

Town and Country Homecare Ltd

Town & Country Homecare Limited

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out between 21 November 2017 and 27 November 2017.

Town and Country homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. Not everyone using Town and Country homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Following the last inspection, on 21 September 2016, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least good. At our previous inspection we found breaches of regulation relating to the management of risks, the management of medicines and personalised care. We carried out this inspection to check on the improvements the registered provider told us they had made.

The registered provider had not consistently followed the principles of the Mental Capacity Act 2015 (MCA). Some MCA assessments had been completed that were not in relation to a specific decision that the person needed to make. The registered provider made the necessary improvements and provided us with evidence of this immediately following the inspection. We made a recommendation that the registered manager continues to review the implementation of the Mental Capacity Act 2015 principles in the service to ensure they are followed consistently.

The service was not yet using the Care Certificate for staff that were new into care roles. We made a recommendation that the registered provider seek further advice on using the Care certificate or a similar qualification to ensure staff receive an appropriate induction.

People were safeguarded from harm and abuse. The registered provider worked proactively with the local safeguarding team to respond to allegations of abuse. They ensured that lessons were learned when things went wrong. Staff knew what action they needed to take to reduce risks and to provide safe care and support. Improvements had been made to risk assessments to ensure staff were provided with detailed guidance about the action they were required to take to keep people safe. The premises were well maintained and equipment had been checked regularly to ensure it was suitable and safe. The registered provider ensured that the risk of infection in the service was assessed and managed.

There were sufficient numbers of skilled and competent staff working in the service to meet people's needs.

The registered provider ensured that staff were safe and suitable to work with people. Staff received appropriate training and support and were enabled to develop their knowledge and skills through qualifications. Staff had positive relationships with the people they cared for. They understood the individual ways that each person communicated and provided appropriate support to enable their views to be heard.

People received safe support to manage their medicines. People were supported to stay healthy and staff enabled them to access healthcare professionals as needed. People had a balanced diet and enough to eat and drink. The registered provider ensured that care was planned in line with best practice guidance. They worked effectively with partner agencies to deliver safe and effective care.

People and their relatives told us that the staff provided a responsive and reliable service. Improvements had been made to ensure that people are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People had choice and control over their lives. Their care was flexible and person centred. People were involved in developing their care plans and making decisions about their care. People were treated with dignity and respect. Their right to privacy was upheld. People were supported to be independent, and to be as involved as much as possible in their own care. The policies and procedures for the service ensured that people's rights were protected. Staff provided care that respected the diverse needs of the people they supported.

People were asked their views of the service and their feedback led to improvements. They knew how to make a complaint if they needed to and were confident they would be listened to.

People and their relatives felt the service was well led. They were happy with the care they received and told us the registered manager was approachable if they needed to discuss any changes to their care. The service had a set of vision and values that focused on providing personalised care, which staff understood. The registered manager monitored the quality of the service to ensure care was delivered in line with these values.

This is the first consecutive time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safeguarded from abuse and harm. Risks to their safety were assessed and minimised. People were protected against the risk of infection. People were supported to manage their medicines safely.

The registered provider ensured that lessons were learned from investigations so that improvements could be made.

There were enough suitable staff to meet people's needs.

Good 

Is the service effective?

The service was not consistently effective.

Consent was sought before care was provided. However, staff did not consistently follow the principles of the Mental Capacity Act to ensure their rights were upheld.

People's care was based on an assessment of their needs and delivered in line with evidence based guidance. Staff had the knowledge and skills required to deliver care, but we recommended the registered provider use the care certificate standards for the induction of new staff.

People were supported to eat and drink enough to meet their needs. They were provided with support and guidance to enable them to live healthy lives.

Requires Improvement 

Is the service caring?

The service was caring.

People were treated with kindness and respect. Staff knew people well and supported them to make decisions about their care and support.

People's rights in relation to their privacy and dignity were upheld by staff and were promoted through the culture of the service.

Good 

Is the service responsive?

Good ●

The service was responsive to people's individual needs.

People received personalised care that reflected their needs and preferences. Staff were responsive to their needs and requests.

People knew how to raise concerns and complaints and could be confident they would be listened to.

People are provided with sensitive and effective care at the end of their life to ensure they are comfortable and pain free.

Is the service well-led?

Good ●

The service was not consistently well-led.

The registered provider was not meeting the requirement of the regulations to display their current rating on their website.

The service had a clear vision and person centred culture that was understood by all staff. The leadership structure ensured the service was delivered in line with the values of the organisation. There was an effective governance system to monitor the quality and safety of care delivery.

