Care Quality Commission

Allied Healthcare Group Limited

# Allied Healthcare - Bridlington

**Inspection report**

Suite 1b
Bridlington business Park
Bessingby Industrial Estate
Bridlington
YO16 4SJ
Tel: 01262 401567
Website: www.**alliedhealthcare**.com

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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? | Requires Improvement |

## Overall summary

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, and to provide a rating for the service under the Care Act 2014. The inspection was announced.

Allied Healthcare Bridlington provides a domiciliary care service to people who live in their own home. They currently provide a service for approximately 200 people with a variety of care needs, including older people and people with a physical disability. They employ approximately 70 care staff and, in addition to this, they employ care coordinators who help to manage the service.

# Summary of findings

At the last inspection of the service on 19 September 2013 we found that the provider had met the standards that we reviewed.

There was a registered manager in post as the time of this inspection; they registered with the Commission on 6 August 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe whilst staff were in their home. We found that staff had a good knowledge of how to keep people safe from harm and that there were enough staff to meet people's needs. Staff had been employed following robust recruitment and selection processes.

Some people received assistance with taking their medication. All staff had completed training on how to use the medication system and all of the people we spoke with said they were satisfied with the way in which they were supported with this task.

People's nutritional needs had been assessed and people told us they were satisfied with the support they received with the preparation of meals and drinks.

People were involved in developing their plan of care and had their own copy. Staff recorded what they had done at each visit so that there was always an up to date record of the support provided to each person and their current care needs. People told us they were happy with the support they received from care workers and the agency had arrangements in place to seek the feedback from people about the care they received.

Staff received a range of training opportunities and told us that they had supervision and staff meetings with a manager. They said that they were well supported and that this helped them to deliver effective care.

There were quality monitoring systems in place and there was evidence that the registered provider and manager learned from incidents that had occurred. However, some people told us the agency was not well managed and that staff were not as professional as they should be.

# Summary of findings

## 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 provided safe care. We found there were enough staff employed by the agency. Staff had been employed following robust recruitment policies and procedures and had induction training before they commenced work unaccompanied.

Staff displayed a good understanding of different types of abuse and were able to explain the action they would take if they observed an incident of abuse or became aware of an abusive situation.

Staff had undertaken training on the administration of medicines and people told us they were satisfied with the support they received with this task.

**Is the service effective?**

Good

The agency provided effective care. We saw that people were supported to access health care professionals and that there was liaison between care workers and other care professionals involved in the person's care to ensure everyone was aware of their care needs.

Staff had received training that equipped them with the skills and knowledge they needed to care for the people they supported. The registered manager and care workers understood the principles of the Mental Capacity Act 2005.

Some people received assistance with the provision of meals and they told us they were happy with the support they received. We saw that their nutritional needs had been assessed and that staff made appropriate records when these were required to monitor a person's food and fluid intake.

**Is the service caring?**

Good

The service was caring. People who received a service from the agency told us they felt staff really cared about them. Some people told us about the positive relationships they had with their care worker or care workers.

Staff had received training on privacy and dignity and people told us their privacy and dignity was respected by staff.

People been involved in the development of their plan of care. Care plans recorded information about their previous lifestyle and their preferences and wishes for their care. This gave care workers the information they needed to provide individualised care.

**Is the service responsive?**

Good

The service was responsive to people's needs. People's needs were assessed when they started to use the service and then regularly reviewed to ensure their care needs were being met.

# Summary of findings

People were consulted via questionnaires and telephone surveys and the outcome of these were shared with staff so that improvements could be made.

There was a complaints procedure in place and people were told about this in the statement of purpose. Complaints were analysed by the agency to identify any areas for improvement.

**Is the service well-led?**

**Requires Improvement**

Some improvements were needed to management practices. People told us they were happy with the care they received from care workers but that office staff were not as professional as they could be.

There were quality audits in place to monitor that systems were being followed by care workers, such as recording in the care log. In addition to this, the organisation's quality assurance manager carried out unannounced audits. If any improvements were needed, the service was monitored until all actions had been completed.

Staff told us they were well supported by care coordinators and the registered manager and that they were encouraged to make suggestions for improvement and raise concerns.

