Nationwide Care Services (Nottingham) Ltd

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Inspection report

Ground Floor, Suite A, Regent House
Clinton Avenue
Nottingham
Nottinghamshire
NG5 1AW

Tel: 01159607900
Website: www.nationwidecare.org

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out the inspection on 27 June 2017. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The provider's office that the service is registered at had recently moved location.

The service is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection there were 120 people receiving personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that they felt safe. Staff were aware of their responsibility to keep people safe from avoidable harm. Safe recruitment practices were followed. Staff felt able to recognise and report safeguarding concerns.

Risk associated with activities of people's care had been assessed and measures were in place to prevent avoidable harm. The environment was checked and equipment was checked and maintained in order to keep people safe.

People could not be assured that they would receive their care calls at the agreed times. The provider had identified this and made improvements but these were still in their infancy at the time of our inspection.

Records relating to people's medicines were not robustly maintained this meant that there was a risk that people had not receive their medicines as prescribed. People were satisfied with how they were supported to take their medicines and staff had received training and competency checks around medication administration.

Staff had received training and supervision to meet the needs of the people who used the service. Their practice was checked to ensure that they were competent in their roles. Most staff told us that they felt supported.

People were supported to maintain their physical health and action was usually taken when a concern was raised. Staff supported people to have enough to eat and drink.

People were not supported in line with the requirements of the Mental Capacity Act (MCA). Where people were suspected of lacking the capacity to make decisions for themselves assessments had not been taken to confirm this. We have made a recommendation around the services implementation of the MCA.

People were supported by staff who understood that they should be treated with dignity and respect. People felt that staff took time with them to provide their care. People's independence was promoted and encouraged.

People generally received support from staff that knew them well. Staff understood people's individual needs.

People and their relatives were involved in planning their care. Reviews took place to ensure it continued to meet their needs. They had been asked for feedback about the service that they received.

Complaints were dealt with in line with the service's policy, however informal complaints had not always been logged.

Staff were clear on their role, the expectations of them and the aims and objectives of the service. Where necessary the provider's disciplinary procedures had been implemented. Staff felt that communication between them and the office staff required improvement.

Systems were in place to monitor the quality of the service being provided and drive improvement. When concerns had been identified these had been addressed. However there were times when audits had not identified areas of concern to be addressed.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People could not be assured that they would receive their care calls on time.

Records relating to people's medicines were not robustly maintained this meant that there was a risk that people had not receive their medicines as prescribed.

Risk associated with people's care needs had been identified and measures taken to reduce the risk of avoidable harm.

Staff understood their responsibilities to keep people safe from harm and report any concerns they might have.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People who had been identified as not having the mental capacity to make decisions were not always supported in line with the requirements of the Mental Capacity Act 2005.

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health. Their nutrition and hydration needs were met.

Is the service caring?

Good

The service was caring.

Dignity and respect for people was promoted.

People were supported to maintain their independence.

People were supported by staff who were kind and caring.

People were usually supported by staff that were familiar to them.

Is the service responsive?

Good

The service was responsive.

People received care that was based on their individual needs and preferences. The care needs of people had been assessed. People were involved in planning and reviewing their care.

The provider had a complaints policy which was followed however informal complaints had not always been recorded as such.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor service delivery had not been effective in identifying areas of the service that required improvement.

People using the service, their relatives and staff told us that communication between them and the office staff required improvement.

The registered manager was aware of their registration responsibilities with Care Quality Commission.

Nationwide Care Services Ltd (Nottingham)

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.

We carried out the inspection on 27 June 2017. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of two 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. We also reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify the Care Quality Commission of. We contacted Healthwatch Nottinghamshire who are the local consumer champion for people using adult social care services to see if they had feedback about the service. We contacted the local commissioners who had funding responsibility for some of the people who were using the service to seek their feedback.

We spoke with three people who used the service and seven relatives of people who used the service over the telephone. We spoke with the registered manager, the area manager, the provider, the training officer and nine care staff including four newly recruited staff members who were completing induction training. We looked at the care records of eight people who used the service and other documentation about how the service was managed. This included policies and procedures, staff rotas, staff records, training records and

records associated with quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

People could not always be assured that they would receive their care calls on time. People's experiences differed, some told us that care staff were sometimes late. One person's relative told us, "I do have concerns about the lateness of calls. If the usual staff are off then we can wait up to 11.30a.m. for her 9.a.m. call. It worries my wife when it happens." Another person's relative told us, "If sometimes they don't turn up then I have rung up and they have apologised. He was bedbound at that time so it was a bit worrying." Some people reported that call times had improved and they felt more assured that they would receive their care when they needed it. One person's relative said, "Staff arrival times were all over the place but it has improved." Another person's relative said, "They always turn up and are never late, in fact they are very helpful as they are flexible around my working hours." We reviewed call times records where staff had logged in via the electronic monitoring system. We found that most people received their calls within 30 minutes of the time frames agreed. However there were times when people had not received calls within this time frame. Some did not receive calls for an hour after the agreed time. This meant that people could not be sure that they would receive their care when they needed it. The registered manager and the provider told us that they had identified issues around people's call times. They had made improvements to how they booked people's care calls so that people received care at their planned times.

