

Accord Housing Association Limited

Direct Health (Warrington)

Inspection report

12 Quay Business Centre
Harvard Court, Winwick Quay
Warrington
Cheshire
WA2 8LT

Tel: 01925401400

Date of inspection visit:
30 July 2018
31 July 2018
02 August 2018

Date of publication:
01 October 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 30 and 31 st July and 2 August 2018. The registered provider was given 48 hours' notice of the inspection, to ensure that the registered manager or other responsible person would be available to assist with the inspection visit as well as giving notice to people who used the service that we would like to speak with them. This was the first comprehensive rated inspection of the service following the registration of a new provider with the Care Quality Commission April 2017.

Direct Health Warrington is registered with the Care Quality Commission (CQC) for personal care to people in their own homes in the community. The service is in Warrington centre close to local amenities and to local transport links. At the time of the inspection the service supported 83 people in their own homes. They also had a small satellite office in Salford that staff used two days a week for meetings.

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.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. They carried out a lot of checks to all aspects of the service to make sure that each part of the service was operating appropriately. Visits to people being supported, telephone reviews, surveys and observational checks were carried out by the registered provider to ensure that the standards of care were maintained and of a good standard. Issues around the management of health and safety checks for the office and DBS checks for recent staff was not noted to be included in recent quality service managers audits. This audit tool would benefit from further review to show clearer evidence of ongoing required checks and monitoring of the service.

We received positive comments from people receiving support and their relatives acting on behalf of their family members. The majority of people were happy with staff and were positive about the standards of care received.

Staff responsible for supporting people with their medicines had received training to ensure they had the competency and skills required.

There were sufficient staff to complete the scheduled visits for each person. A recruitment drive was in place to recruit further staff. The service had a monitoring system that continually checked the promptness of their visits and could take action, if staff were running late for any reason.

Staff were recruited following a safe and robust process to make sure they were suitable to work with

vulnerable people. Staff were aware of their responsibilities in keeping people safe and had received training in safeguarding adults

Staff were given appropriate support through a programme of training and on-going supervision, and appraisal. Staff were positive about the training provided to them which gave them the skills and knowledge they needed to do their job.

Support plans contained up to date, detailed information about each person's care and support. They included assessments and request from people how they liked their care to be provided. Staff were knowledgeable about the individual needs of the people they supported.

The complaints procedure was accessible to people. This was provided to people when they first choose the service for their care package. No complaints were raised at the time of inspection.

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.

Staff were trained in medicine administration and regularly had their competency checked by senior staff.

Risk assessments were developed around the needs of each person and provided clear information for staff to follow to help reduce risks.

Is the service effective?

Good ●

The service was effective.

Support plans were regularly reviewed and monitored to help maintain people's health and care needs.

Staff completed a programme of training to help them to be skilled and understanding in the needs of the people they supported.

Staff told us they felt well supported by the management team and were provided with regular support.

Is the service caring?

Good ●

The service was caring

People told us they were mainly supported by the same staff team who knew their individual likes and dislikes. They felt that staff were always respectful and caring towards them.

People told us that staff respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive

Support plans were detailed and provided guidance for staff on how people wanted to be supported. Staff had a good understanding of people's needs.

The provider had a complaints policy and processes were in place to record any complaints received. Everyone we spoke to knew how to make a complaint.

Is the service well-led?

The service required improvements in well-led

At the time of this inspection the manager was registered with the Care Quality Commission (CQC). Staff told us they were supported by the registered manager.

Feedback was regularly sought from the staff and people receiving support.

The quality of the service was regularly monitored by the registered manager and the registered provider. Some aspects of the monitoring tools needed further clarity to show ongoing reviews in issues such as health and safety checks for the office building and for recruitment checks for staff recently transferred to the service.

Good 

Direct Health (Warrington)

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 checked 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 of Direct Health Warrington took place on the 30 and 31 July and 2 August 2018 and was announced. In line with our current methodology for inspecting domiciliary care agencies this inspection was announced two working days prior to our visit to ensure the registered manager or other responsible person would be available to assist with the inspection.

The inspection team consisted of two adult social care inspectors 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. The expert by experience telephoned people who used the service and their relatives to gain their views and opinions about the support being provided. One inspector telephoned staff who worked for the service to gather their feedback about the registered provider.

Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events such as accidents or incidents, which the provider is required to send to us by law. We also invited the local authority and stakeholders to provide us with any information they held about Direct Health Warrington. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the registered manager confirmed 222 people were supported by the service and 83 people received personalised care.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with the registered manager, the quality support manager, seven support staff, six people receiving support from the service and eight relatives speaking on behalf of their family members. This gave us a wide insight into their views across all areas of Direct Health Warrington.

We also reviewed a range of records about how the service was managed. These included, support records for three people to see if their records were accurate and reflected their needs. We reviewed three staff recruitment files, staff duty rotas, monitoring audits, staff training and supervision records, minutes of meetings, complaint and safeguarding records and records in relation to the management of the service.

Is the service safe?

Our findings

We spoke with relatives who spoke on behalf of their family members and a selection of people being supported. They told us they felt safe with the service provided and shared positive comments such as, "Oh yes. I can't do without them." They were happy and confident about the service and told us ", "Oh yes, most of them I know anyway. It's usually the same ones."

We looked at recruitment records for staff. These showed that appropriate checks such as references and identity checks were being made before people commenced employment. Checks had been made using the disclosure and barring service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to make sure that only appropriate people are employed and that people are not put at risk. We discussed a recent transfer of staff from another service to Direct Health Warrington. When we discussed their recruitment checks the registered manager initially told us she thought they had approximately five staff who had not received an updated DBS check applied for by Direct Health. They explained the delays were due to problems encountered with staff bringing necessary records to the office to complete their application forms for DBS checks. We discussed this being a breach of regulations and the registered manager advised they would review this as soon as possible. Following the inspection, the registered manager had advised that on reflection of her staff files that all staff transferred to Direct Health Warrington had their DBS checks in place. They submitted a list of the DBS numbers in place apart from one staff member who could not locate their DBS reference. The registered manager submitted a copy of a risk assessment she had put in place following the inspection. It listed staff actions to continue with regular checks of staff performance until all staff had updated DBS checks. We have referred to this issue for ongoing monitoring under the well led domain of this report.

We looked at how Direct Health Warrington protected people from the risk of abuse. It was organised and well managed and showed evidence of steps taken to keep people safe. We saw that safeguarding policies and procedures were in place. There was a whistleblowing procedure for staff to report signs of poor practice if they were concerned. The manager showed us evidence of prompt referrals of potential abuse being reported to the local authority safeguarding team and internal investigations being carried out. The records showed appropriate actions taken to safeguard people. Staff were positive about the management and support around making sure the service and people were safe.

We saw that staff had undergone safeguarding training and this was updated when required. Staff we spoke to were able to demonstrate knowledge of different types of abuse. Staff told us they felt comfortable to raise concerns with the registered manager and senior staff. Staff were clear they wouldn't hesitate to report a concern if they deemed this necessary to keep people safe.

One staff member told us about reporting recent concerns they had and how they felt that senior staff were prompt and supportive in taking appropriate action. They explained, "I one hundred percent would report concerns. I felt a couple of service users were vulnerable living on their own and I reported my worries to the office staff. They agreed with me and reported the concerns to social services for their review."

The office environment was clean and accessible for people with disabilities, the registered manager showed us all necessary liability insurance certificates. The service rented offices from a private landlord who carried out most of the health and safety checks for the building. The registered manager ensured that the office premises were safely managed and fully accessible. We saw evidence of some updated maintenance checks. However, some certificates were not up to date including the electrical installation and gas safety certificate and the fire risk assessment needed updating. We referred these issues to the local authority. The registered manager told us they were being reviewed with the landlord. They submitted an action plan following the inspection to describe the actions they had taken to show updated maintenance checks and risk assessments in place for their office building.

Staff commenced a training and induction period before being able to work unsupervised. During the induction period staff were issued with a handbook that contained policies and procedures and guidance around safeguarding.

We looked at support files for people receiving support. They contained risk assessments. Risk assessments detailed risks to the person, including topics such as, their home environment, use of a key safe and risks related to their condition such as diabetes, risk of heart attacks, their medication, weight loss, eating and drinking and mobility. The risk assessments gave enough information to show what actions staff were taking to reduce and minimise risks to people. They had been updated and were regularly reviewed by senior staff.

Training in moving and handling, medications and safeguarding were provided on a regular basis. Staff felt well trained in these topics and well supported with their training needs. One staff member told us about specialised training that senior staff had organised. They explained, "I'm doing specialist training for medications because one person has difficulties swallowing so the district nurses are going to go through using a syringe to help support this person with their medication and fluids."

