

Interserve Healthcare Limited

Interserve Healthcare - Colchester

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 19 December 2016 and was announced. We gave 48 hours' notice before the inspection to make sure that some people who used the service, staff members and the management team were available to talk with us.

Interserve Healthcare Colchester provides domiciliary care and support for people in their own home. The service provides personal care, help, and support to people with a variety of needs. Care services are delivered to adults, children and young people with varying conditions including spinal injuries, acquired brain injuries, learning disabilities and mental health requirements. At the time of our inspection 28 adults and three children were receiving the regulated activity of personal care and / or treatment of disease, disorder or injury.

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 told us that usually there was enough staff to meet people's needs. However they told us that on occasions when staff did not turn up for their allocated shifts and they could not be replaced by the provider. This meant that people's relatives had to look after people's needs until the next shift started.

People and their relatives told us that the service was safe when delivered in their own homes and when people were supported accessing the community. Staff had received training in how to safeguard people from abuse and were knowledgeable about the potential risks and how to report concerns.

People were placed at the heart of the service. Experienced staff met and assessed people's needs before they started using the service. Staff were recruited specifically considering people's needs and also their personalities to match with the people they supported. Staff were recruited through robust recruitment procedures.

There were good systems and processes in place to keep people safe. There were clear risk assessments for each identified risk to people's health and well-being and clear guidance for staff about what actions to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe.

People's medicines were safely administered by trained staff who had their competencies regularly checked. People were supported to maintain good health and had assistance to access health care services when needed.

People's capacity to make decisions was regularly assessed and staff were following the Mental Capacity Act 2005 (MCA) principles. Best interest decisions were in place for people who lacked capacity to take certain decisions and these were taken following a best interest process.

Staff felt supported by their manager. They were given training updates, supervision and development opportunities. Staff undertook training and development courses to increase their understanding of the needs of people using the service. Each person supported by the service had a small team of staff looking after their needs. The team had bespoke training and support to understand each person's health condition and needs before they cared for the person.

People and relatives told us that staff were kind and caring. People and relatives confirmed that staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice.

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by the registered manager through surveys which were sent to people and their relatives, however some people told us the surveys had not always asked for their feedback on the quality of the care they received. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues.

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.

There were appropriate staffing levels to meet the needs of people who used the service, however on occasions people's relatives had to cover for staff absences.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff and measures were in place to mitigate the risks.

People were supported to receive their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs effectively.

People's rights were protected in relation to making decisions about their care and treatment in line with the principles of the Mental Capacity Act 2005.

People were supported at mealtimes to access food and drink of their choice in their homes.

People were supported to maintain a good health. The service worked well with external healthcare providers involved in people's care.

Is the service caring?

Good ●

The service was caring.

People told us the care staff were kind and caring.

People's privacy and dignity were respected and their

independence was promoted.

People and their relatives were involved in making decisions about the care and the support people received.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which took account of their likes, dislikes and preferences.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened and acted on.

Is the service well-led?

Good ●

The service was well-led.

Staff were supported by the branch managers and the registered manager. There were peer meetings at times however there were no general staff meetings held.

People we spoke with felt the registered manager was approachable and supportive.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

Interserve Healthcare - Colchester

Detailed findings

Background to this inspection

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

The inspection took place on the 19 December and was announced. We gave 48 hours' notice before the inspection to make sure that staff members and the management team were available to talk with us. Following the inspection on the 20 December 2016 and 05 January 2017 we contacted people, their relatives and social care professional for their feedback about the service.

One inspector carried out the inspection on the 19 December 2016 and another inspector contacted people and their relatives. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During our inspection we spoke with two people who used the service, three relatives, three care staff, a registered nurse, two branch consultants, the branch quality and administration officer and the registered manager.

We also reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, three staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us there were enough staff to meet their needs and staff were always in time and never let down by them. One person said, "The staff are very punctual, they are on time, there has never been a problem, even the other day with the fog they left home earlier to get here on time." Another person said, "They start at 8, finish at 1 then 4.30 until 7.30. They wash me and keep the bed clean, but they do what I need them to, like cooking, cleaning, shopping, what I love is they make time for everything and will sit with me and talk."

