

Premier Care Limited

Premier Care Limited – Wigan

Inspection report

90 Market Street
Hindley
Wigan
Lancashire
WN2 3AN

Tel: 01942522499

Date of inspection visit:

08 September 2016

09 September 2016

12 September 2016

Date of publication:

03 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection of Premier Care Limited – Wigan on 08, 09 and 12 September 2016. The service had last been inspected in December 2013. We found the service to be compliant with all regulations assessed at that time.

Premier Care Limited - Wigan is a large agency that provides home care services to people in the Wigan, Leigh, Atherton, Horwich and Westhoughton areas. The service is managed from an office in Hindley town centre. At the time of the inspection a total of 318 people used the service.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the people we spoke to told us they felt safe. We saw the service had suitable safeguarding policies and procedures in place. Staff had all received training in safeguarding vulnerable adults and were able to demonstrate a good understanding of how to report both safeguarding and whistleblowing concerns.

We saw the service utilised a dependency screening tool, which was reviewed on a monthly basis, to ensure that sufficient staff were employed to meet people's needs. Some staff reported feeling rushed and not having enough time between calls, but all agreed that the service was still able to meet all calls and that people received the support they required.

We saw that robust recruitment procedures were in place to ensure staff working for the service met the required standards. This involved all staff having a DBS (Disclosure and Barring Service) check, at least two references and work history documented.

Staff reported that they received an appropriate level of training to carry out their role. We saw all staff completed a comprehensive induction training programme, followed by a flexible period of time shadowing experienced care staff, before being allowed to work with people who used the service. We saw the service had systems in place to ensure that staff received regular refresher training to ensure their skills and knowledge remained up to date.

We saw there was both a policy and systems in place to ensure safe medicines management was maintained. People we spoke with confirmed they received appropriate support to ensure medicines were taken when required and as prescribed. We saw the service carried out regular audits to ensure medicines had been administered correctly.

People spoke highly of the standard of care received and the caring nature of the staff. People told us that staff treated them kindly, with dignity and respect whilst also promoting their independence wherever possible.

We looked at 16 care plans, which contained detailed and personalised information about the people who used the service. The care plans also contained individual risk assessments, which helped to ensure people's safety was maintained. We saw that people or their representatives had been involved in planning the care provided and were asked for their feedback through completion of reviews, spot checks and questionnaires.

We saw that there were a range of systems and procedures in place to monitor the quality of the service. Audits were carried out both internally by the in-house compliance officer and registered manager and externally by the company's compliance officer and the three company directors, which included a comprehensive monthly audit of the entire service provision. We saw that action points generated through the auditing process had been carried through and documented.

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

The service had systems and procedures in place to protect people from harm and keep them safe.

The service used a dependency tool to ensure that staffing levels were appropriate to meet the needs of people who received support.

Safeguarding policies and procedures were in place and staff were aware of the process and how to raise concerns.

People we spoke with told us that they received their medicines safely and when necessary.

Is the service effective?

Good ●

The service was effective

Staff reported receiving enough training to carry out their roles successfully and were provided with regular support and supervision.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People had consented to their care or decisions had been made in their best interest by their next of kin or representative.

People who required it, were positive about the support they received with nutrition and hydration.

Is the service caring?

Good ●

The service was caring

People told us that staff were kind and caring and respected their privacy and dignity.

Staff were knowledgeable about the importance of promoting independence and providing choice.

Alongside detailed care plans and risk assessments, people were provided with an easy to read summary of the care they were receiving.

Is the service responsive?

Good ●

The service was responsive

Care plans were person-centred and individualised with information about people's life history, likes, dislikes and how they wished to be supported.

The service had a detailed complaints policy and everyone had a copy of this, along with information about how to make a complaint along with the necessary forms.

People were asked to provide feedback about the standard of care they received through care reviews, spot checks and quality assurance questionnaires.

Is the service well-led?

Good ●

The service was well-led

Audits and quality assurance checks were carried out regularly and in a number of areas, to ensure good practice was maintained.

Spot checks and competency checks were carried out by seniors to ensure staff worked to high standards and address any issues noted with care provision.

Staff told us they enjoyed working for the service and felt supported in their roles.

