

The Human Support Group Limited

Human Support Group Limited - Wolverhampton

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

The inspection was announced and took place on 04 November 2015. The Human Support Group - Wolverhampton provides personal care to people with a range of needs in their own home. The domiciliary care service trades as Homecare Support which is sub brand of the Human Support Group. We last inspected the service in January 2014 and did not identify any breaches of legal requirements at this time.

At the time of our inspection there were 77 people receiving the service. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 they felt safe with the care workers that provided their care. There were occasions where people were concerned that planned calls were not always on time and care workers were rushed. Staff were aware of their responsibility to keep people safe and report any concerns to protect people from the risk of abuse. People had care plans and risk assessments in place that detailed their support and health needs and staff knew how to support people safely when providing care.

People received care and support from staff who knew them well. Staff received training and support from the Human Support Group Ltd (the provider) to ensure they knew how to keep people safe when providing care. The provider ensured staff were safely recruited. People felt staff skills and knowledge varied. New staff received induction training but did not always feel there was sufficient time to shadow more experienced staff so they were confident they had the experience they needed.

The provider took appropriate action to protect people's rights and all the staff were aware of how to protect the rights of people. Care workers ensured people consented to the care they received.

People told us care workers were kind and caring. People usually received care from a consistent group of care

workers which ensured they knew how people liked to be supported. People said their dignity and privacy was always respected by care workers. Care workers supported people in a way that promoted and maintained their independence.

People said they felt fully involved in their care planning process and their care was reviewed. Care workers showed they had a good awareness of people's assessed needs and people's personal requirements. While some people had confidence in the way the provider managed their concerns, other felt that the service did not respond to complaints they raised.

The provider had systems in place to gain people's views and used this to inform changes to the service. Some people were very pleased with the quality of the service they received but others did not have confidence that the service was always well managed and said this impacted on the quality of the service they received. Some care workers felt motivated and well supported by the provider, whereas some felt pressured and said their morale was low. Care workers did have regular supervision and spot checks which focussed on how staff could develop their skills and knowledge.

There were processes in place to continually monitor the quality of service people received and there were changes made that had led to improvement. The provider and registered manager recognised areas for improvement and were able to tell of how they were looking to improve the service.

Summary of findings

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 not consistently safe.

People said they received the care they need to be safe but staff were often rushed or calls were not at the required time. People's safety was promoted as care workers understood their responsibilities to protect people from the risk of abuse. Risks to people were assessed and managed safely. People's medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

Care workers were trained so they had the core skills and knowledge to meet people's needs fully. People were not always as confident in the skills of newer care workers, but the provider was developing the staff induction. People's rights were protected because care workers were aware of how to obtain consent and show respect people's choices. People were supported to access healthcare professionals as required.

Good



Is the service caring?

The service was caring.

People told us care workers were kind, caring and showed them respect. People said their dignity and privacy was respected and they felt involved in making decisions and choices about how their care was delivered. People told us their independence was promoted.

Good



Is the service responsive?

The service was not consistently responsive

People's needs had been assessed and care plans were in place. Changes in people needs were identified and appropriate action taken. People and their relatives had the information required to raise concerns or complaints should they need to but some people told us their complaints were not addressed.

Requires improvement



Is the service well-led?

The service was well led.

People were supported by a committed and skilled team of care workers. People said the managers and care workers were friendly and approachable, and most people had confidence that the service was well led. Most staff, although not all felt valued by the management. Quality assurance systems were in place to monitor the quality of care people received. The provider recognised there were further improvements needed and were committed to making these improvements.

Good



Human Support Group Limited - Wolverhampton

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 04 November 2015 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of 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 looked at the information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also looked at any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We sent questionnaires to a number of people about the service they received. We received responses from 15 people and two relatives about their views about the service. We considered this information when we planned our inspection.

During our inspection we spoke with 11 people and five relatives of people who received a service from the Human Support Group Wolverhampton by telephone. We spoke with the registered manager and six care workers. We also spoke with two social care professionals.

We reviewed a range of records about how people received their care and how the domiciliary care service was managed. We looked at four care records of people who used the service, four care workers records and records relating to the management of the service. The latter included records of spot checks, call records, provider quality checks, complaint records and questionnaires/surveys from people.