However we heard from relatives that on some occasion when one staff did not turn up for their shift the office staff struggled to replace them at short notice. One relative said, "This had led to either a family member having to fill the gap so an activity can take place or [person] has to be confined to our home for the time it takes to cover the shift." The registered manager told us they were aware of this issue and they were constantly recruiting staff and train them to have staff on standby in case this happened. They said, "People have very complex conditions and needs. They require specially trained staff to meet their needs. We are constantly recruiting and slowly introducing new staff so we can have them on reserve if we need to replace a staff member from the team."

Staff assessed people's needs before they began to use the service. This assessment established the number of staff needed to meet people's needs as well as risks. People with complex needs who required 24 hour care had a small team of care staff allocated as permanent staff who were specifically trained in how to meet the person's needs safely. The registered manager told us that in some cases they specially recruited a team of care staff for people with complex needs. These staff members were trained and allocated to work with just one person following a rota system and providing 24 hour care.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. Rotas were planned six weeks in advance in order that any absences or staff leave could be planned and covered.

Recruitment processes were robust and ensured staff employed at the home were fit to carry out their responsibilities to care and support people in a safe way. Before they could start work staff recruited had undergone appropriate pre-employment checks. These included criminal records checks, references and proof of identity. The registered manager ensured they recorded and investigated in the interview process if staff applying to work in the home had gaps in their employment.

People and relatives told us they felt safe with the service that was being provided by Interserve Healthcare Colchester. One person said, "Yes I feel very safe they are excellent, they do everything for me." Another person said, "I feel safe and sound with the care they give me all the time." One relative told us they requested the staff who supported their loved one to be trained to understand the person's complex needs and since the provider has delivered this the care was safe. They told us, "We now feel that staff and [person] are as safe as can be in in the community and at home. Another relative told us, "The service is very safe. It has had a positive impact on [person's] life. The carers are lovely with [person] and enrich their life."

Staff understood safeguarding adults and children and their role in following up any concerns about people being at risk of harm. They were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. One staff member told us "Any marks are body mapped, charted and we report straight to the office. We then handover when the other carer comes on shift and complete the incident report. If they don't come back quick enough to me to say what they are doing, I would call you [CQC] or social services."

All the staff we spoke with told us that because they knew people well they would be able to identify any changes in behaviour or any physical symptoms that may indicate that a person was experiencing abuse. One staff member told us, "We do know the people we look after and usually it is just one person at a time, so it is easy to pick up any changes. We pick up any bruising, changes in behaviour, communication, interaction and we report straight away."

Staff received training about how to safeguard people from harm and they were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers were visibly displayed around the office.

Individual risk assessments were developed and regularly reviewed to provide guidance and support for staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as environment, nutrition, mobility and when people were out and about in the community. For example, where there was a risk to a person using equipment required for their care, clear measures were in place to ensure risks were minimized and for staff to maintain a clear environment in a person's home and raise any concerns they may have. For one person who needed bed rails to keep them safe, staff identified that the bed rails and the bed in use were not suitable and safe for the person. They took immediate action and these were replaced. For another person who needed special equipment to help them with their breathing care staff reported to the nurses that they could not position the equipment as needed and it was a risk for the person not getting sufficient air. The nurse visited and reported to the hospital consultant the issues with the equipment. The person was taken to hospital where it was established that the equipment was not suitable for the person and they were assessed for new equipment. This meant that staff were skilled and confident enough to challenge other professionals when they felt it was a risk to people's health and well-being.

All incidents and accidents that occurred at locations where people received support were recorded, investigated and reviewed by the service managers. This was to ensure that steps were taken to identify, monitor and reduce risks. The registered manager analysed these for trends and patterns and reported to senior managers and safeguarding authorities if there was a need for it. For example there were incidents regarding a person who was suspected smoking substances hazardous to their health. The registered manager took appropriate actions to ensure the person came to no harm for doing this.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff had been trained in how to give people their medicines safely. Staff were required to complete medicine administration records (MAR) charts. Records demonstrated that staff fully completed these and that people received their medicines at the right time in the correct dosage.

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the staff. One person told us, "At the moment I have the same two [staff], I am very well looked after when the girls are here, they are all of the same high calibre and very well trained." A relative told us, "Interserve are excellent and professional in every way. They ensure the HCA's [health care assistants] are fully competent before signing off and I have every confidence in them."

Staff told us they received a good level of training and that they felt confident to support people in a safe manner. This information was supported by training records that showed all staff were trained in important health and safety areas, such as moving and handling, infection control and first aid. One staff member said, "The training we receive is very good. I developed skills working here and due to the training I received which I never thought I would. It is very-very good." Another staff member said, "This is one of the best companies I worked for. The training is second to none."