The services medication policy had been recently reviewed January 2018. Senior staff audited medication records and reviewed staff supporting people with medications during their observational checks in the community. We noted some gaps to one medication record. Following the inspection, the registered manager reviewed this person's records. They explained there was evidence on the daily care records the person had correctly received their medications. They had reviewed the improvements needed with record keeping with the identified member of staff. These reviews helped the registered manager to make sure safe systems were in place and that people were safely supported with their medications.

People receiving support with their medications and their families were positive about this support and told us, "Yes, they give them to me. No concerns", "Carers do it. No concerns" and "The carers have regular training on medication."

We saw evidence that staff received regular supervisions and medication competency checks. They also received annual appraisals. The registered manager made sure staff felt safe, were assessed as competent and ready to care for people before working without supervision and administering and supporting people with medication.

During this inspection we looked to see if there was sufficient staff employed to meet the needs of people being supported. We were provided with access to the computer system that managed staffing levels and all staff rotas. The records showed the staff rotas and the number of hours each person needed each week. The computerised application helped staff to manage the staffing levels to meet everyone's care packages. The

application helped office staff to visually track who was at a call and was easily able to identify if a staff member was late. The computer system helped them to safely manage their staffing levels to meet their customer's needs. People being supported were positive about the staffing and told us, "Never not turn up at all. They always tell me if they are going to be late", "They always turn up. Usually around the same time" and "Only occasionally, comes late due to staff shortage." Most people said they had the consistency of the same team apart from the holiday season and sometimes during periods of staff sickness they see newer staff.

The service had an infection control policy which detailed the requirements for detecting, preventing and controlling the spread of infection. Risks assessments we looked at demonstrated the need for staff to wear appropriate personal protective equipment for example; gloves and aprons.

Is the service effective?

Our findings

People being supported and their relatives, were positive about staff and felt they were well trained. They shared various comments such as, "I found them alright. I have no problems with any of them", "Oh yes, they would do anything that I required", "Yes, they have been very helpful to me as I look after my (relative)" and "Yes, the regular ones are fine."

Newly recruited support workers completed a detailed mandatory induction. The induction programme started with mandatory training which staff were positive about and felt it really helped them to understand their role.

A new member of staff told us "I had my induction and training then I shadowed experienced staff. I didn't feel rushed and they asked me if I felt comfortable before going out on my own to support people." Another recently employed member of staff told us, "I had a full week induction covering lots of training. I feel well supported it's quite helpful." Staff made further positive comments about the service and the training provided such as, "Training is amazing, I have done distant learning for dementia", "We get full training especially for medications", "I had training in using hoists, they used me to hoist and it was good to see how vulnerable you feel in it."

The registered provider had developed a comprehensive training programme for all staff which was organised via their computer system. The system was very organised and able to monitor staff training to ensure essential training was completed each year. The service had a designated training room in the office building with a hoist and slings for staff to practice their moving and handling techniques. The training room had been developed to offer a lot of visual information on the topics covered in their training. Training records showed that essential training was provided on a regular basis. We saw from individual staff records that they had received induction and training in core subjects necessary to their role, such as: Infection control, phone training, stroke awareness, Huntington's awareness, safeguarding, moving and handling, medications, equality and inclusion, tissue viability, dignity, Parkinson's disease, Mental capacity and best interests training, some staff had care certificates and National vocational certificates (NVQ) in grades two and three. Staff were happy with the training provided and told us they received a lot of training relevant and necessary to their role.

Staff told us, "I absolutely love it here, I love the job, they are very good, they have covered everything with me and given me a lot of support", "Really happy a supportive job, lots of support", "We get lots of help and support and we get one to one support every six months and we get regular observation checks and regular appraisal ", "We get asked how we are and if any training is needed, were always updated with our training."

We saw evidence that staff received regular supervisions and medication competency checks. There were also annual appraisals. Formal observations and staff supervision helped support staff and give them the opportunity to talk about their personal development and review future training and development needs, promote good practice and raise the quality of service. Senior staff met staff during their observational visits

to review the care they provided to people. These visits and records showed detailed supportive processes in place for all staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was done to ensure a person was not deprived of their liberty. Staff demonstrated a good understanding of the MCA and told us how they promoted the rights and choices of people to make their own choices about how they live their lives.

In the sample of support files, we looked at, we saw that where possible people receiving support had signed their consent agreeing to their plans. These records showed that they had been consulted and involved in making decisions about their support package. Staff we spoke with, showed good understanding of the importance of gaining consent from the people they were supporting. The registered manager had organised for various information leaflets to be shared with staff and people being supported. The information leaflets gave lots of useful information to help inform people about their conditions covering topics such as heart conditions, arthritis and diabetes.