Records relating to people's medicines were not robustly maintained. Staff had not always recorded the medicines they had administered in line with the provider's medicines policy. Although staff told us they understood the policy; one staff member said, "We check the medicines, Is it the right dose or time? All the information is on the MAR sheet or in the folder." However, we found that there were occasions when staff had not signed the MAR chart but had documented in a person's daily notes that they had received their medicines. On another occasion records indicated that a person had received too much medicine, however, following an investigation by the manager, this was found to be a recording error. The registered manager arranged for further guidance to be given to staff around the recording of the administration of people's medicines. The registered manager also checked with the person that they were satisfied with how they received their medicines. People told us that they were satisfied with how they were supported to take their medicines. One person said, "The tablets are laid out from me in the morning, it's very good." A person's relative told us, "They administer her eye drops and I believe that they do so reliably." The support that people needed with taking their medicines had been assessed. Staff had completed training and were also assessed to make sure that they were competent to administer medicines. We saw that staff's competency to a administer medicines was checked periodically through 'spot checks'.

People told us that they felt safe. One person said, "Definitely." When we asked them if they felt safe. A person's relative's commented "They [staff] come three times a week to do a shower and they are definitely safe in the care that they give." Other relatives told us "I believe that the care is safe." And "Mum is totally safe in their care and I have complete confidence in the staff member who works with us."

People were supported by staff who understood their responsibilities to keep them safe. Staff were aware of how to report and escalate any safeguarding concerns. One staff member said, "I would log everything down, report to the office." They went on to tell us that if they didn't feel that their concern was being

addressed they would contact the senior management team or take their concern to an external agency if required. The registered manager had reported and responded to safeguarding concerns. We saw that action had been taken when a concern about someone's safety had been raised and recommendations from the local authority safeguarding team had been implemented. For example staff had received additional training and clear guidance put in place to help staff meet a person's specific care needs. The registered manager had ensured that all staff had received training with regards to identifying safeguarding concerns and taking appropriate action if they had concerns. There was a policy in place that provided people using the service, their relatives and staff with details of how to report concerns and who to.

The provider had followed safe recruitment procedures. These ensured as far as possible that only people suited to work at the service were employed. The necessary pre-employment checks had been carried out. These included the Disclosures and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People were protected from risks as risk assessments had been completed in areas such as moving and handling, medicines and skin care. Staff were provided with instructions in care plans to mitigate the assessed risks, such as how to support people to mobilise safely using the right equipment. Where people required specialist equipment to help with their mobility this was provided and used by staff who had been trained to do so. The registered manager recognised that some of the risk assessments were too generic; they told us that they were working on risk assessments to make them more specific to people's individual circumstances and to make instructions to staff clearer. We did also see that risks associated with one person's condition had been identified but staff had not been given clear guidance on how to manager these risks. The registered manager told us that they would ensure this action was completed immediately following our inspection. Consideration had been given to the risks associated with people's home environment. A staff member said, "Make sure the environment is safe for them." Most of the risk assessments seen had been reviewed regularly to monitor any changes in people's conditions that may have occurred.

Requires Improvement

Is the service effective?

Our findings

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 saw that this was not consistently occurring.

Where it was suspected that people lacked the capacity to make decisions assessments had not taken place. We saw in people's care plan that it was recorded that people lacked capacity. However, no formal assessment of the person's mental capacity to make decisions had been made nor was it clear which decisions they lacked capacity to make. This meant that there was a risk that decisions would be taken on behalf of a person without their consent. One person was identified as lacking capacity to consent to care; staff were guided to identify themselves to the person as friends and not care staff. There was no assessment of the person's mental capacity to consent to care staff entering their home and providing care. This meant that there was a risk that people were not having their human rights upheld. The service had a policy in place to guide staff about the MCA. The registered manager had not followed this policy. They told us that they would review the way that people's capacity to make decisions was assessed to ensure that people were protected in line with the MCA. Staff had received training and guidance with regard to the Act and understood their responsibilities.
We recommend the provider considers the MCA when assessing people's care needs and ensures appropriate documentation of people's mental capacity to make specific decisions.

