Interserve Healthcare Limited

Interserve Healthcare - Tees Valley

Inspection report

Suite 22, Durham Tees Valley Business Centre
Orde Wingate Way
Stockton On Tees
Cleveland
TS19 0GD

Tel: 01642606805
Website: www.advantagehealthcare.co.uk

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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

This inspection took place on 24 May, 25 May, 9 June and 10 June 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us.

Interserve Healthcare - Tees Valley is a domiciliary care service providing personal and nursing care to people within their own home. The service support adults and children with complex health and support needs. The service employs nurses to plan and monitor personal care. At the time of the inspection 27 people were using the service, most of whom were children.

The service had a registered manager. 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.

People and their relatives said the service provided safe care. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Risk assessments were regularly reviewed to ensure they reflected people's current support needs. Accidents and incidents were investigated and recorded to see if remedial action was necessary.

There were procedures in place to safely support people with medicines. Staff had access to a medicines policy, which provided detailed guidance on medicines management. Details of the medicines people used and how they should be supported with them were clearly recorded in their care plans and medicine administration records (MARs).

Policies and procedures were in place to investigate safeguarding incidents. Staff were familiar with safeguarding issues and said they would be confident to raise any concerns they had. Staff were also confident to whistle blow on any concerns they had.

Staffing levels were sufficient to support people safely and staffing levels were considered before new care packages were accepted. Recruitment policies and procedures minimised the risk of unsuitable staff being employed.

There was a business continuity plan in place to help ensure a continuity of care in emergency situations that disrupted the service. People receiving 24 hour care had personal emergency evacuation plans (PEEP) in place. Staff and the people they supported told us they were provided with all of the equipment they needed to support people safely, such as gloves and aprons.

Staff received mandatory training in areas including health and safety, safeguarding, manual handling, basic life support and medicine administration. Staff also received training to support people with the particular

support needs they had, such as spinal injuries or PEG.

Staff said they received the training they needed to support people effectively and would be confident to request additional training. Newly recruited staff completed an induction programme before being allowed to support people on their own. Staff were supported through regular supervisions and appraisals.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff understood the principles of the MCA and could describe how they ensure they had people's consent to provide care and support.

People who used the service received support with food and nutrition. Nutrition care plans were in place setting out their support needs and dietary preferences. People were supported to access external professionals to maintain and promote their health.

People and their relatives spoke positively about the care they received. Staff said they were able to spend quality time with the people they supported and enjoyed getting to know them.

People and their relatives told us they were treated with respect and their dignity was protected by staff. Staff told us how they helped to protect people's dignity and put them at ease when assisting with personal care.

There was an advocacy policy in place but at the time of the inspection no one was using an advocate. At the time of the inspection no one was receiving end of life care. The registered manager was able to describe how this would be arranged should it be necessary.

People's care and support was based on their assessed needs and preferences. Care plans were then produced to cover people's support needs. Where people had a specific support need an individual care plan was produced. Care plans were regularly reviewed to ensure they reflected people's current needs and preferences. People and their relatives told us they were involved in developing their care plans and felt able to request changes to them.

Some people received support to access and participate in activities as part of their care package. Where this was the case people's activity preferences were recorded in their care plans along with guidance to staff on how they could be supported to access them.

Procedures were in place to investigate complaints, and people and their relatives were familiar with these.

Staff spoke positively about the culture and values of the service. Staff spoke positively about the registered manager, who they described as supportive.

Staff meetings took place, and staff said they were free to raise any issues or support needs they had.

The registered manager oversaw a number of quality assurance checks to monitor and improve standards at the service. Where issues were identified they were logged on an action plan until they were resolved. The registered provider also carried out quality assurance checks at the service.

The registered provider sought people's feedback on the service using questionnaires every three months.

The registered manager understood their role and responsibilities, and was able to describe the

notifications they were required to make to the Commission.

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.

Risks to people were assessed and care plans developed to minimise them.

Medicines were supported to access their medicines safely.

People were supported by staff who had been appropriately recruited and inducted.

Is the service effective?

Good

The service was effective.

Staff received training to ensure that they could appropriately support people. Additional training was given where people had specialised support needs.