We checked if the registered provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted care records included information about people's communication needs and staff were knowledgeable in describing the individual communication needs of each person provided with support.

Some people needed support from the staff with preparing meals. We saw there were appropriate support plans describing how staff supported people with their dietary needs and requests. People receiving this support told us they were happy with the staff in helping them accessing snacks and meals.

Staff were positive about the care and support provided by the staff team and they told us, "I have recommended the service to people" and "We all get on great and have a good bond, I would recommend the service to others."

Is the service caring?

Our findings

We were unable to observe care being carried out directly but people we spoke with commented positively about the care and support received. They told us they were happy and felt well cared for. They offered various positive comments such as,

"Oh yes. They always have a chat with me. They always are very nice", "Yes definitely caring and kind", "Yes, we always have a natter and a laugh" and "Yeah, I get on alright with all of them."

Relatives were positive about the staffs caring values and told us,

"Oh yes, definitely. They go over the top with (my relative). They don't rush him. They explain things to him" and "When I see them, they seem to be kind and caring. My(relative) is happy because she has people to chat with her."

Staff told us they usually supported the same people so they got to know them well and how they liked to be supported. People being supported confirmed they usually saw the same staff which helped the consistency and approach to their care package. They told us the staff knew their preferences and likes and dislikes. They were positive and shared comments such as,

"Yeah, they all know me" and "Yes, they got used to me."

Relatives agreed and told us,

"Yes, they understand his needs and interests. They are like members of the family", "Her likes and dislikes are recorded in the Support Plan", "Yes, I think they do the best they can" and "Yes, now they do. They have been coming for some time. If he points at something, carers understand what he is talking about."

People receiving support told us that staff respected their privacy and dignity. They shared positive comments such as,

"Oh yes. Well, they will get clothes for me and pass them to me when I need them. Dressing is a personal thing and I don't feel embarrassed by that" and "Yes, all the time. For instance, they come and get me ready for bed. They draw the blinds so no one can see me getting dressed."

Relatives agreed and told us,

"Yes. One carer, she always covered her with a towel when washing my (relative)", "Yes, they shut the door when they are getting him ready", "Yes definitely. They always ask my relative, are you ok? before undressing him" and "Yes. When they come in, they always close the blinds when changing her."

Information was present in people's support files about their individual likes and dislikes and how they wanted to receive their support. One plan gave background information on the person's life, their family support and who was important to them, their medical conditions and their needs, their personal choices regarding what they liked to do each day. Their support plan was very detailed and personal to them. Records also contained information about people's religious and spiritual needs when relevant. The support plans demonstrated that people were involved in making decisions about the support they received. Personalised support files showed how the staff provided care and support based on people's personal

preferences and helped staff better understand the individual.

People receiving support told us that staff took interest in them. They shared positive comments about the staff interactions and told us,

"Oh yes, if I am going to a wedding. We chatted about the wedding clothes and photos. It's a two-way thing",
"We do have a chat when they are here" and "Yes like the regular ones, we could talk for hours."

The registered manager described the process of carrying out regular observational checks undertaken on staff. These checks helped them to monitor the competencies of staff and the qualities and standards provided, ensuring that staff respected people's privacy and dignity. Staff spoken with and evidence seen of the documented observational checks confirmed this was a regular process carried out by senior staff.

Our conversations with staff showed they understood it was a person's human right to be treated with respect and dignity and to be able to express their views. Staff told us that they understood the need to ensure people were treated as individuals with different needs and preferences. They were passionate about the relationship they had with people they supported.

We saw that staff had access to numerous policies and procedures for maintaining privacy, dignity and confidentiality. These values were also covered in staff training. Staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

People being supported and their relatives told us the support provided was in line with their needs and preferences. They told us they were able to say what support they needed and agree what went in their care and support plan. Most people were unsure of how often they could expect a review to take place with staff from the service but most people had experienced a review and were able to discuss their opinions about the support received. They told us they had a file produced by the service with lots of information about Direct Health Warrington and had various contact numbers and names to contact if needed. Records showed that senior staff carried out regular reviews by visiting and telephoning people to get their feedback. They brought care records back to the office for filing and review by the registered manager.