# Allied Healthcare - Bridlington

**Detailed findings**

## Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We visited this service on 17 July 2014. The inspection team consisted of an inspector who visited the agency office and visited some people in their own home, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered person and information we had received from the local authority who commissioned a service from the agency. We also looked at the information the registered person had submitted to the Commission in their provider information return (PIR) and the responses we received in 15 questionnaires that were returned from people who used the service.

On the day of the inspection we spoke with three care workers, a care coordinator who worked for the service, the quality manager and the registered manager. We spent time looking at records, which included the care records for three people who received a service from the agency, staff records and records relating to the management of the home.

Following the inspection we visited four people who lived in their own home and spoke on the telephone to eight people who used the service.

Good

# Is the service safe?

## Our findings

All of the fifteen people who returned a questionnaire told us they felt safe from harm whilst staff were in their home. One person told us, "Yes, I feel quite safe – no trouble whatsoever."

The training matrix evidenced that all staff had completed training on safeguarding adults from abuse. The staff members who we spoke with were able to describe different types of abuse and the action they would take if they observed an incident of abuse or became aware of an allegation. Staff told us they would report any concerns to the care coordinator or registered manager at the agency office and that they were confident the issue would be dealt with professionally. They said they felt all staff within the team would recognise poor practice and report this to the registered manager. This showed us that staff understood their responsibilities in respect of keeping people safe.

We saw examples of financial transaction forms that were used by care workers to record any monies handled on behalf of people who used the service. The forms were returned to the office periodically for checking and then retained in the person's care records.

Staff had undertaken other training to enable them to work in a safe way, such as fire safety and moving and handling. The registered manager told us that no staff worked alone with people who needed assistance with moving and handling until they had completed this training. One person told us that staff used a hoist to assist them with mobility. They said, "If I didn't feel safe I would tell staff - they would stop and make adjustments." The registered manager told us in the provider information return that care workers also received training in how to deal with sudden illness so they knew what action to take if someone became ill whilst they were at their home.

The care workers who we spoke with told us they thought there were enough staff employed by the agency. We asked the registered manager about taking on new packages of care and they told us they would not offer to take on a package if they did not have care workers available in that area. The registered manager also told us that a senior care worker in one area did not have 'regular' calls so they were available to cover for staff absences or emergencies, and office staff would also cover calls in an emergency.

We checked the recruitment records for three new members of staff. These contained two written references and a Disclosure and Barring Service (DBS) check that had been obtained prior to the care worker commencing work. This helped to ensure that only staff considered suitable to work with vulnerable people had been employed. There were appropriate disciplinary procedures in place and the records we saw evidenced that one safeguarding investigation had led to a staff member being referred to the DBS. This showed the agency followed the procedures they had in place to ensure staff carried out their roles safely and effectively.

The staff handbook included a summary of key policies and procedures; this included the organisation's lone working policy. In staff personnel records we saw that staff were required to sign to evidence they had received a copy of the staff handbook.

The registered manager and the care workers who we spoke with understood the principles of the Mental Capacity Act 2005 (MCA). A person's capacity to make decisions had been assessed as part of the 'clinical' assessment tool and there was a record of when a person had an appointee to assist them with decision making. The registered manager told us about one person who may have diminished capacity to make decisions; they were in the process of arranging a best interest meeting for this person.

We saw that risk assessments had been completed in respect of each person's home environment; these included the assistance they needed with bathing or showering. In addition to this, we saw risk assessments for pressure area care and the administration of medication. Risk assessments were scored to identify the person's level of risk and there was information to advise staff how to minimise these risks and keep people safe.

There was information in each care plan to record how the person should be assisted with mobility and transfers to ensure their safety, including the use of equipment and how many staff were needed to complete the task.

Staff had training on the administration of medication during their induction period and then refresher training each year. This was confirmed by the records we saw and by the care workers we spoke with, who told us they felt the training they had received had provided them with the

Good

# Is the service safe?

knowledge they needed to carry out this task safely. The organisation employed a Head of Medicines Management and the registered manager told us that this person was always available to advise staff.

The medication risk assessments we saw included whether medication was 'time critical', storage arrangements, any allergies, any recent infections, other professionals involved and any 'over the counter' medication taken by the person concerned. In addition to this, when people required assistance with taking medication they had been asked to sign a consent form. The people who we spoke with told us they were happy with the support they received with taking their medication.