Staff felt supported through supervisions and appraisals.

Staff understood and applied the principles of the Mental Capacity Act and consent.

The service worked with external professionals to support and maintain people's health.

Is the service caring?

Good

The service was caring.

People spoke positively about the care and support they received.

People and their relatives said that support was delivered with care and kindness.

Procedures were in place to arrange advocacy support and end of life care.

Is the service responsive?

Good

The service was responsive.

People's care and support was based on their assessed needs and preferences.

People were supported to access activities they enjoyed.

The service had a clear complaints policy that was applied when issues arose.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the culture and values of the service and felt supported and included by the registered manager.

Quality assurance checks and feedback surveys were used to monitor and improve standards.

The registered manager understood their responsibilities in making notifications to the Commission.

Interserve Healthcare - Tees Valley

Detailed findings

Background to this inspection

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

This inspection took place on 24 May, 25 May, 9 June and 10 June 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered 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 contacted the commissioners of the relevant local authorities and clinical commissioning group, and the local authority safeguarding team to gain their views of the service provided by Interserve Healthcare – Tees Valley.

During the inspection we spoke with three people who used the service. We spoke with five relatives of people who use the service. We looked at four care plans, medicine administration records (MARs), handover sheers and daily records. We spoke with eight members of staff including the registered manager, branch nurses and care staff. We looked at four staff files, which included recruitment records.

Good

Is the service safe?

Our findings

People and their relatives said the service provided safe care. One person told us, "I feel safe and looked after." Another said, "Make me feel very safe." Another person said, "The carers make me feel safe." A relative we spoke with said, "[Named person] is absolutely safe around them. We're funny who we leave [person] with, and [person] is funny who we leave them with. We're very happy with them." Another said, "[Named person] is safe."

Risks to people were assessed and plans put in place to reduce the chances of them occurring. A 'generic risk assessment' was carried when people started using the service. This assessed risk to the person in areas such as their internal and external environment, fire hazards, any manual handling equipment they used. For example, one person's environmental risk assessment identified that they used a positioning bed provided by their occupational therapist and went on to provide guidance to staff on how the safety of this should be checked. Specific risks to people arising from their support needs were also assessed. This included areas such as medicines, moving and handling, social activities, bed rail use, pressure ulcers and mental capacity. For example, one person had a risk assessment in place for the management of the oxygen cylinders they used for oxygen therapy and guidance to staff on how this should be managed safely. Risk assessments were regularly reviewed to ensure they reflected people's current support needs.

Accidents and incidents were investigated and recorded to see if remedial action was necessary. One accident and nine incidents were recorded in 2016 up to the time of our inspection. The registered manager said they checked accidents and incidents for any trends requiring remedial action and to see if additional staff training was needed.

There were procedures in place to safely support people with medicines. Staff had access to a medicines policy, which provided detailed guidance on medicines management. Details of the medicines people used and how they should be supported with them were clearly recorded in their care plans and medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

People's MARs listed the medicines they were taking, how and when they should be administered, any known allergies the person had and details of their GP. We checked three people's MARs and saw that administration of medicines had been clearly recorded without gaps. Where people did not want to take their medicines this was recorded using appropriate codes. Completed MARs were returned to the service's office and reviewed by the branch nurses to ensure they were correctly completed. Where people were using oxygen therapy or received their medicines through PEG the precise amounts required and administered were recorded in people's daily notes and records contained instructions on how equipment should be cleaned. PEG is a system used where people having difficulty swallowing food and fluid. People or their relatives were responsible for ordering their medicines, but staff said they would remind people to do this if they saw stocks were running low. Some people were using controlled drugs. Controlled drugs are medicines that are liable to misuse. Where people were prescribed controlled drugs their administration was properly recorded.

Staff told us how they supported people safely with medicines. One member of staff said, "I support people with medicines both orally and through PEG. I check medicines, complete the MAR and put it in the daily notes. I also put it in the handover notes. The most important thing is to log it." Another said, "We have to be trained by a nurse in the branch to do medicines. We get person specific medicine training. They're very hot on that, which is good. You fill in the MAR and care records. We get two signatures for controlled drugs."