Staff also attended specialist training about the specific conditions people in their care had. These included dialysis in the community, cerebral palsy and tracheostomy. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help people breathe. Following the training staff had their competencies assessed by nurses and only when they demonstrated full understanding of the training provided were signed off as competent to deliver the care and support people needed. One staff member told us, "We have to have our competencies assessed following training. The nurses will do it and they watch and help us understand in practice what we need to do. We are well trained." Another staff member told us, "We have our competencies regularly checked after training and we are re-trained in case it is a problem." The specialist training ensured care staff and nurses were trained and qualified in the complex care and support people required. The online training plan documented when training had been completed and when it would expire for staff to attend a refresher training course. On speaking with staff we found them to be knowledgeable and skilled in their role.

Newly employed staff undertook a variety of mandatory training in their induction which equipped them with the skills and knowledge to provide safe and effective care.

Staff told us that they received regular supervision. One staff member told us, "Supervisions are regular with the branch consultant, they are thorough and go into everything, like their expectations of me and mine of them, training I need, where I want to be in the future, and how I am going to get there. They can take anything from 15 minutes, but I like talking so they go on for an hour." Another staff member said, "We have regular supervisions and we talk about everything, however any problem in between I can always come to the office and talk to the branch managers. They are very good in listening and helping." However staff told us there were no general staff meetings where they could be updated about the company and any future plans. They told us they received information via e-mails and using the company's intranet.

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 people lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so must be made to the Court of Protection.

We checked that the service was working within the principles of the MCA. Staff we spoke with received training and understood their responsibilities under the MCA and knew how it applied to people in their care. They demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity to do so. For example the registered manager told us about a person whose capacity was assessed when they joined the service. Although the initial assessment established that the person had capacity to understand and take decisions regarding the care and support they received some decisions made by the person raised questions about their capacity at a later date. The registered manager had a conversation with the person and they found that the person had fluctuating capacity. They involved social care professionals and requested a more specialised assessment to be carried out to ensure that care and support the person received was in their best interest.

People were supported at mealtimes to access food and drink of their choice. Food preparation at mealtimes was also completed by family members or people and staff where required to ensure meals and drinks were accessible to people. One person told us, "When they [staff] leave me they make sure I have a cup of tea, some water, and bits to eat and freshen it up when they come back." Some people required to be fed by a percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate for example, because of dysphagia. Care plans held detailed information on what support staff were to give people at mealtimes.

Staff supported people to maintain good health and have access to healthcare services. People were supported to attend their healthcare appointments and outcomes from these visits were documented. Staff were in regular contact with people's specialists, GPs, occupational therapists and district nurses. People told us that where there was a change or deterioration in their health staff promptly involved the relevant healthcare professional. One relative told us, "They [staff] are very attuned into [person`s] needs and alert me if they feel [person] needs medical intervention. I was alerted once in the middle of the night and helped me to take [person] to A&E. They were calm and supportive as well as caring." People who used the service and staff had access to the contact details for healthcare professionals and a representative of the service if they needed to make contact outside of office hours or in the event of an emergency.

Is the service caring?

Our findings

People and relatives receiving care and support from the service told us that staff were kind and caring. One person told us "I love these girls, they treat me like their Mum, I couldn't be happier than what I am with the care I get." One relative told us, "The carers are lovely; they do everything with a smile and fun for [person]." Another relative told us, "The staff that we have now are very caring and want to work with [person] to keep improving their life skills. We have had occasions in the past where we have had to have staff removed from the package as this was not happening."

People we spoke with told us they saw regular staff the majority of the time and were advised in advance of who was coming. Relatives told us they were also involved in a `meet and greet` process before people started using the service. This gave people and their family the opportunity to meet staff beforehand and make choices regarding the staff allocated for their support. One relative told us, "I have been involved with the selection of the staff."

Staff spoke with enthusiasm and compassion about the people they supported. One member of staff told us "I love my job; it gives me great satisfaction to be able to make a difference to people." Staff told us they worked together as a team to make people`s wishes come true. For example we heard how they planned holidays for people who lived with serious health conditions. For example staff planned a trip with a person to visit America. They planned accommodation, insurance, the flight and they accompanied the person on their journey. Staff told us the visit went smoothly and it gave the person more confidence for planning and going on holidays.

