.

Both the registered manager and staff knew of the provider's values and vision.

The provider worked with key organisations such as the local authority to drive improvement.

The provider continuously learned to improve the quality of the service.

# Independent Living Centre

## **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.

At a comprehensive inspection at the Independent Living Centre on 30 November and 02 December 2016, we found breaches of legal requirements and served a warning notice. We undertook a focused inspection on 14 June 2017 in two of the five key questions we ask about services: is the service safe, and, is the service well led. We found that action had been taken but there was still room for improvements.

This inspection was carried out by a one inspector on 8 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Prior to the inspection we reviewed information we had about the service. This included the notifications that the provider had sent us. A notification is information about important events which the provider is required by law to send us. Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office location on 8 February where we spoke with one person who used the service, the registered manger, nominated individual, three staff including a care coordinator. We reviewed five care records, four staff training and recruitment records and other records used for the management of the service including policies and procedures, audits, surveys and minutes of meetings.

On 13 February 2018 we spoke on the telephone with three people and two care staff to seek their views about the care they received or the care they provided. We also contacted the local authority that commission services from the provider to obtain their views about the service.

# Is the service safe?

## Our findings

At our comprehensive inspection on 30 November and 02 December 2016 we found breaches of legal requirements as risks to people had not always been identified, assessed adequately, or steps taken to mitigate them. Recruitment checks were not robust and did not always demonstrate that staff were of good character. Records relating to people's medicines were not always properly completed and staff had not always taken action in good time to ensure people had sufficient stocks of their prescribed medicines at home. We served a warning notice on the provider regarding risk assessment and their management plans. The provider sent us an action plan and told us they would complete these actions by 28 February 2017. We carried out a follow-up inspection on the warning notice on 25 April 2017 and saw that action had been taken to meet the legal requirements. However the systems and processes implemented had not been operational for sufficient amount of time for us to be sure of consistent and sustained good practice.

At this inspection, we found that these improvements had been sustained in all the areas we had identified. Risk to people had been assessed, identified and there were appropriate management plans in place. Risk assessments covered areas such as moving and handling, medicines, falls, eating and drinking, skin integrity and risk in relation to people's environment. The risk assessments included guidance for staff about actions to take to minimise or prevent the risks occurring. For example management plans for staff to mitigate the risk of falls instructed staff to be patient and walk closely to the person for safety. Another person's moving and handling risk assessment included guidance for staff such as using the hoist to transfer them safely from their bed to chair and how to use a sling with the hoist to move them safely and ensuring that two staff were always present when undertaking such transfers. Staff we spoke with knew of the various risks to people. For example, one staff member told us that the person they supported had to eat soft diets and pureed food to reduce the risk of choking.

Appropriate recruitment checks took place before staff started work. We looked at four staff files which contained completed application forms and information about their previous employment history and the reasons for any gaps in employment. The files also included two references, proof of identification, completed criminal records checks, health declarations and a right to work in the United Kingdom to ensure staff were vetted, of good character and suitable for the role they had applied for in social care.

People were supported with their medicines where required. People said the support they received with their medicine was adequate. One person said, "They remind me to take my medicines. If I forget they don't, because they are important." Another person said, "I am self-medicating but they check I am taking them well." People's medicines record included the list of medicines they were taking, the dosage, frequency, how it should be taken, level of support required and any side effects they may experience. Medicines administration records (MAR) were completed appropriately and where gaps were identified these were accounted for such as when people spent time with their family members or were in hospital. All MAR sheets were audited regularly to ensure people were receiving their medicines as prescribed by healthcare professionals. Staff said they monitored stock of people's medicines and would report to the office if people were running out so that prompt action would be taken to restock their medicines. Staff we spoke with told us they were confident in supporting people with their medicines. Staff had completed training courses in



medicines awareness and their competencies had been assessed to ensure they had appropriate skills and knowledge to support people safely.

We received mixed feedback from people regarding staffing levels. For example one person told us, "They arrive on time mainly but ring to let me know if they will be late." Another person said, "If they can't make it, the managers always step in." However other people told us, "I sometimes get worried when there is one carer...I always tell them I will wait till the second carer arrives; this happens now and again." Another person said, "It could be better, it is sometimes late. You would think they would get more staff, but it is a nationwide problem, no one wants to do care." The management team confirmed there were two occasions in 2017 that they experienced low staff turnout which impacted on the support that people received. They told us two care packages were returned to the commissioners so they could maintain safe levels of care and support. They said the current staffing numbers in place were sufficient and care staff we spoke with confirmed this. Staff absences were covered with other care or office staff including the registered manager to ensure people received safe care and support as planned for. The registered manager told us they recently undertook a recruitment exercise but were unsuccessful in finding suitable people that could work in social care.