The registered provider worked effectively with stakeholders including people and their families, staff and other agencies to ensure the ongoing improvement of the service.

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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 carried out 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.

We gave the service short notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 21 November 2017 and ended on 27 November 2017. We looked at four people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service. We visited the office location on 27 November 2017 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector 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.

We did not ask the provider to complete a Provider Information Return (PIR) before this inspection. 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. As part of our planning for this inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We spoke with nine people who used the service and two peoples' relatives to gather their feedback. We spoke with the registered manager, care coordinator, senior care staff and the business manager as part of our inspection.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person said, "They come once a day to get me up and dressed, I am very safe with them." Another person said, "I do feel safe with them." A person's relative told us, "Oh (relative) is absolutely safe, very much so. It's usually the same lady that comes." Another person's relative said, "We have four calls a day, they have to hoist (relative) and they do all that well. I'm sure she is safe with them."

At our inspection on 3 March 2017 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Risks to people's safety and welfare had not been appropriately managed and people's medicines had not always been managed in a safe way. At this inspection we found improvements had been made and the registered provider was meeting this regulation. Risks to individuals had been assessed and plans put in place to minimise these. Individual risk assessments had been completed for a range of risks including the risk of falls, malnutrition and skin damage. The risk assessments had been improved to include more detail about the action staff needed to take to keep the person safe. For example, risk assessments in relation to moving people safely using equipment now included detail about how to use the equipment and the correct equipment to use. Risks in relation to people's own homes were assessed before a service began. This took into account safe access, trip hazards, fire safety and any equipment they used for their mobility. Staff ensured that equipment used by people, such as hoist and transfer equipment, had been serviced regularly. If it had not, staff supported people to contact the relevant agency to arrange this.

Some people were provided with support to manage their medicines safely. Systems for ensuring that people received their prescribed medicines had been improved. Care plans and medicines records provided guidance for staff about when they should administer medicines that were prescribed to be used 'as required'. Staff had completed medicines training and understood their responsibilities in relation to providing support. Medicines records were completed accurately to show people had taken their prescribed medicines at the right time. The medicines policy was comprehensive and provided clear advice in line with national guidance from the National Institute for Clinical Excellence (NICE) and the Royal Pharmaceutical Society. Some medicines were entered onto the Medicines Administration Record (MAR) by hand by staff when the medicine was received. We discussed with the registered manager that it is good practice to have a second member of staff check the entry to avoid errors in recording the prescribing instructions. They implemented improved practice during the inspection to ensure that two staff checked and signed all handwritten entries.

The service had an appropriate business contingency plan to deal with a breakdown in service to ensure that people would still receive their planned support. There was a team of staff 'on call' available to take on additional calls as needed. There were effective strategies in place to deal with emergencies. Staff had been trained in first aid and were issued with guidance about how to respond in a range of emergency situations. Staff that worked in the office were safeguarded from the risk of fire. Fire extinguishers were situated throughout the office, and had been serviced within the previous 12 months. Fire escape routes were clearly marked, and the procedure for safe evacuation to the fire assembly point in case of a fire was displayed.

There were a sufficient number of staff deployed to meet people's needs in a safe way. People told us there were enough staff to ensure that they received their agreed calls. Staff worked in small teams to ensure that people had familiar staff and that cover could be arranged in the event of staff absence. The staffing rotas showed that sufficient numbers of care staff were deployed and no calls had been missed. A team of 'on call' staff were used to provide cover if a staff member was held up and was unable to reach their next client at the agreed time. Staffing numbers were kept under review and the registered manager ensured that sufficient staff, with the right skills, were available before a care package was agreed.

The registered provider had ensured robust procedures for the recruitment of new staff. Staff had provided two references prior to taking up employment and a full employment history. They had filled in questionnaires to show that they were fit and able to undertake the work they had been employed to do. Gaps in employment history were explained. Staff had provided proof of their right to work in the United Kingdom. Staff completed Disclosure and Barring Service (DBS) checks to ensure that they were suitable to work in the service. All staff received an induction and shadowed more experienced staff on calls until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People were safeguarded from the risk of abuse. People were given information about the standards they could expect and their rights within the brochure for the service. Staff we spoke with had a good understanding of safeguarding procedures and they were able to describe steps they would take to report concerns if they felt they needed to do so. There was a safeguarding policy and this had been communicated to staff as part of their induction. There was a whistleblowing policy in place and this included guidance about how staff should raise concerns about practice. Staff were confident to report concerns if they needed to. The registered provider monitored safeguarding concerns and patterns in the service to ensure that people were protected from abuse. Where safeguarding investigations had taken place the registered provider had ensured that any recommended actions were implemented to ensure the service learnt from incidents and concerns.