Where people had the mental capacity to consent to their care, this had been sought and recorded. One staff member told us, "I discuss it with them; they know what they want me to do for them." Staff referred to care plans that referenced people's ability to make decisions and understand information. For example one's person care plan guided staff to ensure that they gave the person time to process information before they made a decision.
People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "The staff know their job." A person's relative said, "They [staff] are well trained." The service employed a full time training officer. We saw that staff received training in all aspects of their role and refresher training to ensure their knowledge remained current. For example we saw that staff had received training on medication administration two years after their initial training course. Where a person had a specific health condition, staff had received the training and guidance in order to ensure they were able to meet their needs.

All staff undertook an induction when they started the role. The training officer told us staff attend a full week of induction before they provided any care. This consisted of classroom exercises and training to use relevant equipment needed to meet individual's needs. As part of the induction staff shadowed more experienced members of staff. This was so they could get to know people they were going to care for and understand how to follow the service's policies and procedures when providing care for people in the

community. We spoke with four new staff who were attending the second day of their induction. They told us the training reflected their training needs and gave them confidence in providing people with the right care relevant to their needs. All new staff were routinely enrolled in The Care Certificate. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role.

Staff received regular supervision and spot checks to ensure that they were competent to fulfil their role and felt supported. One person's relative said, "A lady did come out to watch the carer [staff] working one day." A staff member said, "We get seniors [supervisors] come out and check you or see if you need any help or have any problems." Records reflected that spot checks and supervisions had taken place on a regular basis; they showed that where concerns had been identified with staff practice, they had been addressed through supervision. Most staff told us that they felt supported. One staff member told us, "If you ask [registered manager] or need something, he will help you." However other staff told us that they did not feel supported. Staff understanding of their role and responsibilities was checked through supervision. Staff's competencies such as medicines competencies were checked during spot checks. In these ways people could be assured that staff were suitably supported by the registered manager.

People were supported to maintain their physical health. A staff member told us, "For a medical emergency call [I would call] 999." We had received feedback that staff had not contacted the relevant health professionals when a person using the service had become unwell. The person's relative said, "One day she was unwell and though the carer [care staff] had been nothing was done." However other people told us that staff had supported them when they were unwell and recognised their signs and symptoms and contacted medical help. People's care plans guided staff on people's medical conditions and how to help them maintain their health.

People were supported to have enough to eat and drink. One person told us, "The doctor tells me I don't drink enough. They [staff] help with that." People's preferences for their meals were recorded in their care plans to aid staff in offering people meals that were appealing to them. We saw that one person had commented at their care review "It is [working] for me, I'm eating better." Staff explained how they supported people by providing drinks for them. One staff member said, "I always ask them if they want tea, juice or water." Staff were guided on how best to support people with their meals. For example we saw in one person's care plan that their food should be placed in a particular way to ensure that they would eat.

Good

Is the service caring?

Our findings

People received support from staff who were caring. A person told us, "I have no problem with the care at all." People's relatives agreed, comments included, "They give him the help he needs and [they] are always respectful. They are very nice staff." "The staff are marvellous, caring and likeable." "The staff are very caring and though he struggles with speech he would be able to express himself to them."

People were treated with dignity and respect. A person's relative told us, "They are respectful and treat her with dignity. They look after her welfare." Another relative told us, "Her dignity is maintained in every way possible." Staff understood that they were entering people's private homes and as such this was respected. One staff member said, "I always say 'I am a guest in your home, so I respect what you want'." Another staff member said, "The people that I go to see are human beings, they are someone's family, they deserve to be treated with dignity and respect." At the time of our inspection we observed staff discussing various modules of the care certificate (a Health and Social care qualification). Part of the training was to allow staff to experience what it was like to be a person waiting for care to demonstrate how it must feel to be dependent on others for care.

People received their care at a pace that was suited to them. One person's relative said, "They take time with her, have a chat." Another person's relative told us, "They make time for a chat and a laugh which helps. In fact he looks forward to their calls and to seeing them as he has got to know them and she has got to know us." A third person's relative told us, "They do sit and have a natter with her. She benefits from their company. The cooperation and communication is really very good." People told us that communication was important as they felt they mattered and were able to spend time with staff in an unhurried manner.

People were supported to be independent. One person's relative said, "They give help where it is needed and encourage him to be independent." A staff member told us, "All the people I deal with are capable of doing some things for themselves." Staff were guided to support people to retain their independence. In one person's care plan we saw 'I like to get my breakfast myself but the carers could help me if I need it.' Staff member told us "I am there to assist them."