The provider information return recorded that there had been two medication errors in the previous twelve months and these had been reported to, and investigated by, the local authority. One investigation had highlighted a lack of medication audits and the organisation had introduced more robust auditing systems. We saw these on the day of the inspection and noted that they gave the registered manager and care coordinators the opportunity to check that records made by care workers were accurate and to identify any additional training needs. There had been a further medication error during the week of this inspection. The registered manager told us that the care workers involved were no longer administering medication and were required to attend further training followed by competency checks before they could resume this task. We saw evidence of competency checks that had been carried out by office staff when we looked at staff personnel files.

Good

# Is the service effective?

## Our findings

The registered manager told us in the provider information return (PIR) that staff received a four day induction programme when they were new in post. This included the topics of moving and handling, safeguarding adults from abuse, infection control, medication management (including competency checks), emergency first aid, nutrition and hydration, equality and inclusion and person-centred care. The registered manager told us that new employees completed this training before they worked with people unsupervised. The personnel records that we checked and the care workers who we spoke with on the day of the inspection confirmed this.

People who used the service told us that they thought the staff seemed to have the right skills and training to do the job. One person said, "Yes, they do and go for further training every now and then." Another person told us that their care worker was "Excellent in a crisis – very calm and professional." We saw the training matrix and this evidenced that, following induction training, staff completed training each year on moving and handling and the administration of medication. The topics of safeguarding adults from abuse, infection control, first aid, food / hygiene, health and safety and fire safety were completed every three years.

The care workers who we spoke with told us they received sufficient training opportunities and that the training equipped them with the skills they needed to carry out their role. The registered manager told us in the PIR that 23 of the 70 staff employed had achieved a National Vocational Qualification (NVQ) at Level 2 or above.

The organisation had installed a new IT database that recorded the training completed by staff. This highlighted in amber when staff training was due and in red when training was overdue. The system did not allow work to be allocated to staff when their training had lapsed. This made sure staff training was always up to date.

An early warning system (EWS) had been introduced by the organisation and all staff had received appropriate training. The aim of the system was to spot the early signs of deterioration in people and to obtain appropriate and timely help for them. The training information recorded, "Look/Listen/Feel – know your customer. It will help you to detect and act on small changes." Care workers were required to record each time they visited the person, "No concerns on EWS" unless any concerns had been identified. If any concerns had been identified, care workers were required to inform the care coordinator or registered manager. The organisation hoped this system would identify safeguarding issues and health care issues early so that appropriate action could be taken to promote people's safety and well-being.

Staff had undertaken training on nutrition and hydration. We saw that care plans included information about a person's dietary needs, such as "Carers to be mindful that (the person) is on a soft food diet due to swallowing difficulties that are undiagnosed." We asked the registered manager how any special dietary needs would be recorded and she told us that, in addition to the daily notes, the district nurse would set up a monitoring chart that would be completed by care workers. The care workers who we spoke with confirmed that they completed food and fluid charts when a person's food and fluid intake needed to be monitored. We saw that, when people were assisted with meal provision, this had been recorded in daily notes. We saw one entry that recorded, "Had to keep prompting (the person) to eat." The registered manager told us care workers would inform care coordinators about any concerns in respect of a person's diet. These would be recorded on the EWS and referred to the person's family or to their care manager. If the person did not have any family, the care coordinators would contact the person's GP or district nurse to request advice or a visit.

Seven of the people we spoke with required assistance with meal preparation. None of them had any special dietary requirements, although one person told us they discussed 'healthy eating' with their care worker. They all told us they were satisfied with the support they received with the preparation of meals and drinks.

The registered manager told us that any advice they received from GPs or other health care professionals would be incorporated into the person's care plan. We saw examples of this, such as, "Awaiting assessment from district nursing team. Blister on right heel. Two pillows put under (the person's) legs to try to keep heel off bed." This was followed by an entry recording when the district nurse would be visiting. People told us care workers would ring the doctor for them if they were unwell. One person said, "The carers get on the phone to the office or call the doctor for me."