Premier Care Limited – Wigan

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.

The inspection took place on 08, 09 and 12 September 2016 and was announced. We gave the service 48 hours' notice, as the location provides a domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection, as well as allowing time to arrange for staff to be available to meet with us.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service. We also reviewed all the information we held about the service including statutory notifications and safeguarding referrals and contacted external professionals from Wigan Council.

As part of the inspection we spoke to the registered manager, one care co-ordinator, 11 staff members, 16 people who used the service and two relatives.

We looked at 16 care plans, 10 staff files, 10 training files and nine Medication Administration Record (MAR) charts. We also reviewed other records held by the service including audits, meeting notes and safety documentation

Is the service safe?

Our findings

We spoke with 16 people who used the service and each person told us they felt safe. One person said, "Yes, as they all know what they are doing." Another told us, "Yes, the staff are very good."

We looked at infection control practices within the service. We asked the 16 people we spoke to if staff wore personal protective equipment when necessary. All of them confirmed that staff had done so. One person told us, "Yes, when going to help me in the bathroom or things like that." Another said, "They wear gloves or plastic aprons, depends on what they are doing." Whilst a third told us, "Yes, when needed they always do."

We looked at the service's safeguarding systems and procedures. The safeguarding file contained documentation relating to safeguarding concerns or alerts for the last three years. In addition, the local authority procedures around the reporting of safeguarding concerns were in place. We found all concerns had been assessed and reported correctly following the local authority's safeguarding process.

We spoke with staff about safeguarding vulnerable adults. Each member of staff told us they had received training in this area and displayed a good understanding of how they would report concerns. One told us, "I have been taught about this and get updated regularly." Another said, "I would report any concerns to my line manager, or go straight to [registered manager]." A third told us, "I would speak to the manager or my supervisor." Whilst a fourth stated, "Safeguarding is about protecting vulnerable people, if I was concerned I would contact the office and speak to the co-ordinator or manager."

The service had a whistleblowing policy, which gave clear guidance on how to raise concerns. Staff told us they knew how to raise concerns and would feel comfortable doing so. One member of staff stated, "If whistleblowing, I would go to the office and if it is about the manager, I would go to head office or CQC."

We viewed 10 staff files to check if safe recruitment procedures were in place. We saw that the service used a recruitment and selection document, which covered the whole recruitment process and was signed off after each step had been taken or document witnessed. We saw that each member of staff had an advanced Disclosure and Barring Service (DBS) check in place with the DBS number and date of issue clearly displayed. We also noted that the service had completed new advanced DBS checks for any staff that had been part of the two TUPE (Transfer of Undertaking (Protection of Employment) Regulations 2006) transfers that had occurred in the last 12 months, even though the previous checks were still valid. All staff also had at least two references on file as well as a full work history where applicable, fully completed application forms and interview documentation.

We looked at how accidents and incidents were managed. The service had a detailed accident and incident policy, which included a flow chart which detailed what steps to take in order to report any accidents or near miss occurrences. We saw that designated files had been put in place to store completed documentation. We asked staff members about what to do if they witnessed an accident. Each member of staff confirmed they would report this to their line manager and if necessary contact the emergency services. One told us, "I would check that the person is okay and ring for an ambulance if needed. I would document

in the daily record and inform the office." Another said, "I would attend to them, if needed get medical assistance and then fill in the necessary reports."

We asked staff for their views and opinions of staffing levels. Of the eleven staff spoken to, five told us there was currently a shortage of staff, whilst the other six thought there was enough. One said, "There's not enough staff at the minute, impacts on ability to make calls, I always turn up but not always on time." Another told us, "Don't think there's enough staff working for the company, they don't take into account travel time, so we are a bit rushed." A third said, "There's not enough, people are doing a lot of hours to cover calls." Whereas another staff member told us, "I think they're okay (staffing levels), enough to cover current needs." A second stated, "I think staffing is fine, they recruit regularly to make sure there is enough." Whilst a third added, "Staffing levels are okay, I feel I can manage my calls."