We looked at the care files of three people supported by the service. They were person centred, describing the needs of the person and how they wanted to receive their support. For example, there was a section offering detailed personal information and a personal profile about their life. This helped the staff supporting each person to learn all about the person's life, their history and family and what was important to them. We saw plans of care were in place for topics such as: nutrition, falls, personal care, communication, mobility and health conditions such as arthritis and diabetes. They gave a lot of information to help staff to know what was important to each person they were supporting. We saw that the support plans were reviewed on a regular basis throughout the year and every time staff brought previous records to the office for storage. Senior staff audited the records to check the quality of care and record keeping. The support plans had been signed by people or their next of kin to show they were involved and consented to their plan of care and support.

The service carried out an assessment of a person prior to a service being delivered. This involved meeting with the person and completing a needs assessment, by gathering information from them, their relatives if appropriate and any relevant health and social care professionals. The service had policies to support the principles of equality and diversity, and these values were reflected in the care assessment and care planning process. This meant consideration was given to protected characteristics including: race, sexual orientation and religion or belief. These records showed how they assessed each person to demonstrate they could meet all of their assessed needs.

We found that staff were able to clearly describe people's individual care needs and how they met those needs. Staff told us they tried to support people with their requests in how they liked their care and support to be provided. One staff member told us, "One person I visit doesn't like us to wear uniforms because they see us as their friend." They explained that they catered for this person's request which helped them build a really good rapport with them.

Staff described how they supported people with different ways to communicate depending on their needs and abilities. One staff member told us they worked consistently with one person to learn and better understand how to support them with their communication skills. They told us, "One person communicates with their eyes, they are very patient and through persistence we can now chat about lots of topics using their preferred way to communicate." They try to have a consistent team of staff who had been trained to

learn how to effectively communicate with this person which helped personalise their care and support to how they wanted it to be planned.

The registered provider had an equal opportunity policy that had been reviewed in March 2017. It stated clearly that discrimination was unacceptable and listed people's diverse needs with consideration given to protected characteristics including: race, sexual orientation and religion or beliefs. The quality manager discussed as a provider how their values were reflected in the care assessment and care planning process. They advised that in one of their locations they had adapted their working conditions to meet the needs for staff with protected characteristics.

People being supported told us they knew who to contact if they wanted to make a complaint. They told us they had no complaints and shared various comments such as, "Well, I do if I feel the need to and I do have the confidence but no need to complain" and "Yes, ring the agency but I am happy."

Relatives were also positive and knew who to raise complaints with and told us, "Yes, they are quite easy to talk to" and "Yes, we do complain." People that had made a complaint were happy with the response from the staff.

Staff told us that when they had raised concerns and suggestions about people they supported that the registered manager always took action and responded positively. Staff told us they felt supported and listened to. One staff member told us they had concerns about the equipment for one person they visited and relayed their concerns to senior staff. The management team made a referral to the occupational therapy department to assess the person for more appropriate equipment to help with their care and support.

We saw that the service's complaints process was included in information given to people when they started receiving support. We reviewed a sample of complaints over the last 12 months that the registered manager reviewed. The policy gave people information and contact details as to how to contact other organisations for help and assistance such as the local authority and the government ombudsman. The information was detailed and showed thorough investigations by the registered manager to review any concerns raised. One complaint raised by a relative was regarding their views that staff had not previously always signed in and out when providing support. The registered managers records showed what actions they had taken in response to those concerns. The conclusions and response to the complainant advised they had spoken with staff to instruct them to notify the office if their phones were not working and instructed staff to never estimate times of visits.

One recent complaint raised by a staff member had not been fully uplifted into the complaints records. However, during the inspection, the registered manager updated her records to show detailed actions she had taken when concerns had been raised. One complaint had been raised with CQC prior to the inspection. We had referred the complaint to Salford local authority for their review and investigation and await their update on the allegations raised.

The registered manager also collated compliments made over the last 12 months. Positive comments included statements such as, "We would like to thank all carers especially (staff) who visited and looked after our relative at home", "We would like to thank you for all your help and support over the years", "My carer is a lovely girl, she is pleasant and understands that I love to walk slowly while we are out, she's so patient."

They had also captured recent positive feedback from one person's social worker who stated,

"I have met with the service user and their relative and they are very happy with the care at the moment and mentioned staff names especially as being good."

We had also received positive feedback from the local authority regarding the service. One manager for the local authority advised that the recent, "Re-tender take over went extremely well. No reported missed calls and no safeguarding issues." They told us they had good working relationships between the services co-ordinators and Social Workers.