Good

# Is the service effective?

Care workers told us they read the care notes when they first arrived at a person's home to ensure they had up to date information. They said they also recorded what support they had provided at each visit. One care worker told us that district nurses and the Lifeline (emergency assistance) service had access to these daily records (with the person's permission) and on occasions left notes for care staff. One person who used the service said, "Yes, they always read what the previous record says" and another said, "They write something every day. Very good."

The care worker log book included a record of the date, arrival time, finish time, activities undertaken, care worker name and care worker signature. The entries we saw included details about assistance with medication, meals provided and assistance with personal care provided. These were audited on the return to agency office as one way of checking people had received the support they required.

Good

# Is the service caring?

## Our findings

People told us that they felt care workers really cared about them. One person told us, “Yes, they do care about me. My carers are all very good to me”, another said, “I have a particularly good carer at the moment. Really, really good” and another said, “My regular care worker is very skilled. She is proactive – she thinks ahead.” The relative of someone who received a service told us, “(The care worker) is a friend of the family now and does a ‘cracking' job.”

We saw that care plans included information about a person’s previous lifestyle, people who were important to the person, any hobbies or interests and specific information about how they wished to be supported. This information had been obtained from the person concerned whenever this was possible. In one person’s care plan we saw they had signed a statement that recorded, “I have contributed to the development of this care plan.”

Care records also included information about the specific support a person required at each visit. For example, “To assist (the person) to shower or have a full body wash and help into day clothes. Change bedding if required. Wash up breakfast pots and empty bins. Spend time chatting to (the person).” There was a further entry explaining the support required at the evening visit. This gave staff the information they needed to provide individualised care for each person they visited.

One person who we visited at home told us their care worker promoted independence. They said that they “Allow time for me do things for myself.”

The registered manager told us they also contacted people who used the service when they had been visited by a new care worker; this was to check they had been satisfied with the support they received.

People received a copy of their care plan and also an information pack that included the agency’s service user guide. We saw there were details about advocacy services in the information pack; this enabled people to seek independent advice if they wished to.

People told us that care workers respected their privacy and dignity. One person said, “Oh yes they do. I am 90 next year so you can imagine I’m a bit of a stickler. I don’t let them walk over me” and another person told us, “They try to give me as much privacy as they can. For example, they cover me with a towel.” We saw that people’s care plans included information about how care workers should access their home. For example, “Knock on door and wait for it to be answered.”

The registered manager told us that all staff had completed training on privacy and dignity as part of their induction training and that they were in the process of appointing a ‘Dignity’ champion. The role of the champion would be to promote the principles of dignity and keep their colleagues up to date with any new information on the topic.

Staff had also completed training on confidentiality and the staff who we spoke with were able to give examples of how information should be treated as confidential unless there was a risk to a person’s well-being, when information would have to be shared.

Good

# Is the service responsive?

## Our findings

The registered manager told us that, if people had complex needs, she could contact a registered general nurse (RGN) who worked for the organisation; the nurse would assist the person concerned to develop an individualised care plan to meet their specific needs. The registered manager said that the RGN would manage that package of care, including supervising any staff who provided support and spot checks at the person's home to monitor that staff were providing appropriate care and that the person concerned was satisfied with the support they were receiving. In addition to this, the organisation's training department could organise training for staff if they needed to provide support to someone with a condition they were unfamiliar with, for example, a brain injury or epilepsy.

We saw that people's needs were assessed when they first started to use the service and their needs were regularly reviewed. In one person's daily notes we saw that a care worker had contacted the office to discuss a person's deteriorating mobility. The entry stated, "Transfers are getting very difficult. Office aware and as from 28/04/2014 two carers will be present at both am and pm call." Another care worker told us they had contacted the office about someone who required additional support. A review had been arranged and additional time had been allocated to the person concerned. This demonstrated that people's changing needs were recognised and responded to.

Care plans included details of each person's health conditions, any equipment used and details of any health or social care professionals involved in the person's care. Appropriate assessments had been carried out to determine a person's need for support; these included assessments and risk assessments in respect of pressure care, nutrition, medication and moving and handling. Assessments had been scored to identify a person's level of risk and the level of support needed. We saw that these had been reviewed by care coordinators to ensure that the information about each person remained up to date and that they continued to receive appropriate support. One care worker told us they had told 'the office' when someone had needed additional support; a review had been arranged and the person's care package had been amended.