Is the service safe?

Our findings

People told us they received their planned visits from the service but staff did not always arrive at the time they wanted them to. One person told us, “They (the care workers) are always punctual during the week, not Saturday. They arrive within 30 minutes of the call, give and take but never miss a visit, always come”. Other people said staff arrived earlier or later than the time they wanted them to arrive. One person told us that this meant they had to go to bed earlier than they wanted to. Another person said they liked early calls which did not always happen, this impacting on their plans for the day. Another person said, “The night staff are in a rush - they need extra travel time don't they”. Everyone we spoke with said the staff always completed the tasks they needed to do though four people said they felt rushed on occasions as staff were in a hurry completing tasks they needed to do. Four relatives we spoke with said staff had been delayed on occasions, one telling us, “Staff are really pushed at times” although they also said there had been some improvement recently. One relative told us, “They [care workers] have never missed an appointment”. Staff we spoke with told us that they were rushed at times. They told us this was because there was not enough staff and they did not always have sufficient time to travel from one person's home to the next. One member of staff said, “Personally I think more travel time would be ideal”, another saying “Extra calls means we do 10-15 minute calls and go on to the next one as we have back to back calls”. We raised this with the registered manager who acknowledged there was not always sufficient time allocated between calls to allow for travelling time. This showed that while people received the care they need to be safe, care staff did not always have the time to be flexible or respond to people's changing needs.

The registered manager told us that they had experienced some difficulties with staffing levels over the last year due to staff turnover. They said the provider was working to maintain and increase the number of staff available, so that people's safety was not compromised. They told us that they now had a 'rolling recruitment' programme and there were five staff due to commence work in the near future. They told us that they also used a small number of agency staff who worked with more experienced care workers to ensure consistency for people. Care staff we spoke with confirmed this to be accurate, although some did say that

taking on additional calls at short notice did impact on their ability to ensure calls to people were timely as they told us they did not get additional travel time if they had other calls planned.

People said they felt safe with care workers. One person said, “I am quite happy, I will let them know when I don't feel like it or I feel uncomfortable”. A relative told us, “They keep my mom safe, the equipment is good and they support her safety”, another saying their relative, “Feels safe, no problem”. One relative did tell us however that they were not always confident staff always had enough training to ensure they could be confident in the safety of the care staff provided.

People told us they knew how to escalate any concerns they had about their safety. One person told us, “I would phone social services or the office” and a relative said, “If I saw something really wrong I would contact social services”. We saw that the service had a safeguarding policy available and care workers were required to complete safeguarding training as part of their induction into the company. Care workers were aware of what potential abuse may look like and what steps they should take if they were concerned as to a person's safety, this including contacting social services if they thought the agency was not taking the appropriate action to protect people. We spoke with the registered manager who had a good understanding of local safeguarding procedures. This showed that the staff and management knew how to escalate any allegations of potential abuse to the relevant agencies, so people were protected.

Assessments were undertaken to identify any risks to people who received a service and to the care workers who supported them. This included risks due to the health and support needs of the person and their home. Staff we spoke with were well informed about the information these risk assessments contained so that they knew how to minimise the chance of harm occurring to people. Some people had restricted mobility and information was provided to care workers about how to support them when assisting them to mobilise or transfer in and out of chairs and their bed. People told us that their records were accurate, one person telling us they had a hoist and, “They (care workers) use the transfer board to transfer me safely”.

Is the service safe?

Another person said, “Everything is put away safely so, I don’t fall over”. This showed that staff were aware of what they should do to ensure assessed risks to people were minimised.

We looked at staff recruitment checks and found these were completed to ensure care workers were safe to support people. Three staff files confirmed that checks had been undertaken with regard to criminal records, barring list checks, obtaining references and proof of ID. Staff we spoke with confirmed that the provider carried out these checks to ensure they were safe to work with people.

People and relatives we spoke with said they managed their own medicines or they were assisted to by their relatives. This was identified in people’s care plans. Some relatives told us the care workers applied people’s prescribed topical creams when needed however. We spoke with staff about the process they used to ensure that

medicines were given safely when they did assist people. They were able to tell us how they made sure the medicines they gave people were as prescribed. This ensured that people received their medicines in a safe way.