People and their relatives said medicines were managed safely. One person told us, "They help me with medicines. They put them on a spoon and give me them. If they aren't on the sheet [MAR] I can't have it. They come to me at allocated times with them. They have MARs and they sign that when given." Another person said, "Great at medicines. They always check the prescription, and go as far as checking everything." A relative we spoke with told us, "[Staff] do most of the medicines. They always check records and do it properly and always record it."

Policies and procedures were in place to investigate safeguarding incidents. The service had a safeguarding policy, which provided guidance to staff on the types of abuse that can occur in care settings and how these should be reported. Staff were familiar with safeguarding issues and said they would be confident to raise any concerns they had. One member of staff said, "I have done safeguarding training. You look for signs like bruising and redness. You get to know people and when they aren't themselves." Where incidents had been raised records confirmed they had been appropriately reported and investigated. Staff were also confident to whistle blow on any concerns they had. Whistleblowing is when a person tells someone they have concerns about the service they work for. Some of the staff we spoke with gave us examples of when they had whistle blown and said the registered manager had taken immediate action. One member of staff said, "There is a very good whistleblowing policy here. We're told to raise absolutely any concerns or issues that we have."

We asked the registered manager how they ensured staffing levels were sufficient to support people safely. They told us that each person's dependency and support needs were assessed before the service started working with them to ensure sufficient staff were available. The registered manager said, "That then leads to a discussion between me, the [branch] nurses and the community matron" and "The last meeting we do is where we make a decision on whether it is safe to take the package on."

Sickness and absence among staff was covered by care co-ordinators contacting other members of staff and asking them to cover. Staff told us this was effective and providing cover, and that there were sufficient staff employed to support people safely. One member of staff told us, "I've never been in a package where there are staffing problems. We all pick up and help each other out. I have never known a person not to have the support they require." Another said, "I think they have enough staff, and there is also an on call system in case you need help."

Recruitment policies and procedures minimised the risk of unsuitable staff being employed. Applicants for jobs completed an application form requiring them to set out their employment history and care experience. Notes of job interviews confirmed applicants were asked a series of care related questions covering safeguarding, confidentiality and pressure sores. Two written references were sought, including from a previous employer where possible, and Disclosure and Barring Service (DBS) checks were carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. Professional registration with the Nursing and Midwifery Council (NMC) was also checked where necessary. A member of staff we spoke with recalled their recruitment process and said, "They did DBS and checked references from an old employer. They held it back as it took weeks for my references and I couldn't start until it was all in."

There was a business continuity plan in place to help ensure a continuity of care in emergency situations that disrupted the service. The registered manager was able to describe how the service would work with other services operated by the registered provider in emergency situations. People receiving 24 hour care had personal emergency evacuation plans (PEEP) in place. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Staff and the people they supported told us they were provided with all of the equipment they needed to support people safely, such as gloves and aprons. People's care records contained guidance to staff when personal protective equipment (PPE) was required to support them safely. One person told us, "They have aprons and gloves here." A member of staff said, "We get all of the personal protective equipment we need. We do regular stock checks then come into the office to collect."

Good

Is the service effective?

Our findings

Staff received mandatory training in areas including health and safety, safeguarding, manual handling, basic life support and medicine administration. Mandatory training is training the provider thinks is necessary to support people safely. Mandatory training was refreshed annually to ensure it reflected current best practice. The registered provider had a training department to organise training, and this department contacted the registered manager when staff training was due. The registered manager also used a chart to monitor staff completion of training. This showed that most staff had completed mandatory training within the last 12 months, though some staff appeared to be overdue training. The registered manager said those members of staff were on long-term leave and said they would contact the training department to have training records updated.

Staff also received training to support people with the particular support needs they had, such as spinal injuries or PEG. PEG is a system used where people having difficulty swallowing. The registered manager said, "Any training bespoke to a package is done through us. [Named branch nurses] have been trained by the [named local hospital] to do tracheostomy. A company comes in and does our PEG training. Each person's individual care needs are pulled up in staff competency checks." Nursing staff were supported to maintain their professional registration with the Nursing and Midwifery Council (NMC).