People told us they felt safe. Their comments included, "I am completely safe with the carers in my home." Another person commented, "I feel safe with them coming to my home; nothing has gone missing or anything like that." A third person commented, "Oh yes, totally safe."

The provider had a safeguarding adults' policy in place which provided staff with guidance and processes to follow to protect people from abuse. The registered manager demonstrated a good understanding of safeguarding and reporting procedures. Staff understood the types of abuse that could occur and the signs they should look for and said they would report any concerns to their manager. Staff were aware of the provider's whistleblowing policy and said they would report to the local authority or CQC if their concerns were not taken seriously. A member of staff said, "I will have to ring you lot, I will get it through to CQC and the council." However, staff felt confident that their managers would take action to ensure people remained safe. Training records showed that all staff had an up to date training on safeguarding adults.

The provider had an infection control policy and procedure in place which included guidance for staff to prevent the spread of infections. Staff said they used personal protective equipment (PPE) because it was important in preventing the spread of diseases. One person told us, "They [staff] wear gloves to apply my creams." On the day of our inspection we saw staff coming into the office to pick up PPE such as gloves. Training records showed that all staff had completed infection control and food and hygiene training to ensure they had the knowledge and skills in supporting people safely and in preventing the spread of diseases.

Where issues were identified, lessons were learnt and action was taken to prevent or minimise similar occurrences. For example we saw that staff punctuality was one of the key areas identified for improvement. We saw that punctuality was monitored and discussed with staff in team meetings and supervision sessions to ensure they were aware of the importance of delivering the service on time. The provider had put in place an electronic call monitoring system and had encouraged care staff to log-in and log-out appropriately and contact management team if they had any issues attending to people promptly.

# Is the service effective?

## Our findings

People told us staff had the knowledge and skills required to support them. One person said when they were unwell, staff were able to identify this and contacted their relative immediately and they were taken to hospital. Another person told us, "They do a brilliant job." A third person commented they have the right knowledge to do this job."

At our comprehensive inspection on 30 November and 02 December 2016 we found breaches of legal requirements as staff had not always completed training or refresher training in line with the provider's requirements and staff had not received supervision in line with the provider's policy. The provider sent us an action plan and told us they would complete these actions by 28 February 2017.

At this inspection we found that improvements had been made. The provider had training courses that were mandatory for all staff to complete. We saw that staff were up to date with their training in areas such as the principles of person centred care, dignity and respect, moving and handling, nutrition and wellbeing, infection control, fire safety, food hygiene, raising concerns and whistleblowing. Staff had also completed training relevant to people's needs including understanding dementia, death, dying and bereavement and effective communication. One member of staff told us they found the training sessions very useful and that the trainer was good at explaining things to their understanding. Another said, "The training is very comprehensive." This ensured that staff had appropriate skills and knowledge to perform their role efficiently.

Staff were supported with regular supervision. Staff said they received supervision and came into the office weekly to speak to the management team. All of the staff we spoke with told us that they felt supported in their role. Three out of four staff's files we looked at were new in their role. All new staff completed a six month probationary period. Each staff had received at least three supervision since starting in June 2017 to monitor and assess their performance and provide additional support where required. The registered manager told us that each week staff received informal supervision to find out how they were getting on with their job. Staff also received annual appraisals to support their development in the role.

Staff told us they completed a three week induction when they started working at the service. The induction comprised of an introduction into the organisation, familiarising themselves with the provider's policies and procedures, mandatory training sessions and shadowing with experienced colleagues. They said training was both face-to-face and classroom based and included watching DVD's after which their knowledge was assessed. Staff said the induction was good. One commented, "There were so many things I didn't know before, the training sessions opened my eyes."

Before people started using the service they were assessed by the management team to ensure that their needs and preferences could be met. Pre-assessment checks carried out included information on people's social, religious, mental health, communication and personal care needs. The assessments also included things that were most important to people such as family relations and pets. We saw that the pre-

assessment information was used to develop people's care plans which provided guidance for staff on the support to provide. All the people we spoke with told us they had an initial assessment of their needs before they started using the service. People's care plans and risk assessments were kept under regular review to ensure their needs were met.