Most people who we spoke with told us their needs had been reviewed. One person told us that their care had been reviewed and they had been provided with extra support. Another person said, "We are very happy with the service we receive. We are accommodated very well and they have bent over backwards to help us."

We saw that people had been consulted via paper questionnaires and/or telephone interviews. Some of the questions people were asked were, "Do you experience continuity of carers?", "Are you satisfied with the way your tasks and/or care are carried out?" and "Do we respond appropriately to any changes of your needs?" In addition to this, people were asked if care workers were polite and courteous and treated them with dignity and respect. All of the responses we saw were positive. This demonstrated that people were asked to express their views and be actively involved in making decisions about their care and support.

We received 15 questionnaires from people who used the service. Six people said their care worker did not arrive on time and stay for the right length of time. However, seven of the eight people who we spoke with on the telephone told us that their care workers did arrive on time. One person said, "Yes they do, unless something is wrong – exceptional circumstances" and another said, "Our care worker often arrives early and definitely stays for the right length of time." We also asked people how often staff were late. One person said, "Not often – very rare" and another said, "Very rarely late if at all."

The registered manager told us in the PIR they had 196 'active' service users and that the database identified all calls that needed to be covered for the following week. The database had a 'default' system that automatically allocated the same care worker to the same service user, and this only changed when care workers were on annual leave or absent due to sickness. The people who we spoke with on the telephone told us they received a service from a regular group of staff. One person said, "Same one all the time except for holiday cover" and another said, "Usually a regular but holidays are causing different people to call just now."

Although the registered manager told us they tried to inform people if they had to send a different care worker, some people told us that they did not know who was going to be attending them. One person said, "Sometimes a stranger turns up." Another person told us that they would

Good

# Is the service responsive?

like more consistency in the staff who attended them, although they added that they "Usually knew the staff that turned up." Another person said they would like to receive a rota every week recording who would be supporting them.

We saw that the above concerns had been addressed. An office staff meeting had been held in June 2014 and the minutes recorded that this had been arranged to discuss the outcome of a recent service user survey. Care coordinators were told they needed to ensure that they informed people if their care worker was going to be late and if they were going to be visited by a different care worker. They were also told they must give care workers sufficient travelling time between their calls. This showed that the agency had listened to people's concerns and had taken action to improve the service.

People signed consent forms to demonstrate they were happy for the agency to share appropriate information about them with other professionals when needed. They also signed consent form to agree to the administration of medication by staff and to the Care Quality Commission checking their records.

There was an 'out of hours' service that was run from an office in another area of the country but there was also a local 'on call' system. People told us they could always get hold of someone in the office if they needed to, including 'out of hours'. Three people who returned a questionnaire told us that office staff did not respond well to complaints or comments. However, other people told us that they were quite happy to ring the agency office to discuss any concerns. One person who used the service named a particular person who they would speak to; they said, "She is really good."

People received a copy of the complaints procedure in the agency's statement of purpose. People told us that their care workers listened to them and care workers told us that they would assist people to make a complaint if they needed support to do so. A care worker told us, "People who use the service ring the office if they need advice or have a query – they are quite vocal." They said that, if they had any concerns about someone who used the service, they would contact their care coordinator who would ensure the concerns were dealt with. They said that the information would be shared with other care workers who attended, if relevant. The information would also be recorded in the person's daily notes.

We saw that the new IT database introduced by the organisation included a record of all complaints, safeguarding incidents and accidents. The registered manager told us that these were analysed at the agency office and that only a line manager could 'close' these documents when the investigation had been concluded. We saw some examples of this analysis on the database. The registered manager said that staff would be informed of outcomes as needed; this may be via a memorandum or in a staff meeting. The care workers who we spoke with confirmed that information was shared with them following incidents that had occurred or investigations that had been undertaken so they could all learn from the mistakes or 'near misses' that had been identified.