People were able to choose the gender of the staff who provided their support. A person's relative told us, "He prefers male carers and they have catered for this very well as there are two men who come regularly. He is familiar with them and he likes them." A staff member told us in relation to people's preferences for care staff, "I want people to feel comfortable." People's care records identified if people had expressed a preference around which staff provided their care. This was important as it demonstrated that people's preferences and views were respected.

Most people were supported by staff who knew them well.. A person's relative told us, "They know her and her needs well and the regular morning carer [staff] knows her [care] off by heart." Another relative told us, "They absolutely know him. They show an interest in him and will sit and chat. He is used to them and he likes them, which is important." One staff member told us, "I mostly go to see the same people every week." The registered manager told us that care co-ordinators were working to ensure that people were supported

by regular carers that they were familiar with.

People were provided with information about the service and the care that they should expect to receive. We saw that information about the organisation, the staffing structure, how care was reviewed and how people could raise a concern was provided to people when they started using the service. We saw that as part of people's review of their care plan, senior staff checked that people had this knowledge and understood what service they should expect to receive and who to approach if they did not receive the service they wanted.

Good

Is the service responsive?

Our findings

People received the support that they needed. One relative told us, "He gets enough help with his needs." Another person's relative said, "She gets the help she needs and the staff are marvellous." A third relative told us, "It works well for us. It is a reasonable package of support and they will inform us of any changes." People's needs were assessed before they started to receive care. This was so that the registered manager could be sure that people's care needs could be met. People and their relatives were involved in planning their care to ensure that it met their preferences and needs. One person's relative told us, "I feel in control of the care package and what I have come up with is really quite unique. [Registered manager] has worked with me and liaised with other agencies to arrange everything. We now have the ideal system and I feel supported." Records completed by care staff demonstrated that people received the care that they were assessed as needing.

Staff were guided by a care plan which contained people's assessed care needs. A person's relative told us, "We have a care plan in the house and they use it every day." Another relative confirmed this, they said, "They use a care plan daily when they visit." The care that people received was based on their individual needs and agreed by them. People's care plans included information on all care activities and level of support people required for each task in their daily routine. Some people's care plans contained information about their preferences and usual routines. This included information about what was important to each person, their health and details of their life history. Care plans were kept in people's homes and accessible to people who used the service and staff. The level of detail within people's care plans varied. The registered manager told us that they were working on improving the level of detail and personalising care plans further to ensure that the care that people received was based on them as individuals.

People's care was reviewed to ensure it continued to meet their needs. We saw one people were also asked to feedback on the staff that provided their care. One person had said, "I like (carer's name) very much." We also saw that during staff spot checks people were asked about the staff that supported them. We saw in one staff spot check record that a person has said, "(Staff name) is very good, she knows me." As part of the review people were also asked if they were clear about how to contact staff in the office if they had any concerns. The registered manager arranged for telephone questionnaires to be carried out with people using the service. During these telephone calls people were asked about the quality of the care they received and if it was suited to them.
People's experiences of making a complaint varied. Some people felt confident to raise a concern and that it would be addressed. One person's relative told us, "We have had no cause for complaint really. We do feel that we are kept informed. I have a copy of the complaints policy and they do review the care every so often. If I had any worries I would ring them." Another person's relative said, "When they didn't turn up to him we called the office and they apologised. It hasn't happened since so I assume it has been corrected effectively. We did tell them that such instances undermine our confidence and our peace of mind." A third person's relative said, "My daughter did complain about a carer [staff], they put further training in place for them." However other people had negative experiences; One relative told us "Last year I made 15 calls to them about the lateness of the calls and they didn't help at all. Nothing has changed and the staff still come at different times every day except for our regular morning carer." Another relative told us, "Complaints were

never followed up." They went on to tell us that no one from the senior management team had contacted them following them having raised a complaint. We brought these complaints about lateness to the attention of the registered manager; and although they had been reported to the office staff they had not been recognised or logged as a complaint so they had not been responded to in line with the provider's policy. We did see that a number of formal complaints that had been logged and dealt with in line with the provider's complaints policy. The provider told us that a quality questionnaire sent out on the 4 April 2017 had shown that 87% of people felt confident to make a complaint. They had identified the people who had not experienced a positive response to their complaints and address these with them. They told us that call time compliance had improved and that call times were monitored closely to prevent concerns regarding call times needing to be raised.

Requires Improvement

Is the service well-led?