People told us they received adequate support to eat and drink sufficient amounts for their well-being. One person said, "They make me a sandwich and I like them." Another said, "They get me food and drink as well, it is good." People's care plans included the types of food and drink they liked and disliked and any support required to eat or drink. There was also instruction regarding people's health conditions such as diabetes and how this should be managed with the food and drinks they had. We saw that one person was on fortified drinks to support them maintain a healthy weight. Staff we spoke with knew of people's eating and drinking needs. They told us of the support they provided which matched information in people's care plans.

Staff teams work well together within and across organisations. We found that the provider operated other services including a day centre, wheelchair service, sensory support and a living solutions equipment shop. We found that staff liaised within the organisation to ensure that people were referred to the right department if they needed such support. For example, people were referred to the day centre to enable them socialise and to support them with activities that interest them. The nominated individual told us that they work hand-in-hand with other care agencies that provided similar services and had built relationship with them over the years; therefore they learned and supported each other in various ways. The provider also worked with the local authority to plan and deliver an effective service.

Most people told us they made their own arrangements for healthcare appointments however when they needed support staff helped them to book appointments with their GP or contact the pharmacist for their medicines. People said on days they had appointments; staff came in early so they could be ready on time for their transport. Staff told us that if they had concerns about people's health they would report to the office to contact the required health services.

Staff knew the importance of seeking consent from people when supporting them. They said they would always ask people for their consent first. A staff member said, "I will ask them first." Another staff said I always greet people first and then ask them, "What would you want me to do for you today."

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 was in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked to see whether the service was working within the principles of the MCA.

We checked whether the service was working within the principles of MCA and whether any condition on authorisation to deprive a person of their liberty was being met. The registered manager told us all the people currently using the service had capacity to make informed decisions about their care and treatment. Records showed that people's capacity to make informed decision for example regarding their care and support had been assessed and people were found to be able to make this decision for themselves. All the people we spoke with told us they had capacity to make decisions for themselves. The registered manager told us if they had any concerns with a person's ability to make specific decisions, they would work with

them, consult with their family where applicable and with health and social care professionals to ensure decisions were made in their best interest.

## Is the service caring?

### Our findings

People told us they had a care plan in place which was reviewed regularly. With the exception of one person, people said they were happy with the care and support they received. One person said, "I am happy with the service I am receiving." Another person said, "I don't have any complaints, not at the moment and hopefully not in future." People told us the carers were responsive to their needs. One person said, "If I am unwell, they call my [relative]...one time I ended up in hospital." They told us that if staff hadn't taken action in time their situation would have been serious.

People had a care plan in place which was developed based on an assessment of their needs. The care plans identified areas in which people required support including personal care, moving and handling, nutrition and hydration and medication. The care plans contained information on people's life histories, medical conditions, their likes and dislikes, the things that were most important to them and guidance for staff on how people would like to be cared for. The care plans also included information on people's physical, mental health and social needs. Staff told us that they found the care plans useful. The care plans included duties that had to be completed at each visit and the daily care records we looked at were consistent with the care and support that was planned for. The care plans were updated annually or when people's needs changed. For example we saw that one person's care plan was updated to reflect their current needs of having a shower three times a week instead of a bed bath.

Care records were personalised and allowed people to instruct staff on how they preferred to be supported. One person's care plan stated, "I would like my [staff] to take me shopping each week to buy my food." When we telephoned to speak with the person for their feedback about the service, they told us they were out shopping with staff. The care plans also included information on the things people could do for themselves and those that they needed support with. For example one person's record showed they could eat their meal independently but needed support with bathing and how they preferred this support to be delivered by staff. Staff we spoke with knew people's likes and dislikes and their preferences. However they told us that they always offered people a choice where this was available for example with their food or clothing and all the people we spoke with confirmed this.

People's care plans included information on activities that interested them such as watching television, shopping and attending day centre. People told us they felt engaged and stimulated. One person said, "They have conversations with me and we talk about all sorts whilst they support me." Another person said, "They always have a chat with me but they can't stay for long." The provider also runs a day centre. One person told us they attended the day centre twice a week to get out of their house and interact with other people. Staff told us they engaged with people at each visit to keep them stimulated. A staff member said, "I always chat with people even during personal care."