Requires Improvement

# Is the service well-led?

## Our findings

Some improvements were needed in the management of the service. A relative told us that the regular care worker was "Superb." However, they said that office staff were not as professional as they should be and they were not confident that their requests would be listened to or actioned. One person told us that the care workers were "Wonderful" but that the office staff were "Hopeless" and another said, "The office staff are not always as helpful as they might be." Following the inspection we shared some information with the registered manager that we had received from a person who used the service as part of this inspection. There was some delay in this being shared with the registered manager as the person had been admitted to hospital. This person told us that they did not feel their concerns were taken seriously by agency office staff and that this affected their well-being. This is currently being investigated by the registered manager.

Two people who we visited in their own home told us they had received surveys from the agency and a telephone call from the organisation's headquarters to ask if they were satisfied with the service they received. They told us that they had no concerns and when they rang the office, "Staff tried to put things right if they could." Another three people we spoke with on the telephone told us that they had been asked if they were satisfied with the service they received. One person said, "Yes, a young man came not so long ago." However, one person said that they had never been asked.

We checked the care plans for three people who received a service from the agency. We saw copies of telephone surveys that had been carried out with the people who used the service. People had been asked, "Do care workers complete their duties satisfactorily?", "Do care workers arrive on time?" and "Do care workers stay for the full assigned time?" All of the responses we saw were positive. One person had commented, "Good rapport with carers – no concerns."

There had been a serious incident at the agency. Following the investigation the local authority had suspended new packages of care being allocated to the agency; this was due to poor record keeping, missed calls, lack of staff supervision, the need for additional staff training and general concerns about the management of the service that had been identified during the investigation. The registered manager was currently responsible for managing two services and the local authority was concerned this may have been a contributory factor.

The agency had taken action to improve record keeping by the introduction of the 'early warning system'; all information was saved on the new database and this was demonstrated to us on the day of the inspection. All staff had been required to undertake refresher training on the topics of medication and safeguarding adults from abuse. This showed that the agency had learnt from the investigation and had taken action to ensure staff had the knowledge they required to carry out their roles effectively. The local authority had monitored the improvements at the agency and had agreed to a partial lifting of the suspension.

The registered manager told us that she supervised care coordinators and care coordinators supervised care workers. We saw staff supervision records in personnel files and noted that supervision meetings took place every three months. Records evidenced that discussion took place about safeguarding, the use of log books, care plans, accident and incident reporting, client concerns, medication issues, training, goals/achievements and compliments.

Care workers told us they also attended staff meetings; one person told us they had attended "Five or six meetings since October 2013". They said they were encouraged to express their views and make suggestions for improvement at these meetings, and that there was two-way communication between themselves and managers.

One relative who we spoke with told us they did not think staff were treated very well and that they "Needed to keep the good staff they had." The need to retain staff had been recognised by the agency following an internal audit. They decided to introduce a new system to reduce the number of staff who left the agency following their induction training. This included the use of mentors or coaches for new staff who provided one to one support for the new employee. The agency decided at a recent management meeting they would inform applicants about 'worst case scenarios' so that people could decline a position at this stage if they felt that the job was not right for them.

The registered manager told us they had also recognised following an internal audit that the agency were using

# Is the service well-led?

different documents in care plans and that this could have been confusing for staff. They had introduced new paperwork to promote consistency. We saw in the care files we checked they all included the same documentation, showing the agency had carried out the improvements they had identified as part of the audit.

We saw that audits were carried out by care coordinators when log books containing daily records were returned to the agency office. The audit form recorded whether entries had log in/log out times, whether entries were signed and legible, that appropriate language had been used, that any concerns had been reported to the office and that care plan requirements had been completed.

The regional quality assurance manager carried out unannounced audits at the agency office. We saw a copy of a recent report and saw that the audit included speaking to people who used the service, monitoring of incidents and complaints information, monitoring of staff supervision and appraisals, checking of care records and health and safety. A report including any corrective action needed was sent to the registered manager and they had to respond with an action plan within 2 weeks. The quality manager told us that the agency's progress was monitored by the Executive Board until all of the actions had been completed.

The registered manager told us that they attended a variety of training courses, including managing attendance, building productive working relationships and disciplinary and grievance procedures. They said that, previously, only registered managers had attended this training and they had been expected to cascade it to care coordinators. However, the organisation had recently decided that care coordinators should attend the training so that they received the information 'first hand' and had the opportunity to ask questions and meet other managers from the organisation.