Staff said they received the training they needed to support people effectively and would be confident to request additional training. One member of staff said, "We do training in everything. Loads and loads and loads of training." Another said, "Spot on with training. They do always ask if you want any more or if there is anything you would like to do." Another member of staff told us, "The training is brilliant. There's loads of it and it's ongoing as well. We do e-learning and in-branch training, and also training if a new package needs it." Another said, "We get second to none training."

People and their relatives thought staff received the training they needed to support them effectively. One person said, "I think they're very well trained" before going on to explain how staff had been trained to support them with their specific condition. Another person said, "I think [staff get] enough training. I heard the nurse say they would all get training on my condition."

Newly recruited staff completed an induction programme before being allowed to support people on their own. This included an introduction to the service's policies and procedures and shadowing more experienced carers. Staff then completed an induction booklet and we saw copies of these on staff files.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The nurses also received clinical supervision, which is a process to support them ensure they are up to date with their clinical practice. Records of supervisions and appraisals on staff files showed staff were free to raise any issues or support needs they had at these meetings. For example, one member of staff had requested some specialised training at a supervision in September 2015 and this was supplied to them in February 2016. Random spot checks were also carried out to check staff competences and review whether additional support or training

was needed.

Staff spoke positively about supervisions and appraisals. One said, "We sit down and they ask if we're happy, if we have any problems. We let them know if we're doing okay and if we want more training. Very supportive." Another said, "Supervisions and appraisals are spot on. I'm doing my appraisal soon. You can raise any issues and they always ask if I have any problems or if there is any training I'd like."

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us how the service supported people subject to Court of Protection orders, giving examples of how they worked with their legal representatives to ensure suitable care was delivered. Where people's finances were managed by court appointed Deputies this was clearly recorded in their care records. Where staff suspected a person might not have capacity to make their own decisions a capacity review was carried out. In one case this led to a request to the local authority for a formal capacity assessment. This helped ensure the person's legal rights were protected.

Staff understood the principles of the MCA and could describe how they ensure they had people's consent to provide care and support. One member of staff told us, "You still have to give people options. I looked after [named person] who could not vocalise. I would show them things for choices, like clothing, and they would smile at their choice. They still have rights." Another member of staff, who worked with children, said "I will always say what I am doing and explain and ask for permission. I always have conversations about what I am doing."

People using the service received support with food and nutrition. Nutrition care plans were in place setting out their support needs and dietary preferences. Where people used PEG the quantities of food and drink they required were recorded in detail. PEG is a system used where people having difficulty using their throat to eat and drink. For one person, the service had worked with the local speech and language therapy team (SALT) and dieticians to arrange effective ways of supporting them with food and nutrition.

People spoke positively about the support they received to maintain a healthy diet. One person said, "I get a choice about what I want to eat and they [staff] help by giving me healthier options." Another person said, "They help me with food. They use gloves and ask what I want. Whatever I want." Another told us, "They help me with food and I have a choice."

People were supported to access external professionals to maintain and promote their health. One person who used the service said, "They work very closely with my doctor and the district nurse." People's care records contained references to how the service worked with professionals such as GPs, district nurses, occupation therapists, speech and language therapists (SALT), dieticians, physiotherapists and independent mental capacity advocates (IMCA) to ensure people received the care and support they needed.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received. One person told us, "I get along well with the staff. They're friendly and provide me with what I need." Another said, "I can't speak highly enough of them. Everything I want I get from them" and "They're definitely caring." A third person told us, "The carers are smashing. I like the carers. They do everything want them do to do."

A relative we spoke with said, "The carers are brilliant. They are good. Always there to help." Another relative said, "They are very helpful. All the carers are very friendly. Nice." Another told us, "Good with the caring side of things. I can't fault them." A third relative told us how care staff adapted their communication methods to interact with the person they were caring for who was unable to say what they wanted. The relative said, "They're brilliant. The interaction with [named person] is non-stop. [Named person] is very needy and they're great. Very patient. They're good at communication. Facial expressions tell you everything. They do TacPac. They spend a lot of time singing away and [named person] is always very happy with them." TacPac is multi-sensory process that can be used to promote communication and movement through touch and music.