People told us they knew how to make a complaint if they were not happy with the service. One person said, "I have nothing to complain about." The provider had a complaints policy which was included in people's care files to ensure they knew of actions they could take if they were unhappy with the care provision. The complaints procedure included timescales and for investigations and response. The provider told us they

had not received any complaints. However, during our telephone calls to people, one person raised a complaint with us and gave us permission to share this information with the provider. The registered manager told us they would look into this, follow their complaints procedure and update us on the outcome of the investigations.

People's care files also included a 'Service User guide' that included contact numbers of the management team and the out of hour's number and a medicines policy. This ensured that people had access to information when required and to know the level of support to expect. The registered manager told us that all the people using the service could communicate effectively and understand information in the currently written format provided.

At the time of our inspection, no one using the service required support with end of life care. However people were given the opportunity to discuss their end of life wishes including if they had made any advanced decisions or living will and or if they wanted to be resuscitated in the event of an emergency. We saw that people's wishes were recorded in their care plans. Staff had received training on dying, death and bereavement to ensure they had the skills and knowledge to support people when required.

## Is the service responsive?

### Our findings

People told us they had a care plan in place which was reviewed regularly. With the exception of one person, people said they were happy with the care and support they received. One person said, "I am happy with the service I am receiving." Another person said, "I don't have any complaints, not at the moment and hopefully not in future." People told us the carers were responsive to their needs. One person said, "If I am unwell, they call my [relative]...one time I ended up in hospital." They told us that if staff hadn't taken action in time their situation would have been serious.

People had a care plan in place which was developed based on an assessment of their needs. The care plans had identified areas in which people required support including personal care, moving and handling, nutrition and hydration and medication. The care plans contained information on people's life histories and any medical conditions they suffered from, their likes and dislikes, the things that were most important to them and guidance for staff on how people would like to be cared for. The care plans also included information on people's physical, mental and social needs. Staff told us that they found the care plans useful and could always refer to it if they were uncertain about the kind of support to deliver. The care plans included duties that had to be completed at each visit and the daily care records we looked at were consistent with the care and support that was planned for. The care plans were updated annually or when people's needs changed. For example we saw that one person care plan was updated to reflect their current needs of having a shower three times a week instead of a bed bath.

Care records were personalised and allowed people to instruct staff on how they preferred to be supported. One person's care plan stated, "I would like my [staff] to take me shopping each week to buy my food." When we telephoned to speak with the person for their feedback about the service, they told us they were out shopping with staff. The care plans also included information on the things people could do for themselves and those that they needed support with. For example one person's record showed they could eat their meal independently but needed support with bathing and how they preferred this support to be delivered by staff. Staff we spoke with knew people's likes and dislikes and their preferences. However they told us that they always offer people a choice where this was available for example with their food or clothing and all the people we spoke with confirmed this.

People's care plans included information on activities that interest them such as watching television, shopping and attending day centre. People told us they felt engaged and stimulated. One person said, "They have conversations with me and we talk about all sort whilst they support me." Another person said, "They always have a chat with me but they can't stay for long." We found that the provider runs a day centre and some people were supported to use this service to improve their social inclusion and partake in activities that interest them. One person told us they attended the day centre twice a week to get out of their house and interact with other people. Staff told us they engaged with people at each visit to keep them stimulated. A staff member said, "I always chat with them even during personal care."

People told us they knew how to make a complaint if they were not happy with the service. One person said, "I have nothing to complain about." The provider had a complaints policy which was included in people's

care files to ensure they knew of actions they could take if they were unhappy with the care provision. The complaints procedure included timescales and for investigations and response. At our inspection, the provider told us they had not received any complaints. However, during our telephone calls to people, one person raised a complaint with us and gave us permission to share this information with the provider. The registered manager told us they would look into this, follow their complaints procedure and update us on the outcome of the investigations.

People care files also included a 'Service User Information', contact numbers of the management team and the out of hour's number and a medicines policy. This ensured that people had access to information when required and to know the level of support to expect. The registered manager told us that all the people using the service could communicate effectively and understand information in the currently written format provided.

At the time of our inspection, no one using the service was on end of life care. However people were given the opportunity to discuss their end of life wishes including if they had made any advanced decisions or living will and or if they wanted to be resuscitated in the event of an emergency. We saw that people's wishes were recorded in their care plans. The care records we looked at showed people wished to be resuscitated and therefore there was no need for them to complete a Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms. Staff had received training on dying, death and bereavement to ensure they had the skills and knowledge to support people when required.