We spoke to people who used the service about staffing levels and whether staff turned up on time and stayed as long as contracted to. One person told us, "Sometimes they are held up, but they always turn up." Another said, "They don't always turn up exactly when they should, but always arrive and stay as long as needed." A third said, "Oh yes, they always turn up, I have no complaints." Whilst a fourth said to us, "Yes they do, sometimes arrive a bit later than planned but will let me know, so don't mind. Always stay until I'm sorted even if means they are here longer than they should."

We saw the service used a dependency screening tool to determine the number of staff needed to cover the number of care hours available. This was completed on a monthly basis for each area the service covered and as a whole. We looked at the last three months data which showed that the service had sufficient staff in place to cover all scheduled calls. We also looked at the service's call monitoring and staff attendance sheets, which evidenced that all calls and shifts for the last four weeks had been covered.

In all of the sixteen care plans viewed, we saw comprehensive risk assessments, which were detailed, easy to read and follow and were person centred. These covered a variety of areas including general health, sensory impairment, verbal communication, personal care, safeguarding and medication. We also saw that where necessary people have a moving and handling risk assessment in place. We also saw that separate environmental risk assessments had been completed which covered access to the property, staff safety and location of stop cocks and fuse boxes, to help assist in an emergency.

We looked at the systems in place with regards to medicines management. We saw the service had a medicines policy in place, which included safe storage, administration and recording. We saw that some of the people who use the service self-medicated, with support only being given in the form of prompts and reminders to do so. People we spoke to told us that they were satisfied with the support received from the service. One told us, "I get them when I should, I have no concerns." Another said, "They are very reliable." A third said, "They always give me my tablets when I should have them."

We looked at nine Medicine Administration Record (MAR) charts. We saw that the service used their own MAR sheets, which were hand written. We noted that whilst all necessary information about the name and dosage of each medication had been recorded, the amount received of each medication was not included. We were told that this was because this information was detailed on the packaging. We saw that all medicines had been administered and signed for at the correct times. We also saw that all staff who were authorised to give out medicines had their competency assessed, through spot checks and observation of their practice.

Is the service effective?

Our findings

We asked people who used the service if they thought staff were well trained. One told us, "Yes, they are very good." Another said, "Most are, had one once who was very young and unsure of what they were doing, but improved as they got more confident." Whilst a third told us, "Oh yes, the staff are brilliant." We asked relatives for their opinions, one told us, "Yes, they all know what they are doing."

We looked at 10 staff files and 10 additional staff training records and saw that the service provided a comprehensive induction programme. Prior to commencing any shifts, staff had to complete the eight common induction standards which included training in manual handling, safeguarding, food hygiene, health and safety, medication and infection control. We saw that the current induction training programme lasted three days after which new staff shadowed experienced staff members over a range of shifts and types of call. The staff we spoke with confirmed this, one told us, "Induction training was three full days, it covered job related stuff, medication, manual handling, dementia, things like that." Another said, "I completed over 15 hours or so of shadowing, saw all the different types of calls." Whilst a third said, "I completed the three day induction programme, followed by two weeks of shadowing."

As part of the training process, staff had to complete knowledge based assessments, to ensure they had understood the content of each session. One staff member told us, "After training sessions we have to answer questions in order to check our knowledge." This ensured that the training was effective and the staff had the knowledge to support them with their roles.

We saw evidence that the Care Certificate was in place at the service, with new staff that do not have previous experience in a care setting being enrolled on the course. The Care Certificate was officially launched in March 2015 and is the new minimum standards that should be covered as part of induction training of new care workers. Employers are expected to implement the Care Certificate for all applicable new starters from April 2015.

The service had a training matrix, which showed what training every member of staff had completed. We saw that all staff had received training in key areas such as safeguarding, moving and handling, infection control and medication. We saw that the service's computer system identified when staff were due to complete refreshers and these were then scheduled.

The staff we spoke with told us that supervisions were completed and they found the process useful, however there was discrepancy into how often these occurred. One person told us, "I get supervisions every six months." Another person said, "We have supervisions, these are usually six monthly." Whilst a third said, "Every month or so they arrange these and I get to talk one to one." We spoke to a care co-ordinator who told us that, "Supervisions are usually twice yearly, however some need more than others, so we will schedule these accordingly." We saw evidence of completed supervision documentation in the ten staff files we looked at. We also saw that all staff had completed yearly appraisals. We saw that the service had recently introduced a computerised monitoring system for the completion of supervisions and appraisals, to ensure that these were completed on schedule.