We received some concerns before our inspection that staff were not always following safe practices to prevent infection. For example, washing their hands and using protective equipment (PPE) such as gloves. This had been reported to the registered manager and we saw that these issues had been raised with staff in recent meetings, and spot checks were carried out by senior staff on care workers. These spot checks confirmed staff were using PPE. People we spoke with said care workers, “Use gloves and aprons all the time”. A relative told us, “They (care workers) are always clean”. Staff we spoke with understood the importance of following good infection control practices. This was indicative that the provider had taken action to address the concerns raised.

Is the service effective?

Our findings

The majority of the people and relatives we spoke with said established staff were well trained and competent in their work. One person said, “Yes, they have the skills especially [some carers]; but sometimes [other carers] leave the towels out”. Other people said, “The main carers are quite knowledgeable” and, “Regular staff are excellent”. A relative told us, “They (care workers) know exactly what to do”, although another relative did not feel confident about all care workers saying, “There are times when I feel (the person) is not very safe with inexperienced care workers”. People said some of the newer or less regular staff needed further training. For example one person said, “New carers need some training especially -with emptying the catheter bag- I think they should be trained first”. Another person said, “They are ok, know what they have to do, very experienced some of them, the new ones I have to remind them sometimes”. A third person said, “Some days there is more than one carer and some carers are better than others”. This showed people had more confidence in the more experienced care workers, rather than newer or agency staff.

The registered manager told us that all new care workers completed training around core skills and knowledge that included for example, basic first aid and safety training. All care workers under took this training annually, this confirmed by established care workers who said they felt well supported with training. Newer staff told us they had completed the induction training before they started visiting people, one telling us, “Definitely found it useful, went through a lot of detail, they answered questions when asked”. Some of the more recently employed care workers thought they would have benefitted from more time with experienced workers before working independently though. Documented induction check lists we saw showed new staff had between three days to a week shadowing more experienced staff, although one care worker told us they had to request additional time with more experienced workers and this was not planned for. The registered manager said they were now looking at providing new workers with shadowing for up to a week as a minimum with consideration of the new care worker’s experience prior to joining the service. The registered manager also said they were looking to introduce the new care certificate for new staff. The care certificate is a qualification that should give people the confidence that all care workers

have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This should have been introduced in April 2015 and the registered manager acknowledged it needed to be implemented to ensure staff were trained to recognised national standards. This meant that while some people had a lack of confidence in newer or temporary staff, the provider was looking to take steps to address these shortfalls.

Staff told us they received support to understand their roles and responsibilities through supervision which was individual one to one sessions with their manager and group staff meetings. Staff were mostly satisfied with the support they received from management but this was not a view that all staff shared. One care worker said, “The manager is always there listening to us and sorting out issues”. Another told us the senior care workers were, “Always really helpful to me”. A third care worker told us about supervision and described this as, “Addressing any issues we have and how to improve in any areas”. One care worker said they did not feel supported and said staff morale was low. The registered manager told us staff supervision sessions were well attended however.

We asked the registered manager and staff how they ensured that they acted in accordance with the Mental Capacity Act 2005 (MCA). 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. The registered manager and staff were able to tell us about how they would ensure people had capacity and were aware of the ‘two stage capacity test’. They told us how this would help them ensure people consented to the care and support they provided. Staff told us that training in the mental capacity act was an integral part of the core training they received. Staff said this helped them understand that when there were concerns about a person’s consent they should report this to the registered manager, who in turn said they would discuss any concerns with social services.

People told us they consented to the care they received. They told us that care workers checked with them that they

Is the service effective?

were happy with support being provided on a regular basis. One person told us, “No complaints - they [care workers] always ask [permission]”. Another person said, “They wash my back- and they ask”. A relative told us care workers, “Do talk to [the person] as providing care and give choice”. Staff confirmed they understood their responsibilities to ensure they gained people’s consent. One care worker told us, “You have to have respect for people’s choices” including those of people living with dementia. Another care worker told us, “Always ask [people] how they like things done”. This showed care workers took steps to ensure people consented to the care and support they received and ensured this was in accordance with the MCA.