## Is the service well-led?

### Our findings

People told us that the service was well run. One person said, "The manager is very good, if a mistake is made, they have a positive attitude and sort it out immediately." Another person told us they felt it was, "Well-led because office staff came to find out how things are." Staff told us they felt the service was well-led. One staff commented, "It is well managed. We work as a team and the managers are open to assist and address any issues we have." Another staff said, "The manager is hands-on and any problem is addressed quickly. They are empathetic and make sure bad things don't happen again." A third staff said, "It is well managed, I do like it and so far I don't have any issues to say anything bad."

At our comprehensive inspection on 30 November and 02 December 2016 we found a breach of regulation because the provider's systems to assess and monitor the quality of the service provided were not always effective. Records relating to people's care records were not always accurate and up to date and the provider had not always sought feedback from people to help drive improvements. The provider sent us an action plan and we followed up with a focus inspection on 25 April 2017. We found that action had been taken and improvements had been made but the systems and processes that had been implemented had not been operational for a significant amount of time for us to be sure of consistent and sustained good practice.

At this inspection we found that further improvements had been made. The provider had a quality monitoring system in place which included review of people's care plans, moving and handling, environment, medicines audits including review of the MAR sheets and staff medicine competencies had been assessed. Where issues were identified we saw that staff received further training to improve their knowledge and skills. Appropriate systems had been implemented to ensure that staff recruitment was robust and staff received induction, training and supervision to ensure they performed their role efficiently. Unannounced spot checks were also carried out on care staff to maintain quality and consistency. The spot checks covered areas such as punctuality, cleanliness and tidiness, medicine competency, use of PPE and the use of hoists and slide sheets.

People's views were sought through telephone monitoring calls, home visits and an annual survey. Analysis of the results of the survey showed the provider obtained a 98% satisfaction rate from a total of nine people. Feedback was sought in areas such as punctuality, dignity and respect, and if people were happy about the service. Where issues were raised such as with staff punctuality which scored 86% an action plan was in place. The provider took action to improve the quality of the service by implementing a new electronic call monitoring system to ensure that staff were arriving in time and staying for the full length of their visit as planned for. Staff views were sought through regular team meetings used to update them as well as gather their views about the service. Minutes of meetings we looked at covered areas such as medicines, staff rotas, absences and annual leave, punctuality and record keeping. Staff said they found these meetings useful because it gave them opportunities to be updated and also feedback to their managers.

There was a registered manager in post. They had worked in various positions with the provider for ten years and knew the service well. The registered manager understood their responsibilities under the Health and

Social Care Act 2008 and was aware of relevant legal requirements including CQC registrations and the submission of statutory notifications when required. The registered manager was supported by the nominated individual who provided them with supervision and appraisals to ensure they had the necessary skills, knowledge and support to run the service well.

Both the registered manager and staff knew of the provider's visions and values. A staff member said, "To provide good care needs to people at the time required and respecting them, maintaining confidentiality, protecting their rights and providing quality care." Both the registered manager and the nominated individual told us they operated an 'open door' policy which was inclusive of all staff. The provider is a registered charity and had a board of trustees that oversee the running of the various services provided. The provider had an annual report for the year 2016-2017 to update its various shareholders of the progress they had made, opportunities to explore and any future plans they had.

The provider worked in partnership with key organisations such as the local authority to improve the quality of the service. Monitoring checks were carried out by the local authority who commissioned services from the provider in areas such as care planning and risk management, moving and handling, medicines management, monitoring checks and auditing. We received positive feedback from the commissioning team regarding the service delivery. They told us that following our comprehensive inspection which rated the service requires improvement; they had worked with the provider to drive improvement and maintain best practices and this had improved the overall quality of the service.

The provider continuously learned to improve on the quality of the service. Where accidents and incidents had occurred or there was an error in the delivery of care the provider took immediate action. For example we saw that one person had not received their lunch because they thought other support was in place for the person. The provider took action and informed all staff to read the care records in people's homes and to communicate effectively with other parties involved in supporting people to ensure that their needs were met safely. This issue was addressed in staff supervisions and team meetings to ensure that staff were adhering to policies and procedures and also providing an efficient service. Staff were encouraged to contact the office if they were not sure of anything relating to the care and support they provided.