There was evidence within the 16 care plans we looked at that people's nutritional and hydration needs were addressed. People we spoke with told us they had no concerns in this area and felt well supported. One person told us, "I always get enough; they make sure I've always got a drink to hand." Another said, "They make my breakfast and lunch and I get a drink whenever I want. I choose what I want to eat and they make it." A third told us, "Yes, they are very good with this, I get plenty."

Staff told us that food and fluid monitoring sheets were in place for some people who used the service and that information about what people had eaten and drank was also recorded on daily logs.

We received differing feedback from the people we spoke with about whether they had been involved in decisions around agreeing to the care and support they received. One person told us, "No, this was done for me, but I knew all about it and have no complaints." Another said, "It wasn't really an official meeting, but I did talk with them about this." Whilst a third said, "Yes, and I'm very happy with what I get." We asked relatives if they had been involved in care decisions. One told us, "Yes, I was from the beginning." Whilst another said, "No, I left this to social services to sort out." We saw in each of the 16 care files we looked at, that either the person themselves, or their representative where necessary, had signed a contract agreeing to the care and support received. We also saw evidence that reviews of the care provided were carried out and these were signed and dated by the person or their representative as well as the service.

We asked people who used the service whether staff sought their consent. One person told us, "Yes, they ask and I tell them if it's okay or not." Another said, "Yes, they do, they are very good." A third stated, "Yes, they always ask before giving me my medicines or anything else." One of the relatives we spoke to told us, "Yes, we get on very well; they will chat to [person] and check they are happy with everything."

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 the service had an appropriate MCA policy and associated procedures in place and staff had all received training in this area. One staff member told us, "I know about capacity, we have training about this." A second said, "Mental capacity is to do with whether someone has the ability to make certain decisions for themselves." Whilst a third added, "I know about capacity, we assess whether people have this or not."

Is the service caring?

Our findings

People who used the service told us that staff were kind and caring. One person told us, "They are very kind and caring." Another said, "The staff are wonderful, not a bad word to say about them." A third told us, "All the staff I have had have been very good, they are kind and very caring." A fourth stated, "I get on better with some than others, a couple of them I look on as friends, they would do anything for me, nothing's too much trouble."

We asked people we spoke with if they felt treated with dignity and respect by the staff that supported them. One person said, "Oh yes, all the time." Another told us, "Yes, they treat me very well." A third said, "Yes, they do."

Staff members displayed a clear understanding of the ways in which dignity and respect could be maintained. All 11 staff spoken with referred to closing doors and curtains, using towels to protect modesty and asking the person before commencing a task. One staff member told us, "I close curtains and only undress as much as is necessary to complete the task I am doing. I always ask before doing anything." Another said, "I respect their privacy. I ask first what they would like me to do." Another told us, "I ask for consent, make sure it's okay, then close curtains, cover with a towel, make sure the door is closed, things like that."

The staff we spoke with displayed awareness and understanding of how to promote people's independence and the importance of providing choice. One told us, "I provide choice, such as asking them what they want to wear, would they like to wash, then let them do as much for themselves as they can." Another said, "I encourage people to do things for themselves, rather than do things for them. If they can't manage I will help out." Whilst a third said, "It's about trying to build up confidence, coaxing and encouraging each person to do things for themselves."

The people we spoke with confirmed that staff supported them in maintaining their independence. One told us, "Yes, they call me 'miss independent'; I like to do things for myself." Another told us, "Yes, they let me do things myself; if I can't do something I will ask and they will assist." Another said, "I know what I can and can't do and so do the staff, they help me where I need it."

People we spoke with told us that they were offered choice by the staff that supported them. One told us, "I chose what I want to do and what I want to eat." Another said, "I tell them what to give me, they always listen." A third person told us, "The staff always let me make choices for myself." A relative told us, "They always ask and let [person] choose. He has his own way of communicating, which the staff who support him are familiar with and they respond accordingly."

We saw that all people who used the service received their own care file which contained copies of all documentation relating to their care package, including an easy to read summary of the support they received. This briefly stated what support had been agreed, the reason why and when it would be provided. This made it easy for people to see and understand their care.