People told us they received the support they needed to eat and drink. One person said, “They leave stuff out and I make the sandwich myself”. Another person said, “They

always support me but I take the things out with my one hand, they [care workers] prepare it”. Other people told us they were able to prepare their own foods, or relatives said they prepared the person’s food and drink.

People told us they were confident that care workers would support them to access healthcare professionals when needed. One person told us when they were unwell care workers called health care professionals and said, “I was made comfortable, [care workers] placed pillows and waited for the ambulance”. One relative told us, “They [care workers] have G.P. telephone numbers and if anything is amiss I know they would ring”. A care worker did tell us that they had some concerns about a person’s wellbeing and they had reported this to their manager. We spoke with social services and they confirmed that the service had raised these concerns to the social worker who had referred them to the appropriate health care professional.

Is the service caring?

Our findings

People said care staff treated them kindly and said they were caring. One person said, “The carers are the unseen heroes and without them, we would not have a quality of life! I tell you they are fantastic... I used to have depression, it's all gone now”. Another person said, “I have lovely carers - very good”. A third person told us, “They chat to me - they are lovely”. A relative told us, “They are all very good- after years of looking after [the person] I have a sixth sense and can tell”. Another relative said, “They [care workers] are pleasant, they cheer [the person] up”. This showed that care staff were kind and caring.

People and their relatives told us the staff listened to them to understand their needs and preferences. One person said, “I tell them what I prefer”. A second person said, “They [care workers] are good, they ask if I need anything”. Another person said, “No problems at all, they know my needs”. English was not the first language of some people who received the service and the registered manager confirmed they employed staff that could communicate with people in their chosen language. Care workers we spoke with confirmed this to be accurate. One relative said, “Regular carers will always inform me of any changes about [the person's] care”. Care workers we spoke with told us of the importance of communication and talking to people about the care they provided. They also knew to look for people's body language when they were not able to verbally say what they thought. This showed that care staff knew people well and understood their chosen means of communication.

People we spoke with said they usually received consistent care workers and they told us this helped them maintain a good relationship. One person said, “Some (of the care workers) are like friends to help”. Another person said, “Because (the care worker) is the same one she knows what I like”. A relative told us, “Know them [care workers] all, some come pretty regular, usually the same staff, pretty much the same. It's a nice pleasant experience for [the person]”. Another relative told us, “We both get on with all

the staff”. One relative told us they felt that, “Everybody is incredibly pleasant”. Another person told us, “In the main. I am happy but not when there are replacements that are unfamiliar. I am not sure about agency staff and those that replace the regulars”. The registered manager told us care workers usually attended calls to the same people but when there were gaps in cover they used other or regular agency staff to cover the calls. This was confirmed by the care workers that we spoke with. This indicated that the service worked to try and maintain established relationships between people and care workers, and where this was not possible tried to use the same staff to cover calls.

One person said, “They knock on the door and say... how are you today?” Another person told us, “They knock on the door and wait for a response...or call out if I have not heard them”. Relatives we spoke with told us how care workers promoted people's privacy. One relative said, “They respect [the person], speak courteously and cover [the person] up”. Another relative said, “They always treat [the person] with great respect and use towels to cover [the person] up during a body wash”. People also told us the care workers showed them respect. One person said care workers, “Respect me all the time”. A relative told us that the care workers, “Have the utmost respect for everything”. Care workers we spoke with were knowledgeable about how to promote people's privacy and dignity. This meant people's privacy and dignity was respected.

People also told us the care workers encouraged people to be independent where able. One person told us, “They do encourage independence”. Another person said, “I can't see very well - the carers are alright - they guide me every time”. A relative told us “They [care workers] are communicative and encourage independence with [the person]. A second relative told us, “It's good as it gets [the person] out of bed, mobile and walking”. We spoke with staff who understood they should not foster people's dependency, but promote their ability to complete tasks independently where possible, meaning people's independence was promoted.

Is the service responsive?