Staff said they were able to spend quality time with the people they supported and enjoyed getting to know them. One member of staff told us how they had been introduce to a child they were supporting before they started working with them. They said, "We go for a meet and greet for a few hours to get to know them. Build up a rapport with them. With children, we play games and have fun to build trust." Another member of staff said, "It takes time to get to know people. They're being asked to trust us [staff] coming into their home. So we always have a meeting with the person and their family and they then give feedback to make sure they're comfortable." Another told us, "We get to sit and chat with people. When I'm not documenting things we'll chat whenever we can."

The registered provider had a scheme where all staff were allocated time annually to contribute to good causes of their own choosing. The registered manager told us how staff at the service had used this time to help build a sensory garden for one of the people they supported. The person and their family were involved in planning the garden, and the person enjoyed spending time in it.

People and their relatives told us they were treated with respect and their dignity was protected by staff. One person said, "They [staff] are always very professional" and "They always put me at ease and make me feel comfortable." Another person said, "I've made friends with them but they are always professional. They always put me at east when doing personal care." A relative we spoke with said, "They are always polite." Another said, "They make sure they respect [person's] privacy and dignity when doing personal care."

Staff told us how they helped to protect people's dignity and put them at ease when assisting with personal care. One member of staff said, "I always shut blinds and curtains and talk with people. I talk about it [what I am doing] and ask for permission at every stage." Another member of staff told us, "I ask other people to leave the room, close curtains, shut doors and explain what is happening."

There was an advocacy policy in place but at the time of the inspection no one was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us advocates had been considered for some people, and about how they had supported people in the past.

At the time of the inspection no one was receiving end of life care. The registered manager was able to describe how this would be arranged should it be necessary.

Good

Is the service responsive?

Our findings

People's care and support was based on their assessed needs and preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Before they started receiving support from the service people met with a branch nurse and a care co-ordinator so they and their relatives could discuss the care and support they wanted. This was used to produce a 'client specific induction' record, detailing an overview of the person's support needs, staffing requirements and details of their medical conditions.

Care plans were then produced to cover people's support needs. These included areas such as breathing, communication, nutrition, mobility, moving and handling and personal care. We saw that care plans were detailed and contained person-centred information. For example, one person's care plan contained detailed information on how they could be supported if they were distressed, including specific songs that helped them to relax and how staff should communicate with them. Another person's care plan detailed the positions staff should help them into throughout the day to assist with breathing. Where people had a specific support need an individual care plan was produced. For example, one person with epilepsy had an epilepsy care plan. This contained guidance to staff on how to spot signs that the person might be about to have a seizure, the actions staff should take and details of their epilepsy nurse.

Care plans were regularly reviewed to ensure they reflected people's current needs and preferences. Reviews took place every six months, or sooner if the person's support needs changed. One relative told us, "We get six month reviews of the package, and regular updates from the office." Daily records were kept to help ensure staff had the latest information on people's support needs. These included a detailed overview of what the person did that day and the support they received, including any medicines administered. Staff told us care records contained all of the information they needed to support people effectively. One member of staff said, "Care plans are good. They change often and are very informative. They tell you what you need to know" and "I always come in and read the care plan before supporting a person."

People and their relatives told us they were involved in developing their care plans and felt able to request changes to them. One person said, "They came up to hospital to see me to put the package together. If I wanted to change it I would know who to speak to. They said I can change anything I want. Happy it has everything I need." A relative told us, "The care package reflects everything we want. It was hard work at the beginning but staff at the office worked really hard to get it right. The co-ordinator or [registered manager] are always available." Another relative said, "[The care co-ordinator] is always contacting us to see if it's okay." Another relative said, "Tomorrow we're having a care package review. If we feel something isn't quite right we mention it to the office and they pursue it for us."

Some people received support to access and participate in activities as part of their care package. Where this was the case people's activity preferences were recorded in their care plans along with guidance to staff on how they could be supported to access them. For example, one person's care plan said they enjoyed colouring in and staff were encouraged to use different materials to colour on so the person could experience the difference feel of them.