Is the service responsive?

Our findings

We spoke to people who used the service and asked if they had been involved in planning their care, one person told us, "Yes, I was involved from the beginning." Another person said, "Yes, I think I was." A third person said, "Yes, someone came round to see me and asked me what I wanted." Whilst a fourth told us, "No I wasn't, as my family did this on my behalf." A number of people we spoke with could not remember if they had been involved, however we saw in the care files of two of these people, signed documentation evidencing that this had occurred.

We looked at whether the service was responsive to people's needs. We saw that each person's care file contained a needs assessment which was updated following any changes that either stemmed from staff feedback or care reviews held with the person and/or their relative or representative. We asked the people we spoke with if they felt the service was responsive to their needs, one told us, "Yes, there have been one or two things which have come up, they have sorted these no problem." Another said, "Yes they are, when I went into hospital they stopped the support, but re-started it as soon as I came out, this was really helpful."

We looked for evidence of person centred practice. We saw that all care files contained detailed care needs and risk assessment documentation specific to each individual. Each file included a social history and personal profile section, which was written by the person or on their behalf by a relative, explaining all about their life history, likes, dislikes, interests and other notable information. We saw that information contained in these sections was used to inform the care plans. In one instance, a person's method of non-verbal communication was included, to ensure staff were able to communicate effectively and respond to the person's wishes. All the 16 care plans we reviewed also provided guidance around people's communication needs and religious and cultural beliefs. This ensured that staff were provided with a good understanding of each person they supported and could ensure the care provided was individualised and person centred.

We spoke to people about whether they were asked for their views on the care and support they received. Whilst three people confirmed that they had met with staff from the service to discuss their care, the remainder could not remember doing so. However we noted in each of the 16 care files we looked at, that care reviews had been completed on an annual basis and these had been signed and dated by the staff as well as the person using the service or their representative. We also saw that spot checks were completed at least every 12 months, although some people had these as many as three times per year, during which one of the seniors would review care records, care plans and risk assessments, discuss continuity of care, ask for feedback on service provision, ask for feedback about staff conduct and competency, ensure the person was happy with the care they received and ask them to rate the service overall. Again these documents were signed and dated by all parties involved.

We asked the people we spoke to, if they had ever been asked for their opinion or completed questionnaires about the service they received. One person told us, "Yes, I have been asked. I am very happy with what I get." Another said, "My family may have seen the questionnaires as they sort out my mail, although I am happy with the service and have told them this." A third said, "Yes I have, I filled out some forms about this."

We saw that the service held a drop in at a church hall in Standish every Thursday afternoon. We were told that this was open to both staff and people who use the service. The purpose was to provide people from the area with the opportunity to come in and talk to the manager and other senior staff from the service, rather than having to do so by phone or travel a long way to the main office.

We noted that satisfaction surveys were sent out every 12 months to all people who use the service, with a report being produced every January, which included what had been done to address any issues raised. We looked at the feedback from the last satisfaction survey and saw that the service had sent out 334 questionnaires and received 59 replies. The survey looked at a number of areas including continuity, reliability, flexibility, attitudes and dignity and characteristics which covered areas such as if people would recommend the service, if they felt listened to. People were asked to rate the questions in each area on a scale ranging from never to always. People were also asked to provide feedback on what the service had done well and where it could improve. We saw that in all but the area of flexibility, the service had been rated as either 'most times' or 'always' by 90% of the respondents.

The service had a detailed complaints policy in place. We saw that as well as having a complaints file for logging and storing any official complaints received, the service also documented more minor issues received over the phone on a separate log, which had to be actioned and signed off by the registered manager. Each person who used the service was provided with a copy of the policy, information on how to complain and a copy of the complaints form, within their personal care file. We saw that all complaints received had been fully investigated by either the registered manager or the organisations compliance officer, with detailed documentation covering each stage of the process. The people we spoke to were all aware of what to do should they want to make a complaint, one told us, "I would tell them, the staff, if I had any concerns." Another said, "I would ring up the office." Whilst a third told us, "I would speak to [staff member's name]; she's in the right job that one, knows what she's doing." A fourth said, "I would ring the office in Hindley and speak to them there."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service also employed five co-ordinators, who were responsible for overseeing the day to day operation of the domiciliary care service, and four seniors who were responsible for overseeing care plans and completing reviews with people who used the service. Due to the setup of the service, people we spoke with tended to refer to either a senior or one of the co-ordinators when asked if they knew who the manager was. One person said, "I know [name of senior], but not sure if she is a manager." Both another person and a relative told us, "Yes, I have met [co-ordinator], she's very nice." Whilst a third person said, "Yes I know the manager; I have met her and spoke to her on the phone."