Our findings

People and their relatives told us they were aware of the provider's complaint procedure but they were not always confident that the provider would address concerns if they had any. One person told us, "If I raise a concern from the office - on several times - verbally, they said they would look into it - they haven't done much". One relative told us they used, "The escalated complaints procedure and to date no response". A second relative said, "I have spoken to carer's and the office - not much has changed. I feel sometimes they rush when they are short staffed. I have complained - nothing changed". Another relative said they had raised concerns and there had been some improvement, although other concerns passed to the provider that care staff verbally told them had been addressed, had not led to any formal feedback from the provider. This was indicative that some concerns people raised were not always recognised as complaints. This meant that people's comments and complaints were not consistently responded to.

We saw that complaints, when recognised by the service, were fully recorded and investigated, with responses sent out to complainants detailing the outcomes of these complaints. We saw that there was detail of the complaint and the outcome of the investigation recorded with a clear statement as to whether the complaint was upheld or not upheld. We saw letters that contained apology from the provider for when the provider judged the service did not meet expected standards.

The registered manager told us people were encouraged to give their views and raise concerns or complaints. The registered manager told us that they or another member of the management team made contact with people at least bi- annually to ask their views of the service they received. We saw that a record of this contact was recorded in people's care records, this showing people were mostly satisfied with the service they received. The provider also used bi - annual questionnaires where findings were collated by the provider and fed back to the agency. One relative told us they, "Filled in a questionnaire with my request two months ago". This showed that the provider did have systems in place to gain the views of people that used the service.

People we spoke with were positive about the care workers who they felt had a good relationship with them and they

felt involved in the service they received from the service. People we spoke with confirmed that assessments of the needs and personal requirements were carried out prior to the commencement of the service. The registered manager told us that these assessments were where ever possible carried out before the service commenced, or at the time of the first visit to the person where they would validate the information they were given by commissioners. The registered manager told us they tried to ensure there was a process by which senior care workers were introduced to people when they first used the service, but acknowledged this was not always possible when they received a referral where care needed to commence quickly. The registered manager told us they, or a senior care worker carried out a full assessment of people's needs when the service to people commenced. This they told us was to ensure that as far as possible the skills of the care workers reflected the needs of the person receiving care. They told us the assessment included identifying any risks to people and care workers.

A relative told us, "No one came to see us until the [person] came out of hospital, but on the first call a senior [care worker] came to see me" They told us they were involved in discussing the person's care. Another relative said, "They [care workers] do listen to and do ask what I think". We saw that the management contacted people at least every six months to review their care arrangements and we saw records of these were detailed in people's care records. The registered manager said that where there were changes needed that she would discuss these with the commissioner so that changes could be agreed to reflect people's needs and views.

People we spoke with told us that they had a care plan, some telling us these reflected what they wanted from the service. One person told us, "I have a care plan". A second person said, "I have read [the care plan], yes its accurate". A third person told us, "There is one [care plan] because they [care workers] have to follow it". We looked at some people's care plans at the service's office and discussion with people confirmed that these reflected people's needs and how care workers needed to support people. People told us care workers carried out the agreed care and support one person saying, "They do all they have to do, I am capable- it's only a few things they have to do". Another person told us, "Yeah, they complete everything, then they say do you need anything else". A third person said, "They are OK, know what they have to do - very experienced

Is the service responsive?

some of them". Care workers we spoke with told us that they read the care plans when visiting people. One care worker said, "I look at care plans, look at comment book and talk to the person and their relative".

People we spoke with said they were usually informed when care workers were going to be late to attend a visit due to unforeseen circumstances such as dealing with an emergency at the previous visit. Care workers were aware of the need to contact the service so that contact was made with the person whose visit was delayed so that they were kept informed. This was confirmed by most people that we spoke with, some telling us that the service had improved in this area, although one person did say, "I would like them to phone me about the timings".

We looked at four care records and saw they documented important information about the person's individual needs

and requirements. For example how staff should communicate with the person based on their personal circumstances. People we spoke with confirmed that care workers were aware of what was important for the individual, for example providing care workers of a specific gender. One person who was visually impaired told us staff made sure they communicated with them in a way that promoted them to do things for themselves, which was important to them. A relative told us the staff were aware of the need to talk to a person, "As the sound of the voice is important to [the person]". One relative told us, "The regular staff know [the person] well". Care workers we spoke with were knowledgeable about the people that they visited and the way that they needed to provide care and support so that it was person centred.