Staff understood their responsibilities to reduce the risk of infection spreading. Staff had an appropriate supply of personal protective equipment including gloves, aprons, shoe covers and hand gels. Staff had received training in infection control and in safe food handling. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection.

Is the service effective?

Our findings

People told us that they felt the service was effective in meeting their needs. They told us staff had the necessary skills to provide the care they needed and that they supported them to access health services as needed. One person said, "They all seem very well trained." Another person told us, "They are very well trained, my regular carer is, I think she is a trainer too, so that's good isn't it?" A person's relative told us, "We do feel safe with them, they are adequately trained." Another person's relative told us, "They are pretty well trained, most of them, some are only young ones, so they are still learning, but the training they get seems very thorough."

People's right to make decisions was not consistently promoted in line with the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff had been trained in the principles of the MCA, but we found that some MCA assessments had been completed that were not in relation to a specific decision. Immediately following the inspection the registered manager showed us that they had booked further training for staff and had reviewed the MCA assessments.

We recommend that the registered manager continue to review the implementation of the Mental Capacity Act 2015 principles in the service.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people that live in their own homes this process is managed by the Court of Protection and the service must provide care within the boundaries of any Court of Protection orders. The registered manager confirmed that no one using the service was subject to any such restrictions. The service did not use any forms of restraint.

Staff had received essential training that included safeguarding, first aid, infection control, safe moving and handling, equality and diversity, person centred care, dignity and privacy and the Mental Capacity Act 2005. All staff had recently completed training in equality and diversity and some staff had completed dementia awareness training. The service was not yet using the Care Certificate for staff that were new into care roles. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Some staff in care roles had either completed a qualification in health and social care or were working towards this.

We recommend that the registered provider ensure that the staff induction uses the Care Certificate or seeks advice on an equivalent programme.

Staff were supervised and supported in their roles. The deputy manager carried out individual supervision meetings with staff every two months. Records confirmed that supervision meetings took place and staff

told us this was an opportunity to discuss their work and any training they needed. Staff had an annual appraisal of their performance.

People were given the support they needed to have enough to eat and drink to meet their needs. Records showed that people's nutrition and hydration needs had been assessed and planned for. Staff followed the care plans and ensured that people had access to drinks that were easily accessible at all times of the day and night before they left a person's home. People told us that staff helped them prepare their meals. One person said, "They will help me make it before they go and they pop it in the fridge for later." Where there were concerns about people's nutrition, staff had referred to the person's GP. Recommended advice was incorporated into the person's care plan and records showed this was implemented by staff.

People's needs were assessed and their care planned in line with evidence based guidance. For example, staff understood how to provide safe support to help people manage their medicines in line with Royal Pharmaceutical guidance. We discussed with the registered manager the benefits of using Skills for Care as a resource for accessing relevant guidance. The registered manager signed up to alerts from Skills for Care at the end of the inspection. Policies reflected National Institute for Clinical Excellence (NICE) and Department of Health guidance. Staff received training in the Equality Act 2010 and considered people's rights and needs in relation to their human rights and equality and diversity. People's needs were assessed taking into account equality and diversity and the registered manager was able to give examples where they had supported people with protected characteristics.

People had care plans in place to meet their health needs. Staff supported people to access health and social care professionals, such as district nurses, GPs, chiropodists and dentists as required. Staff kept accurate records about people's health so that there was effective communication between staff working different days. This ensured that staff responded effectively when people's health needs changed. All healthcare professional visits or interactions were clearly recorded within the person's care plan, including doctor and nurse visits for vaccinations, and appointments with local NHS providers. Staff worked with other organisations and professionals to deliver effective care. The service worked closely with district nurses, social workers and GP's to ensure people received effective care.

Is the service caring?

Our findings

People, and their relatives, told us they felt the staff were caring and treated them kindly. One person told us, "They are nice, they are very nice to me." Another person said, "There hasn't been one that's come that I wouldn't have again, if you stood them all up against a wall and said 'choose' it wouldn't matter which one you got." A person's relative told us, "(carer) is lovely with my (relative), so kind and caring, they do keep his privacy when they work, so nice to see." Another person's relative told us, "They are very nice, most polite."

People benefitted from staff that knew them well and understood their personalities. One person told us, "It's my regular carer that comes usually, but if I'm not sure who is coming I ring them up and they tell me. I like having carers that I know. They know how I like things done. No fuss." A person's relative told us, "They are all really nice to (relative); she has developed quite a rapport with some." The registered manager described plans they had begun implementing to provide people with photographs of the staff that supported them. The registered manager told us, "We are starting with the people who are living with dementia as we feel this will benefit them most." Staff had access to information about people's lives, backgrounds and interests within their care plan. Records showed that they used this information when talking with people, for example by chatting with people about their families or previous occupations. People told us that the staff had time to chat with them during their calls and were not just focused on providing their agreed personal care. Staff told us they had time to talk with people during the calls.

Staff understood the individual ways that each person communicated and any support that they needed. For example, they ensured that people had their glasses and hearing aids if they needed these. People's care plans contained information for staff about how to communicate effectively and how to help people make decisions about their care. For example, one person's care plan described how staff should speak slowly and clearly to allow the person time to process the information they were being given. Staff understood, and were supportive of, people's rights to personal relationships. Some people were supported by staff to go out to social groups and lunches as part of their care plan.

People's right to privacy and dignity was respected by staff that understood the importance of this. People felt that they were treated kindly and with respect. One person told us, "They look after my privacy very well, so respectful." Another person told us, "They keep me private when I have my wash." People's relatives told us they found the staff to be respectful and caring. One person's relative told us, "They treat her well and look after her privacy. I find them very caring." People's records were kept securely to maintain confidentiality and staff ensured that they did not transport personal information when travelling, to avoid loss of confidential personal data. The registered manager described robust systems in operation that ensured that staff were able to access the information they needed to be able to carry out their roles without carrying personal data.

People were supported to be independent, and to be as involved as much as possible in their own care. People's care plans were written to enable them to do as much as they could for themselves, with staff providing additional support as needed. Staff understood the importance of supporting people to remain independent. A care coordinator told us, "We encourage people to stay mobile and independent as this

helps them retain their dignity." People's care plans included information about whether they could manage their own medicines, personal care and finances. Staff recorded in the daily care notes the support that they had provided and what people had been able to do for themselves. The registered manager told us that they reviewed the daily notes each month to ensure that the right level of care was being provided to people.

People and their relatives were provided with a brochure and information about the services that could be provided when started using the service. This enabled them to make an informed decision about their care. People had input in to their care plan, and where they were not able to do so their family and relatives were invited to participate in planning their care. During the initial assessment process people were asked about their needs and were supported to make decisions about the care they needed and how this should be provided. Care records confirmed that people and their families had been involved in making decisions about their care.

Is the service responsive?

Our findings

People and their relatives told us that the staff provided a responsive and reliable service. One person said, "They are pretty reliable. They are usually on time, it's very rare that they are late, but they do ring me if they are." Another person said, "They are pretty much on time, well with traffic and such, but they do ring, but they rarely have been very late." People told us that they were provided with a personalised service that met their needs and preferences. They told us they were involved in planning their care. One person told us, "They always ask me what I need." Another person said, "They did the care plan with me and they have been out for a review." Another person told us, "Funnily enough I have got a review booked for today, they do that regularly." A person's relative told us, "They do ask what (relative) wants as they work." Another person's relative told us, "They do come and talk to him and us about things and ask questions sometimes."

At our inspection on 3 March 2017 we found that the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People did not have personalised care plans in place that were effective in meeting their individual needs. At this inspection we found improvements had been made and the registered provider was meeting this regulation. People had an assessment of their needs before a service was agreed to ensure their needs could be met. This included looking at all areas of their daily living and seeking feedback from the person and their family about their needs and the care they wanted. The care plans had been improved and developed to include more information about the way people would like their care delivered and their specific routines. There was information for staff about people's likes and dislikes, religious beliefs and hobbies and interests. Care had been delivered in line with people's care plans and their wishes. Staff recorded information about how the care was delivered and noted the person's physical and emotional wellbeing. Staff had reviewed and updated people's care plans monthly, or sooner if their needs had changed.

People told us and records confirmed that staff were responsive to their needs and requests. Staff asked people what care they needed and adapted depending on their needs that day. One person told us, "Some days I need more help than others. The carers ask me and always do what I need." Staff checked with people if there were any other tasks they needed doing before they left the call. People said that the service was flexible to meet their changing needs. One person told us, "The office is very good if you ring them and helpful if you want to change things about." Records on people's files showed that the registered manager had responded positively to requests for changes to people's care packages, either on a permanent or short term basis.