We asked staff whether they enjoyed working for the company and if they felt supported by the management team. A number of staff had transferred to the company in the last 12 months as part of the TUPE (Transfer of Undertaking (Protection of Employment) Regulations 2006) process. This is when one provider takes over the provision of care in a particular area from another provider and inherits their staff in the process. We spoke to three such staff, who were all positive about the process. One told us, "The transition has been fine; I like it here so far." Another told us, "Yes, seems to a supportive place." Of the remaining eight staff members we spoke to all except one told us they enjoyed working for the company and that the managers were supportive. One said, "I like my job, they [management] are supportive, especially [co-ordinator's name]." Another said, "I feel like if I need anything I'll get support. I have had some health issues and [registered manager] has been very supportive about this." A third said, "[Manager's] brilliant, I suffer from anxiety and she's supported me with this."

We also asked staff for their opinions on the culture of the service. They told us the service was friendly, supportive and that people were approachable. We saw that the service validates staff on a monthly basis through an 'employee of the month' programme. Staff members are chosen based on nominations from people who use the service along with their colleagues and receive a gift and certificate for winning. We saw that a photograph of each winner over the last year was on display in the office.

We looked at whether the service held regular staff meetings and were told by one of the co-ordinators, that the service aimed to hold four staff meetings per year. The registered manager told us that due to the two TUPE transfers and the need to utilise the seniors and co-ordinators to cover people's calls, meetings were running behind schedule this year. Staff we spoke to confirmed this was the case. From the staff meeting file, we saw that four meetings had taken place in 2015, but only one had taken place so far this year. However we saw that the weekly drop in session on Thursday afternoons, had happened consistently and staff who attended this regularly told us they found it beneficial.

Records viewed confirmed that the service undertook spot checks of staff carrying out their work. Each of

the 10 staff files we looked at contained completed documentation evidencing this. Staff that we spoke to also confirmed that this took place. One told us, "I have one of these every four months." Another said, "Yes, a senior does this every three months or so."

We saw that the service completed a number of quality assurance audits on either a weekly or monthly basis. One of the administration staff had recently commenced a dual role and now acted as the services compliance officer. At the time of inspection they were part way through a complete audit of all care files, ensuring all paperwork was up to date, all necessary documents were present and that the required reviews and spot checks of people's care had been carried out as per guidelines. We saw that amongst other things, they also audited continuity of care, call alert data and staff punctuality.

The computer system in operation at the service allows for ongoing monitoring and reviews of service delivery. Upon arrival at a person's house, staff scan a quick response (QR) code via their smart phone, which is then logged by the computer system; they scan the same QR code when they leave. This allows for the service to monitor second by second when staff are arriving for the calls and how long they stay there for. The data this produces is audited every week, to show how many calls were made, how many were on time, whether staff stayed for the allotted time. We saw that explanations for any anomalies, such as staff spending less time than agreed on a call were included in this audit process.

We saw that the three company directors completed monthly audits of the service, which they termed 'monthly operating reviews'. These were a comprehensive audit of the overall performance of the Wigan branch which looked at overall performance in regards to provision of care, workflow, staffing levels, complaints, compliments, safeguarding, training needs and completion and health and safety. For each area an action plan had been drawn up and feedback provided as to what had been done.

The service had a range of policies and procedures in place, which were accessed via the computer system. This included key policies on medicines, safeguarding, MCA, moving and handling and dementia care. Policies were regularly reviewed and updated centrally at provider level, so that the most up to date copy was always available. We saw evidence that staff had both access to and an awareness of policies and procedures and were provided with copies of the ones most relevant to their role as part of the induction process.