People and relatives told us staff promoted people's independence. People were happy and confident in the care they received. One person told us, "I am looking forward to them [staff] getting me up for Christmas, and it will be a lovely change. Before I didn't have a hoist, but Interserve have sorted me a hoist so it'll be lovely now I can get up." Another person said, "I can do a few bits myself, but I wouldn't function without them [staff]. I use to have another company, they just popped in and out and didn't help me, but since I have these [staff] I feel much more confident in myself and a lot happier." One relative told us, "The staff are also involved in executing [person`s] sensory needs via a sensory diet, the activities are conducted in a positive setting plus helping with independence."

People told us staff respected and promoted their dignity and privacy. One person told us, "They [staff] don't ever make me feel awkward or uncomfortable, we are all ladies, but they cover me up, close the curtains and door, even though there is nobody else here which is a bit odd, but at least it means I can't be seen when having a wash."

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One person told us, "My word that was a long old job [creating the care plan], the nurse came along one day and spoke to me about what I wanted and how I wanted it to be done. They asked so much but just wanted to be sure I was getting what I wanted, I laughed

when they asked if I wanted a man or lady." One relative told us, "My [relative]'s case is very complex and a lot of hard work for all involved. I am very much at ease with Interserve being the main care provider at this time. The care plan is totally from [person`s] prospective and needs and I have been involved."

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Care staff rotas were sent via email. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff and was also included in their employee handbook.

Is the service responsive?

Our findings

People told us the care and support they received was shaped to their needs and took account of their preferences. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled staff to provide a personalised service. One person told us "I know it's their job but they treat me like royalty." One staff member told us, "We are about fully involving people and their families; we need to know when to withdraw and when to be fully there for them. We are almost a live in service we know them [people] very well. It's all about what people prefer. Some clients don't want us to wear uniform; some do, so we wear smart casual clothes, as that is what they want."

Relative's told us the care and support people received made them feel able to carry on with their life as they completely trusted the staff from the service. One relative told us, "All members of [person's] current team give me a feeling of complete trust and competence, my confidence in them allowed me to spend 5 weeks working out of the country over Christmas which is not an easy task. I find the level of care to be outstanding and I trust them all to do their jobs to a very high standard." Another relative told us there was a positive and a negative side of the service their loved one received in their own home. They said, "The positive side of this package is that we know [person] is safe in the community and that the activities that [person] undertakes are enjoyable. This in turn makes for better behaviours in our home and in the community with the support that is given. The negative side is that our home is not our own and we have very little private time, some staff are very noisy at times and do not seem to respect our home." We have discussed this with the registered manager who already addressed this via staff supervisions and they were planning to address these periodically in peer meetings to ensure that staff remained mindful of the issues.

People and where appropriate their relatives told us they were involved in the care planning process. People's needs were assessed before they began to use the service and re-assessed regularly thereafter. People's assessments considered their personal goals as well as their personal care, dietary, social and health needs. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people's individual needs. One relative told us, "From the start Interserve were very accommodating and reassuring [registered manager] being my first point of contact who worked extremely hard on a very complex and highly detailed care plan that is constantly adjusted as and when." Another relative told us, "We are involved in the planning and reviews of the activities and care plan that is why we wanted [person] to stay at home so that we have control and overview of the care, so that we can provide the best outcomes possible."

There were two copies of the care plans; a copy held electronically in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information including a life history and likes and dislikes. The care plans were focused on supporting and encouraging people to remain or re-gain independence and to maximise their health to enable them to remain as long as possible in their own homes.

People were encouraged to pursue hobbies and social interests and to take part in activities relevant to their individual needs, both in their homes and in the wider community. One relative told us, "We have adjusted

the team who work for [person] so that we are maintaining the best outcomes possible and are able to respond to their requests of what activity [person] wants to participate in, i.e. going to swimming, cinema, day centres, churches, walking, garden centres, shopping." Another relative told us, "They [staff] take her on day trips to the theatre, panto, sensory rooms, the zoo, Marsh Farm, Tropical Wings, nature walks and for swimming at the Willow Park Resource Centre, other day centres and clubs so that [person] can mix with her peers and enjoy the stimulating activities provided. This meant that staff promoted people`s social well-being as well as physical well-being.