Our findings

Providers are required to inform the Care Quality Commission of significant events or allegations of abuse that happen in the service. At our last inspection we found that we had not been informed of events and that the registered manager was not clear on what events they should have informed us of. This constituted a breach of Regulation 18 of the Care Quality Commissions (Registration) Regulations 2009. Since our last inspection we have received all notifications as appropriate and the registered manager was able to demonstrate that they were clear on their responsibilities.

People gave us mixed feedback about whether the service was well led. One person said, "I could not be more satisfied." One person's relative told us, "I think all in all it is well run and my carer [staff] keeps me informed of things." Another person's relative said, "The manager has gone above and beyond with everything along our journey." However other people raised concerns. They told us that communication between them and office staff was at times lacking. One person said, "They ring me if they are going to be late or sometimes I ring them." Another person's relative said, "If I had cause to ring up you would never be put through to the manager, he was always out of the office." They went on to say, "Messages were never passed on or recorded." People did not always feel that communication was effective. One person's relative said, "They notified me by telephone of late call once I think, that's all." We raised this with the registered manager and area manager who told us that they had identified that there was a lack of communication between office staff, people using the service. They had taken action to address these issues, including redeployment of staff, ensuring all staff were made aware of their roles and accountabilities and implementing communication logs which were checked regularly. They told us that these new systems were still bedding in but they felt confident that they would aid improved communication. We have been unable to assess the impact of these changes as they are in their infancy.

We received mixed feedback about communication within the service between care staff and office staff. One person told us, "I think they are quite a good firm to work for." Another staff member said, "I'm happy with everything, no problems." However staff told us that they felt that when issues are raised they are not listened to and no action was taken. On staff member told us, "Communication is appalling." Another staff member said, "The manager is really good, some of the office staff could be better." They went on to say, "Office staff could listen more and take on board what the carers say to them instead of pushing it aside." A third staff member said, "They don't communicate well with you." The area manager told us that they had implemented systems and processes to support staff to raise concerns. For example we saw a 'wage query' form had been implemented. This gave staff the opportunity to formally raise a query regarding their pay. This was then checked by the finance department who would feedback to staff, in writing, how their query had been handled. The registered manager told us that they had identified that communication between office staff and care staff had been strained and had taken action including re-deploying staff and increased supervision in order to address this. The registered manager also told us they had a news letter sent to care staff once a month in order to keep them up to date with changes and developments in the service.

Staff were clear on their responsibilities. When staff started working at the service they had received the provider's policies and procedures. This was so that staff could be clear of the expectations upon them. We

saw that action was taken in line with the provider's disciplinary policy when staff did not meet the expectations of their role. For example when staff did not use the electronic logging in system which indicated the times and length of their visits, the manager would remind them by letter that there was an expectation that they needed to improve. We saw that as a result improvements had been made in staff's compliance rate of using the system. Action had been taken when concerns about staff practice had been identified. This had included staff receiving further supervision and training to address gaps in their knowledge.

Records were checked to ensure that people had received the care that they should have. These included care records, medicines records and care call times. These checks had identified that staff required further guidance regarding the completion of records. We saw that staff had received further guidance around this. However, checks had not always taken place in a timely way or identified concerns. For example a person's medicines records from May 2017 had not been audited at the time of our inspection. Within these records we found concerns about how the person was receiving their medication. This meant that there was a risk that concerns were not being identified promptly and actions taken quickly to prevent prolonged issues. Call times checks had not identified when people had received their call at times that were not agreed with them in their care plans.

Systems were in place to monitor call times and identify missed or late calls. This took the form of an electronic call log in system and was reliant on staff logging in when they arrived at people's home. The registered manager and the provider explained how the system had been improved to help alert office staff when a staff member had not logged in on time so that they could check if there was a problem and make alternative arrangements if required. We were told that modifications had recently been made to the system in order to make it more robust. It was too soon to tell if this had been effective at the time of our inspection.

The provider responded to concerns raised by outside professionals and took action when required. Prior to this inspection we had asked the provider to investigate a concern that had been raised with us. They did so within the time frame that we requested. As part of the investigation the provider identified that systems and processes would benefit from strengthening in order to make them more effective. They took action to make these changes. In these ways the provider monitored the provision of service and took action to make improvements when they had been identified as needed.

The registered manager met regularly with other managers of services run by the provider. The aim was to share practice and lessons learnt from incidents. The registered manager was supported by the provider to make improvements. The provider had employed an area manager to support the registered manager. They were in the process of conducting audits on areas of the service such as recruitment to ensure safe practice was being followed. Where the area manager had identified areas to be addressed they had set action plans. These included time frames and identified who was responsible for taking action. In these ways the provider had demonstrated that they were committed to providing a quality service.