Is the service well-led?

Our findings

The manager, while in post a number of years as the manager, had become the registered manager with responsibility for the day to day running of the service as a 'registered person' in 2015. We asked people if they knew who the registered manager was and a number of people said they did, or knew how to contact them. One person said, "The senior people have been around", another person saying, "I know them". A relative told us they had seen the registered manager numerous times when they visited and felt able to contact them. People told us they had information about the agency and what their aims were and this was clear and understandable. This meant that people knew who management were and had information about the service.

The majority of people and relatives we spoke with were satisfied with the service and that there was recent improvement. One person said, "It's better than it was and I think they are getting sorted" and another person said, "I must say, they have improved". A third person said, "I am happy the service is good", a fourth person that, "I was with one company – with this one I am very happy with – they have changed the timings". One relative told us, "Ten out of ten for everything". We saw that the provider had carried out a survey of people's views in June 2015 and their findings indicated that people overall were satisfied with the service they received, although this showed there was some scope for improvement in communication from the office staff. This was reflected in some of the comments we heard. One relative told us, "Administration and management of the service is inconsistent" with comment that information on the weekly calls was sometimes delayed and not always complete. This they said meant they were unsure which care workers were going to visit. Other people told us staff were late to calls. This was reflected within the results of a survey we undertook which showed out of 15 people 53% did not feel support workers arrived on time. Staff we spoke with said that planning of calls could be better due to the lack of time they were allocated to travel, this an issue they felt was due to management of the service. We spoke with the registered manager of the service and they recognised this as an issue and said that the provider was looking at ways to resolve this, for example, on-going recruitment and monitoring of call times though an electronic call monitoring system. We spoke with a regional manager who had recently become

involved in management of the service and they also recognised the difficulties the service faced and expressed a commitment to supporting the registered manager in improving the service people received, with maintaining a stable staff team as one of their targets. This showed that the provider recognised there was a need for continued improvement, and what they needed to do to achieve this.

Most staff we spoke with were positive about the support they received from the management. One care worker said, "Support there most of the time", another saying the registered manager "Is always there to listen". There were some care staff that were dissatisfied though one saying, "Staff are not happy". Another member of staff said issues raised with the registered manager were not addressed. Other staff did tell us that the provider was making improvements, one saying in respect of staffing, "It's getting better".

There were systems in place for gaining staff views, such as one to one supervision meetings and general meetings. There had not been any recent staff surveys carried out by the provider. We had received a number of concerns from staff anonymously earlier in the year where staff had not felt able to raise these issues with the provider. These had led to subsequent investigation by the local authority or the provider but the registered manager recognised that the use of surveys may be useful in helping them gain staff views without them having fear of recrimination. The regional manager also stated they would look at putting these in place. One member of staff told us how they had raised concerns with the registered manager however and felt they had dealt with the concerns well, and said they had, "Asked them all the right questions". Three of the staff we spoke with told us they would be confident using the service to support their own relatives.

The provider had a number of systems in place to audit the service which included national recognised accreditation awards from, for example Investors in People. There were also internal quality audits carried out by the provider. The last audit had been completed in September 2015 and was based on an audit of records, with identification of areas where improvement was needed. This had given rise to an action plan that the registered manager was working to address. From sampling of some people's records we saw some of these improvements were being progressed. In addition there were regular spot checks on the care workers by seniors or the management team. We saw the

Is the service well-led?

provider carried out audits and spot checks and saw they were completed regularly and there was evidence that action was taken. For example, some concerns that had been raised about care workers not using protective equipment such as gloves was raised in the last staff meeting and we saw these issues were also followed up with individual staff after spot checks. Our discussions with care staff confirmed that the provider had made them

aware of the need to observe good infection control practices. This showed that these systems had identified some areas where improvement was needed, with action to address these issues.

The registered manager demonstrated good knowledge of the people using the service and their responsibilities as a registered manager. This included the requirement to submit notifications when required to us when certain events occurred such as allegations of abuse.