Is the service well-led?

Our findings

A registered manager was in place at the time of our inspection. 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. The registered manager was present during the inspection. The registered provider and registered manager maintained good oversight of the service.

Most relatives and people being supported were positive about the management of the service and felt it was organised. They shared positive feedback telling us, "As far as I am concerned, yes, its well managed", "Yes definitely" and "Oh yes, I think so, although we had problems in the summer when lots of carers were on holidays."

Most people being supported and their relatives told us they would recommend the service to others. They shared their views stating, "Oh yes definitely. My mother used this service previously", "Yes I would", "Oh yes, I think they are pretty good", "Yes, my mum likes them and feels comfortable with them" and "Yes, not over the top, with caution."

We found there were detailed records kept for staff supervision, appraisal, staff training, accident and Incidents, and support file audits. The registered provider had audits tools used to check the on-going quality of the service. These records showed they had a governance system that helped them to review information to identify any trends or areas to improve the service.

The service had a quality assurance manager who regularly visited the service and carried out audits. Managers told us they completed monthly audits but used one document that they added comments to each month. It was difficult to ascertain from this document when certain topics had been reviewed and on what date they had been developed or completed in terms of any actions identified for improvements. We discussed how the registered provider would benefit from clearer recording of this audit so it was more transparent when the audit had taken place and when certain topics had been audited. The audit had not captured the risks noted regarding outdated health and safety maintenance certificates for the office. The registered manager submitted a detailed action plan stating all actions taken to update health and safety checks within the service. The audit had not captured any actions regarding risk assessments needed for staff being transferred to Direct Health until their DBS checks were applied for. Clearer records to audits carried out would help establish improved clarity with governance checks and evidence of appropriate actions taken to monitor the service.

The registered provider had been awarded a quality assurance award called a BS ENISO 9001;2015. This was a certified quality system award which they had achieved in March 2017. This award is nationally recognised. It demonstrates that the registered provider is working within the guidelines of a quality management system to show continual improvement in working practices.

The registered manager demonstrated a commitment and willingness to continually improve the quality of care delivered to people by keeping in regular contact with them.

Most people we spoke with, both relatives and people being supported had been offered a survey to be completed to give their feedback. Questionnaires were sent out every two to three monthly by the registered provider to gather ongoing views as to how people felt the service was performing. We looked at eight questionnaires completed in July 2018. Positive feedback that had been collated included quotes from people such as,

"Generally, all give good feedback", "Carers always chatty and polite to me, they are brilliant", "Always helpful and polite", "Nothing extra needed as already make me happy" and "Carers always get me involved in tasks and are very polite." We looked at 10 questionnaires completed in June 2018 which also gave good feedback. One person had taken the opportunity to request the preference of a male carer rather than a female.

The registered provider developed and circulated a newsletter. We looked at recent publications for March and July 2018. The newsletter gave people various information about the service and provided some highlights of the outcomes to recent questionnaires. They identified they needed to improve on; complaints and concerns and communications. The summarised results acknowledged positive areas such as the carers understanding of people's needs and their abilities involving people in the planning of their care packages. The newsletters were a positive way of keeping people up to date with developments regarding the registered provider and the services that people received. The newsletter told people of initiatives they had commenced such as the Introduction of customer surgeries and the encouragement of carer of the month nominations.

We received various positive comments about the management team and the staff were very positive about senior staff. Staff told us,

"Everything is fine we get help and support whenever we ring the office" and "They are good to work for."

Staff told us they felt listened to by the management team. They were kept up to date about the service via their staff meetings and they had access to the minutes if they were unable to attend. In addition to the team meetings, updated memos, text messages and emails were also sent to them via their hand-held devices. This meant that staff were kept up to date about any relevant information.

We saw an information booklet; a service user guide and a statement of purpose was available for people. People receiving support and their relatives told us they had clear information with easy to access contact details for the registered manager. They all told us they had access to a care file with lots of contact names and numbers for the service stored in their home.

They had comprehensive policies and procedures that were updated at head office. Staff had online access and copies of some policies via their staff handbook. The policies were extensive and included topics such as, Health and safety, infection control and recruitment of staff.

Part of a registered manager's or registered provider's responsibility under their registration with the Care Quality Commission (CQC) is to have regard to, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. We checked our records before the inspection and saw the service had submitted a small number of notifications to CQC. The registered manager confirmed they were fully up to date and knowledgeable in being aware that notifications had to be submitted in a timely manner.