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being and seek specialist advice when needed. Due to their expertise and in-depth knowledge about people`s needs staff on occasion supported people through their stay in hospital. For example the registered manager told us, about a person who was in hospital with pneumonia due to their previous care agency not reacting fast enough when they had a cold and subsequent chest infection. When the person started to use Interserve staff have received full training on their condition and how best to manage it. When the person was showing symptoms the staff referred into hospital to avoid further deterioration. Staff accompanied them to hospital to assist with the smooth transition the person was not comfortable with strangers undertaking some daily tasks they needed. The person remained in hospital four weeks and they had the assistance of an Interserve Healthcare HCA for the entire time they were in hospital. The person`s comments after their stay in hospital were, "I only made such a speedy improvement due to the care and attention given to me by my Interserve HCA [care staff] during the stay in hospital."

People and relatives were aware of how to make a complaint and felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. One person told us, "Complain, no I don't think I need to do that, but if I did then I would speak to the girls, or phone the office." One relative told us, "I find the office to be very helpful and always willing to accommodate even when notice has been minimal. All are easy to communicate with and if ever I am unsure about possible protocols I find they are always able to help with a clear knowledge of what is needed."

Is the service well-led?

Our findings

People and their relatives told us they felt the service was excellent and well-led. One person told us, "They are very good, all of them from the top all the way down." One relative said, "Interserve are excellent and professional in every way." Another relative told us, "The service is very well led. It has had a positive impact on [person`s] life."

Staff told us the registered manager and the branch managers were approachable. They felt able to express their views and felt they had the registered manager's support when they needed it. One staff member told us, "The managers are approachable. We can pick the phone up or come to the office any time." However some staff told us they would appreciate more general staff meetings to be held as they only had peer meetings in the team they worked in. They told us they never had a staff meeting where they were updated when the previous registered manager left or when the current registered manager started. One staff member told us, "I would welcome a more personalised approach and have meetings when a manager comes and goes. We only met the manager when we come into the office, they were not formally introduced." Another staff member said, "We don't have general staff meetings we get e-mails and the intranet. We have peer meetings if we need to discuss something about the person`s care we support."

There was a clear management structure in place which people and staff were familiar with. Office and care staff understood their roles within the structure and their responsibilities. There was regular interaction between care staff, clinical staff and the management in the form of staff and supervision meetings and unannounced "spot checks". "Spot checks" were carried out by the registered manager and clinical staff where they observed care staff providing care, to see whether they were providing care in accordance with people's care plans, followed the provider's procedures and to identify any training needs. One staff member told us, "They [managers] carry out spot checks at least twice a year; you literally don't know they are coming."

The registered manager told us of the challenges they face at times in recruiting the right calibre staff. They told us, "Recruitment can be a challenge especially that we are working on 0 hours contract for staff. Sometimes we only need staff for the period of a care package and we don't know how long it will be." However the registered manager told us that they were working with the provider to make their employment conditions more attractive for future candidates. They also told us they only started a care package when they had the right team available to meet people`s needs.

The atmosphere in the office was friendly and professional. Staff were able to speak to the registered manager when needed. There was a 24 hour telephone support service available for staff, relatives and people. One staff member told us, "If anything happens we call them. We have on call 24 hours a day. The other night [a person was not well] so I called on call as they had no care at night [not contracted by commissioners]. They arranged for me to stay on so we waited for the GP and made them comfortable." However one relative told us that this service did not work for them when they needed it. They told us, "We do have problems with the out of hour's team and sometimes the Colchester office when we have staff no shows." The relative told us they had to cover for staff`s shortage. The registered manager told us they were

working on employing staff to introduce to people currently receiving care and support to ensure staff absences could be covered by staff who were trained in people's conditions and people were familiar with them.

There were additional checks to ensure staff providing support had delivered the care as planned. For example, records of care provided and medicine administration records (MAR) were returned to the office and reviewed by office based staff to ensure they were accurate and up to date. If people's needs had changed, the service liaised with the local authority in order to organise a review and changes to the care package so people received appropriate support.

We found that people's care and medical records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

Registered providers must notify us about certain changes, events or incidents. We found that the registered manager submitted appropriate notifications to us in a timely manner.

There were regular surveys done by the management and the provider to evaluate and improve the services they provided to people. Surveys were sent out periodically to people each time addressing one of the five key questions CQC is asking when inspecting a service: Is the service offered safe, effective, caring, responsive and well – led. Some people we spoke with told us they have not been asked about their feedback, however they had regular reviews about their care package where they shared their views about the care they received. The registered manager implemented any improvements needed following the feedback from people. For example one person asked for more staff to be available in the afternoon. This was actioned by the branch manager who organised 'meet and greet' meetings where the person could meet the staff.