People and their relatives were provided with a copy of the complaints policy. This provided guidance to people on how to raise complaints, how they would be investigated and the timeframe for doing so. Where complaints had been made we saw these had been investigated in line with the service's complaints policy and outcomes sent to those involved. The registered manager said they monitored any trends emerging from complaints so remedial action could be taken. They said, "Historically it was about medicines, so that's why we changed the medicine administration records. It completely reduce medicine errors." People and their relatives said they knew how to complain if the need arose. One person said, "If I had a complaint I would speak with [care co-ordinator]." A relative told us, "If I had any complaints I would just phone the office."

Good

Is the service well-led?

Our findings

Staff told us about the culture and values of the service. One member of staff said, "Everyone has a voice. We try to enable people and give them independence and dignity and respect. We respect everyone." Another said, "Very nurturing, very supporting, very caring and very professional." Another said, "I think they have good values. They take you into consideration and the people you'd be good at supporting into consideration to get good relationships." Another told us, "They [the registered manager] always say if you're stuck with anything, ring us. We're here to look after people as we'd like to be looked after."

The registered manager had developed a '6Cs' presentation to emphasise the importance of care, compassion, communication, courage, commitment and competence to staff when they delivered care and support. One member of staff said, "I am proud to work with Tees Valley, who follow the 6Cs." The registered provider used this presentation to improve best practice at other services they operated.

Staff spoke positively about the registered manager, who they described as supportive. One member of staff said, "[The registered manager] is lovely. Really very nice. All of them in the office are really nice and always helpful if you need anything sorting, but [the registered manager] in particular. I feel included. When I come into the office [the registered manager] always asks how I'm getting on. They give you support." Another said, "[The registered manager] is brilliant. I love her. Very supportive. If I have any concerns that are sensitive I'll raise them with her first and foremost." Another said, "[The registered manager] is absolutely fabulous. I can't fault her."

A relative we spoke with described the registered manager as a visible presence at the service, saying, "[The registered manager] and [care co-ordinator] have gone above and beyond. Once they were dropped in it by a member of staff at the last minute and [the registered manager] was at my house at 12.30am to make sure we got cover and everyone was happy."

Staff meetings took place, and staff said they were free to raise any issues or support needs they had. One member of staff said, "We all get together to see how things are going. I wish I'd come here years ago." Another said, "We have meetings. Communication is very good. They are very prompt at keeping us fully informed."

The registered manager oversaw a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. An overall audit of people's care was carried out every three months by the branch nurses, looking at any equipment they used, their medicines and their care plans. Where issues were identified they were logged on an action plan until they were resolved. For example, an audit of one person's care records identified that staff were not always signing daily records. An action plan was created to address this, and a branch nurse said staff involved had been spoken to about it. Medicine administration records were audited by branch nurses on a monthly basis. A branch nurse told us how these audits had led to a re-design of the MARs used by the service to make them easier and safer for staff to use

and to monthly meetings to discuss medicines management. Care plans were audited on a monthly basis, and records confirmed this.

The registered provider carried out a 'quarterly thematic review' of the service. This focused on a different area every three months and the most recent review in June 2016 looked at medication. As part of the review the registered manager was required to consider the strengths and weaknesses of the service and set out how standards could be improved. This helped the registered manager to openly and critically assess the service's performance and identify areas of improvement. For example, the latest thematic review noted that staff did not have secure email addresses to access medicine records remotely. The registered manager said the registered provider considered feedback raised during thematic reviews to plan improvements to the service. The service had been awarded the registered provider's 'branch of the year' and 'clinical branch of the year' 'titles in 2015 as a result of its performance in thematic reviews.

The registered provider sent people using the service a feedback questionnaire every three months. Each survey focused on a different area, and the most recent questionnaire in April 2016 asked people whether they thought the service was caring. The results were sent directly to the registered provider, but the registered manager was notified if any negative feedback was given. We looked at a sample of the most recent questionnaires and saw that people had given positive feedback about the service. One person said, "happy with package." Another person said, "good communication, passing on information, liaising with family."

The registered manager said care co-ordinators regularly spoke with people and their relatives, "just to see how things are going. If there are any problems I would step in."

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission.