

Betamindes Limited

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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

We inspected Betamindes on 5, 6 and 7 October 2016. As this was a domiciliary care agency service, we contacted the registered manager 48 hours' before the inspection. This was so that we could ensure that staff were available at the office. At the last inspection in October 2013 we found the service met all the regulations we looked at.

Betamindes is a domiciliary care agency which is registered to provide personal care to adults who live in their own homes. The registered manager is also the owner and director of the company, along with another owner/director. At the time of the inspection, there were 50 adults in receipt of personal care.

There was a registered manager in place. 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.

We found that people were very positive and complimentary about the service they received. People using the service told us they felt safe and the relatives we spoke with also agreed people were safe. We found that people were protected from the risk of harm and abuse. All staff spoken with had a good understanding of safeguarding, the signs of abuse, and how to report it. Although two staff were unsure where they could report concerns to outside of their organisation. We found that the service had a safeguarding policy in place we saw that the registered manager had reported safeguarding concerns appropriately as per local procedures.

There were sufficient staff to meet the needs of people receiving a service. The service was recruiting new staff. People told us that staff always arrived on time and calls were not missed

People's medicines were administered safely. However we found that staff's competency to administer medication was not always recorded robustly. The service had implemented a new staff coordinator role and her focus was on the development of training and induction. Staff told us that they had undergone an induction and shadowed experience staff when they started work at the service. Staff also undertook refresher training in subjects that the service identified as mandatory as well as in others topics such as health conditions.

We found that staff had some awareness of the Mental Capacity Act 2005 (MCA). Staff sought consent from people prior to undertaking any care. The service took people's mental capacity in account when making decisions about their care and treatment. However we found that the records which demonstrated that mental capacity assessments and best interest decisions had been carried out were not always robust enough.

Staff were kind, caring and compassionate. People told us that staff treated them with dignity and respect.

We found that staff had developed effective caring relationships with people.

Care plans were in place. They provided sufficient details and were regularly reviewed and updated. The care plans and risk assessments provided sufficient information to enable staff to meet their care needs. Some were detailed and included people's preferences and choices, whilst others would benefit from more person centred information. We found that people were supported to maintain as much independence as possible. People told us that the service was very flexible and accommodated any changes to people's needs.

People had access to the complaints procedure and told us that they knew how to make a complaint should they need to. We found that the management team had regular contact with people and dealt with any issues and concerns as they arose.

People using the service and staff told us that the service was well led. People found that the registered manager and management team were very approachable and responsive. The registered manager had already identified areas for improvement within the service. Changes to the management structure and the development of new roles was underway. There were some quality assurance systems in place and we spoke with the registered manager about developing these further. There were systems in place to monitor the care provided and people's views and opinions were sought regularly about the quality of the service.

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 understood their responsibility to keep people safe and knew how to report any safeguarding concerns appropriately. There was a whistleblowing policy in place.

The service had sufficient staff to meet the needs of people. People told us that they received their scheduled care visits on time and as expected.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

Is the service effective?

Requires Improvement ●

We found that the service was not consistently effective.

Staff had an awareness of the Mental Capacity Act, however the service had not always assessed or clarified whether people had capacity to consent to their care or ensured that best interest decisions were recorded.

Staff were skilled and knowledgeable, they had received induction training and regular on-going training. Induction and training was being developed further.

Staff supported people to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were very positive about the support they received. People told us that care staff were kind and caring.

People were supported to be involved in decisions about their care and treatment.

We found that people were treated with dignity and respect

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and had a good understanding of their needs.

Care records demonstrated people's needs were assessed and people received person centred care. Care plans and risk assessments were regularly reviewed and kept up to date.

There was a complaints procedure in place. People knew how to complain and felt that they would be listened to if they raised any concerns.

Is the service well-led?

Good ●

The service was well -led.

The service had identified areas for improvement and had implemented actions to address these areas.

People using the service knew the registered manager and felt able to express their views and that these would be listened to.

Staff felt well supported and able to approach the management with any concerns.

The service had some systems in place to monitor quality which included seeking feedback about the service from people and their relatives..

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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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5, 6 and 7 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was undertaken by one adult social care inspector.

Before the inspection we checked the information that we held about the service. We looked at any notifications submitted and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts quality assurance team to seek their views and we used this information to help us plan our inspection.

The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

We used different methods to help us understand the experience of people who used the service. We spoke with people over the telephone, including four people who used the service and seven relatives. During the inspection we spoke with a number of staff including, the registered manager, one of the directors, the deputy manager, the staff coordinator, two senior carers and two care staff. We looked at a number of records during the inspection and reviewed seven care records of people supported by the service. Other records reviewed included records relating to the management of the service such as policies and procedures, work schedules, complaints information and training records. We also inspected four staff files.

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided by Betamindes to be safe. People told us that they felt safe and well cared for. Comments included "They're a wonderful set of girls" and "I couldn't do without them." A relative told us "She's definitely safe when they're there [the carers]."

We found that people were protected from abuse and avoidable harm. Discussions with staff identified that they knew the importance of keeping people safe, including being safe from abuse and harassment. All staff who we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it internally. Staff told us, "I would pass on any concerns straight to the manager" and "I'd pick the phone up to the manager straight away." However, we found that two of the staff were unclear where they could report safeguarding concerns to outside of their organisation and we highlighted this to the registered manager.

We saw from the records that staff undertook safeguarding training and were informed that a DVD training tool had been purchased to support this training. Safeguarding training was included in the staff induction. However, we saw from the records that twelve staff were due to undertake safeguarding refresher training. We discussed this with the registered manager who advised us they had already highlighted training as an area for development and a new care coordinator role had been introduced to achieve this. A new training programme was being developed, which included safeguarding training.

The service had policies in place for safeguarding vulnerable adults and whistleblowing. These contained guidance on the action that would be taken in response to any concerns. The registered manager understood her responsibility to report any safeguarding concerns and to ensure that people were appropriately protected. In discussion with the registered manager we found that the service had regular contact with the local authority and would seek their advice regarding any concerns. We saw that the registered manager maintained a safeguarding file and where necessary referrals had been made to the local authority to report concerns. We found that these had been investigated fully with any necessary action carried out and recorded.

The service had sufficient numbers of suitable staff. The registered manager told us that they were recruiting new staff, but that there were sufficient staff to meet the needs of people currently supported by the service. Part of the staff coordinators role was to focus on staff recruitment. We saw that the senior management team also covered care calls when there were staff shortages. They told us that this had its advantages because it enabled them to build relationships with people using the service. However it had also meant that time spent in the office had reduced and this had impacted on certain tasks.

People told us that staff always arrived to support them as expected and they had enough time to meet their support needs. We saw that people were supported by consistent staff. They told us "It tends to be regular carers," and "I have a rota, there are certain carers for this area, I mainly have the same ones." We saw from the work schedules that travelling time was allocated between calls. Staff confirmed that they had sufficient

time within calls and between calls, which meant they were able to meet people's needs as required. People told us they received a rota each week and said this was positive because they knew who to expect. There was an out of hours on call system in place to help maintain continuity at weekends and during the night.

The service was about to trial a call monitoring system provided through GPS tracking. This was intended to enable the management team to monitor and analyse the times and length of visits more effectively. The registered manager said that there had been a couple of missed calls recently, which had prompted her to consider the use of a monitoring system. However, we found that late or missed calls were rare. People spoken with confirmed this, they said "I'm really pleased about the time keeping" and "They are mostly on time, we've had no missed calls."

The registered manager told us that all new employees were appropriately checked through recruitment processes. We inspected four staff files and saw that all staff had completed an application form which included their employment history. Recruitment checks included, obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. The staff files we inspected confirmed that checks had been completed before they had commenced working at the service, apart from one employer reference. We saw that the reference had been requested but required further follow up. The registered manager ensured that this was addressed immediately. She informed us that a new audit process had just been implemented to ensure that in future all necessary information had been received as required.

Policies and procedures were in place for dealing with staff disciplinary action. The registered manager demonstrated that these procedures had been followed where necessary.

Staff had the information they needed to support people safely. Risk assessments were undertaken to keep people safe and manage any identified risks. These included the risks associated with manual handling, fire, health conditions, medication and falls. We saw that these had been reviewed and updated to meet people's changing needs. Staff told us that the risk assessments and care plans provided guidance for dealing with certain situations. Environmental assessments of people's homes and equipment used were also undertaken. We saw that a home safety checklist was undertaken for each person using the service. The care plans included action to manage risks as safely as possible.

Staff spoken with had good knowledge of people's identified risks and how to manage them. One member of staff explained that a person's condition had recently deteriorated which had meant a significant change to the person's care plan, regarding an increase in the amount of support that the person required. This was discussed and agreed with the person.

There were systems in place to record and monitor incidents and accidents. We saw that a log of these was in place and they were monitored by the registered manager. This ensured that if trends were identified, actions would be put in place to prevent reoccurrences. For example, two incidents had raised concerns about a person's safety using cooking equipment. This had been raised with appropriate professionals and action taken to manage the risks more safely.

As part of our inspection we looked at how the service managed people's medicines. People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. Staff who administered medication had received medication training. However we noted that whilst some staff had also undertaken medication competency assessments, these had not been recorded

consistently. Again this was an area that the staff coordinator planned to address.

We looked at five medicine administration records (MAR). Where care workers supported people to take their prescribed medication, printed and written MARs were used. The deputy manager informed us that they were in the process of arranging for all MARs to be pre-printed by the local pharmacist. We saw that these documented the type of medication, the dose and the frequency at which it needed to be taken. Care staff signed MARs when they had assisted people to take their medicine. We found that people were supported to take their medicines as prescribed by the GP.

We saw that the MARs were returned to the office on a monthly basis. The deputy manager told us that when the MARs were returned they were checked for any errors or omissions. These checks had however not been routinely recorded. However, we saw examples where action had been taken by senior staff to address issues that had been identified, such as missing signatures. We discussed this further with the registered manager who agreed that a more robust process for recording auditing the medication records would be implemented.

Staff understood the need to wear gloves and aprons, to help to protect individuals from the risk of infection. We saw that staff collected this equipment on their visits to the office. One staff member commented "I've come to stock up."

Is the service effective?

Our findings

People spoken with told us that they found the service to be effective. They said "They do a good job" and "They're pretty excellent." A relative commented "They all seem to be quite competent."

We found that staff received training to enable them to carry out their roles effectively. People spoken with told us that carers were knowledgeable and were well trained. All staff were required to complete induction training before starting work at the service. All staff members spoken with confirmed that they had undergone this training, followed by the shadowing of other staff members to gain experience. One staff member said "I had two days training in the office and one weeks shadowing." We saw on staff files that induction training included topics such as manual handling, fire safety, health and safety, hand hygiene, first aid and medication. The coordinator explained that staff observations were undertaken during their probation period before they were signed off as competent. We discussed the Care Certificate with the registered manager; the Care Certificate is a set of standards that social care and health workers should use in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The management were aware of the requirements of the Care Certificate and an induction in line with this was being developed.

The registered manager explained that over the past few months the structure of the service had been re-organised and a middle tier of management had been introduced. A deputy manager had been appointed and the role of staff coordinator had been implemented. Part of the coordinators role was to develop and deliver induction and refresher training. A new senior carer role was also being introduced to support and mentor staff.

Staff spoken with told us that they received appropriate training and felt supported in their role. A staff member told us "If you need training you can ask" and someone else said "We get regular training." However, one staff member commented that practical training, such as manual handling could be more effective.

The staff coordinator explained that she was developing the induction and training programmes. We saw a spread sheet in place to record training that staff had undertaken and identify when refresher training was next due. The training was delivered through face to face training or DVDs. The registered manager told us that the service was exploring the possibility of creating a training room, to provide more space for practical training such as manual handling. Where people used specialist equipment training was currently provided on an individual basis with support from the occupational therapy team.

We saw that there were some gaps on the training matrix specifically around safeguarding and dementia training. The management team confirmed that this was an area that they were focusing upon and work was in progress. For example they had obtained training material about the role of the carer to include within people's induction and were beginning to deliver this. We saw that there were examples of specific training that had been undertaken around health conditions, such as diabetes management and Huntington's disease. Training around dementia had also been provided to staff through a day care setting

which was also part of the service, although this had not been formally recorded.

We saw from the records and by discussions with staff that one to one supervision meetings were carried out. Staff had supervision meetings and annual appraisals were also undertaken.

We found that staff gained consent from people before carrying out any care tasks. People spoken with confirmed that this was the case. We saw that people had various forms within their files with signed consent to show that they gave permission for staff to carry out their care and support. The registered manager understood the need to seek consent to care and followed this in practice. She described an example where a person's relative had wanted to arrange a service, but the registered manager did not arrange this because the person themselves did not consent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found that staff had not received training about the MCA, but that this aspect of training was being developed through the coordinator's role. However staff who we spoke with had an understanding of the principles of the MCA, they told us "You give people as many options as possible" [to make decisions]. One staff member talked about the need to involve family members when making best interest decisions for people.

The registered manager told us that more often than not people using the service had previously been in contact with the local authority, who would carry out an assessment of the person's needs, including their capacity to make decisions about their care and treatment. We saw examples of these assessments within some people's care records. In the care records we saw that information was recorded about people's mental capacity to make decisions, but there was not always evidence that a formal assessment of capacity had been completed to reach an appropriate conclusion. For example we saw that a family member had signed a person's care plan because they believed that the person did not fully understand their care needs. There was no capacity assessment or record that the decision had been made in the person's best interest. Therefore we found that whilst the service did take people's capacity into account when making decisions about their care, the records were not always sufficiently robust enough to evidence that appropriate MCA assessments had been completed and best interest decisions made.

We recommend that the service finds out more about training for registered managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. Staff we spoke with knew what level of support each person needed. Staff told us they always offered a choice of meals where possible. People were positive about the support they received, one person commented "I always have eggs and bacon, they know what I like." We saw that staff also monitored people's food and fluid intake where requested to do so by other health professionals.

Staff supported people to maintain their health and well-being. People had access to health and social care professionals when required. We saw that staff worked well with professionals to ensure people's health needs were met; these professionals included district nurses, dieticians, occupational therapists and a

dementia reablement team. The registered manager explained that specialist advice had been sought about an individual's health condition and a specialist nurse had carried out training with staff to improve their knowledge and understanding of the condition. Care records contained details of how to contact relevant health and social care professionals and their involvement in people's care. We saw a record of contact with the district nurses who gave positive feedback about the support that carers had provided to a person.

Is the service caring?

Our findings

People spoken with told us that they found the care staff to be very caring. Feedback received about the way people were treated was very positive. Comments included "I'd use the word excellent, they go that extra mile" and "We've got a good relationship with the girls [carers]." One relative told us, "They greet [name] with a smile, get her settled and enjoy her company."

People told us that the service they received was reliable and that staff were friendly and polite. We found that staff treated people with care and compassion. One person's relative commented "They've been wonderful with her." Another person told us "They are very nice and pleasant." This caring approach was also demonstrated by the registered manager, who showed care and concern about a person in hospital and asked staff to contact their relative to offer support. The service had received a number of compliments and thank you cards from people who had previously used the service. One example of these said "Thank you so much for providing such a wonderful service."

We found that staff had developed positive and caring relationships with the people that they supported. During our inspection staff spoken with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. They told us that they provided support to mainly the same people and this had enabled them to build good relationships. This also meant that they knew people's care needs well. People spoken with confirmed this and said "They get so used to you and know exactly what you want." A relative explained that their main carer had taken time to build up a relationship with their relative and had built great rapport. They said "They're excellent and very patient." In another example a relative told us that a particular member of staff had been "really, really good" because they had built a connection with the person and understood their health needs very well.

Staff told us that they were given enough time to get to know people who were new to the service and read through their care plans and risk assessments. Staff told us that they were introduced to people or shadowed another member of staff, before they provided care to that person. A relative confirmed that, "If someone hasn't been before they come with someone else first."

People using the service told us that they were involved in decisions about their care and support and felt in control of the care and support provided. One person explained how they did not have to tell the care workers what needed doing as they knew the routine. They said that they were listened to and staff respected their choices and wishes.

We found that staff treated people with dignity and respect. One person said, "They really do respect my dignity." Staff spoken with understood the importance of maintaining people's privacy and dignity. One member of staff told us "You have to value their homes, you are a guest." Staff were able to give examples of how they promoted good care practice, such as covering people with a blanket and closing curtains. People said they felt comfortable with their carers, and were treated like individuals. One relative explained how the care staff ensured that they maintained their relative's dignity whilst getting them dressed.

We saw that senior staff carried out regular quality assurance reviewed and contacted people by telephone. Part of this review asked whether people felt that staff treated them with dignity and respect, as well as supporting their independence. Responses received were positive and one comment included "It's an excellent service and works out brilliantly."

All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

Is the service responsive?

Our findings

People told us that they found the service to be responsive. Comments included "I am able to tell them exactly what I need", "They're very understanding and accommodating" and "I have absolutely no complaints."

We found that people and their carers received care that was personalised to their needs. All the people we spoke with felt that the staff knew them well and knew how to support them. The registered manager had a very thorough understanding of the needs of all the people who they supported and staff spoken with also had good knowledge. They told us that they mainly provided care to the same people, which allowed them to build an understanding of their needs. One relative described how supportive the staff had been with her relative and said "They engage him and have got to know him well."

People told us that staff were responsive to their needs because the service was flexible. One person described how when the service began the carers had taken time to find out what they could and couldn't do and offered support where necessary. They also told us that there had been some recent changes to their care needs and that someone from the office came out within a couple of days to discuss this and make necessary changes to the support. A relative told us that the service was very flexible and they had found that the staff would do their best to change the times of calls if necessary. The relative commented "They really help me out if I need to change the times." Staff confirmed that any concerns or issues would be discussed with the management team. They said "We are much more responsive because we are a smaller company, you can approach the manager" and "If we have a problem we consult with the office."

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment, they said "[Name] came out at first and talked about what I needed. [Name] is due to come again next week." The assessment included information about people's preferences, interests, histories and religious or cultural needs.

We saw that people had an up to date plan of their care, which they helped to devise. People had signed their care plan if able, to show that the contents of the care plan had been agreed with them. Each person kept a copy of their care plan and a copy was stored securely in the office. We found that some of the care plans focused on the tasks that care staff needed to complete and may benefit from further detail about the way the person would like these tasks to be carried out. The deputy manager told us that an aspect of her role was to focus on the development of the care plans and to ensure that these were up to date and person centred. We found that the information was written in a respectful manner and was sufficiently detailed, to enable staff to support the person effectively. Within the care plans, there were details about particular health care conditions and how these impacted on the person. Potential risks and how these were to be minimised were also included.

People told us their care was regularly reviewed to ensure it continued to meet their needs. One relative told us "We are having a review next week." The registered manager explained that staff supported a person with a specific health condition and regular reviews had been undertaken with appropriate health professionals

to ensure that staff were able to respond appropriately to the person's needs. We saw that where people's care needs had been reviewed their care plans were updated to reflect any changes.

People knew how to raise concerns and were confident action would be taken. People's comments included "If I'm worried I would call the owners, I spoke to the manager yesterday."

Other people told us that they could speak to the registered manager and were confident that she would listen and respond. People were provided with a "Service user Guide" in their homes, which provided them with necessary contact details. People commented "I know I can contact them, even in the middle of the night." and "They are helpful, one of the ladies has put the contact number into my phone."

The service had a complaints policy which set out the process and timescales for dealing with complaints. We saw that the service held a complaints file, which contained four complaints from within the past 18 months. We saw evidence that the complaints had been dealt with thoroughly and appropriate investigations had been carried out, with appropriate actions taken. One relative told us that they had raised a minor issue which had been dealt with immediately and further concerns had not arisen. This demonstrated that the service listened and learned from people's experiences and complaints.

Is the service well-led?

Our findings

We found that the service was well-led. People knew who the registered manager was and said that the management team were very responsive. People were supported to express their views and felt listened to. Comments included. "My word it's well run, if you phone they are on the ball," and "The organisation is very good."

We saw that suitable management systems were in place to ensure that the service was well led. The registered manager explained that they had identified areas for further improvement and had implemented a middle tier of management to help make these improvements. A care supervisor role had also been introduced to support the mentoring of staff and development of care plans. They aimed to have five seniors who would cover specific locations. The responsibilities for each of these roles were currently being developed and we saw that a staff meeting had been planned to consider this further.

The management team had found that due to some staffing issues, they had spent significant amounts of time providing direct care to people. The registered manager acknowledged that the team needed specific time to enable them to focus on and develop their new roles. The registered manager explained that they were committed to providing a quality service and were open to any suggestions about improvements to the service provision.

Staff spoken with told us that the service was well-led. They informed us that they worked well as a team. There was always a member of the management team on call and someone available in emergencies. Staff told us that the registered manager and management team were very approachable and supportive. We found that the registered manager knew the people using the service and the staff team very well. Staff regularly visited the office or were in frequent contact over the telephone. They stated that communication with the office was good. We saw that information was sent out to staff on a regular basis, through staff memo's and text messages. Staff commented "The manager is very approachable, it's team work," and "This is the best agency I've worked for and more organised than any others." We saw that only one full staff meeting had been held, which was last year. The registered manager explained that staff feedback had shown that they had not always found these meetings to be necessary, however we noted that one staff member had commented that it would be useful to meet up with other staff to share information on a more frequent basis.

The service had a number of policies and procedures in place which were available to staff, these included medications, whistleblowing, safeguarding, complaints, staff recruitment, equality and diversity amongst others. The registered manager kept these policies under review.

The provider had some systems in place to monitor the quality of the service. We saw that where accidents and incidents had occurred, staff completed a form which would be checked by the registered manager. Risk assessments would then be reviewed and updated with the aim of reducing further accidents and incidents, where required. Checks were also carried out on MARs and daily records, which were returned to the office on a monthly basis, again this was an area which required more robust recording. The registered

manager began to address this immediately and on the second day of our inspection we saw that these audits were being undertaken. Audits of staff files and the recruitment process had recently been introduced. We saw that where issues were highlighted evidence that action had been taken was recorded through staff observations or improvement notes.

Spot checks were carried out and records kept, however we noted that the frequency of these had decreased in recent months. The deputy manager informed us that a new system was being implemented to record the number of staff checks and staff supervisions undertaken. The system would automatically highlight when the next sessions were due, so these would be planned more effectively. These checks covered areas such as uniform, infection control, dignity and people's views. Staff told us "Sometimes people call from the office to check us." People using the service also confirmed that this was the case, a relative commented "There's two people at the office, they sometimes come out and call." People's views and feedback of the service were also sought through regular telephone reviews. They said "They ring from the office to ask about the service" and "A few weeks ago I had a call with [name], she rang to check everything was okay."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. Our records indicated that we had not received any notifications from this service. We saw that at least one notification should have been submitted with regards to a safeguarding referral that had been made to the local authority. The registered manager acknowledged that this had been an oversight. During the inspection the registered manager took action to ensure that the correct guidance was sought and implemented regarding statutory notifications.