People were enabled to have choice and control over their lives. They told us that their preferred routines were respected by the staff that supported them. Staff were aware of any protected characteristics and had ensured these were taken into account when planning their care. For example, people were asked about their spiritual and cultural needs as part of the assessment and the information had been included in their care plan. Staff were informed about people's social needs and interest through the care plan. For some people it was important that they continued to go out into the local community for social events and to access facilities such as shops, hairdressers and churches. The registered manager had developed care plans to ensure that people were provided with this support where it had been agreed with them. Staff

supported some people to go out for coffee or to undertake shopping as part of their call. Records showed that staff spent time talking with people when providing care and after the care tasks were complete.

People we spoke with, and their relatives, were aware of how to make a complaint and they felt their views were listened to. One person told us, "I have never had a complaint but I would just ring them if I did." Another person told us, "I did have one complaint early on but that was dealt with satisfactorily." Detailed information about how to complain was provided for people in the brochure and within people's care plan file. Information about the complaints process was also displayed in the office for anyone who visited. The registered manager had taken appropriate action to investigate complaints and provide feedback to the complainant within an appropriate timeframe. Where shortfalls in the service had been identified the registered manager had apologised and had put actions in place to make improvements.

When people started using the service they were asked about their preferences for the care they wished to receive at the end of their life if this was relevant to them at that time. These wishes were recorded within the care plan. There was no one using the service that had an end of life care plan at the time of the inspection. However, the registered manager described how they would develop plans to ensure that people's wishes were taken into account when providing end of life care.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led. They told us that the manager was approachable and accessible. One person told us, "I know the manager; I would just ask to speak to her if I needed to sort anything out." Another person said, "If I want anything I just ring the office they are most kind." People told us that they were happy with the service that they received. One person said, "It's been very good." Another person told us, "I think it's wonderful, I couldn't fault them." A person's relative told us, "It is a very good service. We have been very pleased."

CQC requires provider's to display their ratings so the public can see how we have rated them. The registered provider was displaying their rating in the entrance of the service. However they were not meeting the requirements of the regulation by displaying the rating on their website. This was rectified immediately following the inspection.

There was a registered manager in post. The registered manager and registered provider understood the requirements of their role and were meeting the conditions of their registration. They had notified the Care Quality Commission of any significant events that affected people or the service. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The registered managers confirmed that no incidents had met the threshold for Duty of Candour.

The service had a set of vision and values that focused on providing personalised care. There was an open and inclusive culture in the service. People and staff told us that the service was flexible and personalised to meet their individual needs and wishes. The registered manager continuously monitored the culture of the service provided through supervision of staff and by observing practice. Spot checks were completed by senior care staff and the registered manager during visits to people's homes. The registered manager regularly sought feedback from people using the service, their families and staff to shape the ongoing improvement plan for the service. This included three to six monthly visits to people to seek feedback and to review their agreed care plan. An annual satisfaction survey was carried out, which the registered manager reviewed to identify how the service could improve. Action had been taken to address the points raised in the previous survey and the results report had been sent to people and their families. People told us that they felt comfortable to make suggestions.

The registered provider ensured that quality of care was maintained through an effective quality assurance system. A comprehensive programme of monthly audits was carried out by the registered manager. This included audits of care plans, accidents and incidents, care delivery and comments and complaints. As a result of recent audits care plans had been reviewed and further developed to ensure they were person centred. The registered provider demonstrated that they were continuously learning and improving and were open to ideas from staff, people and relatives to help develop the service. Staff were supported in their roles and the registered manager ensured they sought feedback from them through team meetings, supervisions and appraisals. Staff were able to pop into the office whenever they wished and the registered

manager told us that they spoke with most staff on a weekly basis. A range of audits were carried out each month to check on the safety of the service. This included reviewing risk assessments, infection control audits and medicines audits.

The policies and procedures were appropriate for the service. There was an appropriate policy for whistleblowing that provided protection for whistle blowers under the Public Interest Disclosure Act 1998. Staff were able to describe the key points of significant policies such as the safeguarding, infection control and complaints policies. They were aware of where to access the policies in the office and within their handbooks when they needed them. The registered provider ensured that the workforce were treated fairly and with regard to the Equality Act 2010.

People's care records were completed with sufficient detail to demonstrate that they were receiving the care they needed. This allowed the registered manager to monitor their wellbeing and to review the effectiveness of care plans. People's personal information was stored in line with the Data Protection Act.

The service worked proactively in partnership with other organisations to make sure they were providing a high quality service. This included the local authority commissioners and the safeguarding team. Feedback from health and social care professionals confirmed that the registered provider worked positively and proactively to adopt suggestions made through investigations. Local authorities that commissioned a service on behalf of people told us that the service met the needs of the individual. We saw many records that showed the service worked effectively with a range of health care professionals to ensure that people's needs were met with continuity and consistency.