

Carers Direct Homecare Ltd

# Carers Direct Homecare


## Inspection report

94 New Walk  
Leicester  
LE1 7EA  
Tel: 0116 255 7237  
Website:  
www.enquiries@carersdirecthomecare.com

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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?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

Carers Direct Homecare Leicester provides personal care for people living in their own homes. The manager informed us that there were 19 people receiving a service from the agency.

This inspection took place on 12 and 16 November 2015. The inspection was unannounced.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We spoke with two people who received a personal care service from the agency and five relatives. We also received survey information from three people that used the service and five relatives. We spoke with three staff and received survey information from 12 staff that worked for the agency and a community professional.

# Summary of findings

People using the service and the relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff were trained in safeguarding (protecting people from abuse) and generally understood their responsibilities in this area.

Some people's risk assessments were in need of improvement to help ensure staff understood how to support them safely.

We saw that medicines were given safely and on time. Some improvements were needed to evidence that medicines were always properly supplied to people.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Staff needed more training on some issues related to people's care to ensure they had the skills and knowledge to be able to fully meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had were supported to eat and drink and everyone told us they told us that thought the food prepared by staff was satisfactory.

People's health care needs had been protected by timely referral to health care professionals when necessary.

People and relatives we spoke with told us they liked the staff and got on well with them, and we were told of many instances of staff working with people in a friendly and caring way.

People, or their relatives, were involved in making decisions about their care and support.

Care plans were individual to the people using the service and generally covered their health and social care needs though some needed more detail to cover all the needs that people had.

People and relatives told us they would tell staff or management if they had any concerns and were confident they would be followed up. Complaints recording needed improvement to ensure all issues of concern were followed up.

Staff felt that they were supported and were very satisfied with how the agency was run by the manager.

Management carried out audits and checks to ensure the agency was running properly though these needed to be expanded to ensure all essential issues were covered.

# 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 fully safe.

People said that they felt safe with staff from the service. Staff knew how to report incidents of potential harm to the management of the agency and they were aware of safeguarding agencies to report to if abuse occurred.

People's needs in relation to protecting their safety were not fully in place.

Assessed risks were not Comments on risk were not consistently managed or monitored.

Staff recruitment checks were in place to protect people from unsuitable staff.

Medication had been supplied to people, though systems needed more detail to prove that people always received their medicines.

Requires improvement



### Is the service effective?

The service was not consistently effective.

Staff were not fully trained to meet all the care needs of people.

People's consent to care and treatment was not fully sought in line with legislation and guidance.

People were assisted to eat and drink when needed and they told us the food served to them was satisfactory.

Requires improvement



### Is the service caring?

The service was caring.

People and their relatives told us that staff were friendly and caring.

People or their relatives had been involved in setting up care plans that reflected people's individual needs.

Good



### Is the service responsive?

The service was not fully responsive.

People and their relatives reported that care had been provided to respond to people's needs. However, care plans needed more detail to contain full information on how to respond to people's needs. Calls to people were significantly late at times so care had not been delivered at the time they needed help.

All complaints had not been properly recorded and responded to. People have not been supplied with the full complaints procedure. Staff had contacted medical services when people needed support.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not consistently well led.

People and their relatives told us that management listened and acted on their comments and concerns.

Staff told us the registered manager provided good support to them and had a clear vision of how friendly individual care was to be provided to people to meet their needs.

Some systems had been audited in order to provide a quality service though these needed to be expanded to ensure all systems were monitored.

**Requires improvement**



# Carers Direct Homecare

## 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 & Social Care Act 2008 Regulated Activities Regulations 2014, 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 12 and 16 November 2015 and was unannounced.

The inspection team consisted of an 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 asked the provider for information about the service which was called the provider information return. We received this information which contained details about the quality of the service provided.

We also reviewed information we received since the last inspection. We also received information of concerns received about the service., including complaints information received from a person who received a service from the agency and a concerned member of the public.

We spoke with the registered manager, the care coordinator, two people that received personal care from the agency, six relatives and three care staff. We also received survey information from three people who used the service, a community professional, seven relatives and 12 staff.

# Is the service safe?

## Our findings

A person using the service told us, “I feel completely safe with staff from the agency. Another person said, “there is no problem with staff. They are all good.”

All the relatives of people we spoke with told us their relatives were safe in the care of the staff. One relative told us, “My (name of relative) is very comfortable with them (the carers). When they are here I can relax. I know he is safe”. The staff we spoke with were aware of risks to people.

All the staff we spoke with had been trained in safeguarding and understood their responsibilities. Staff were also aware of reporting concerns to other relevant outside agencies though they were unaware of the local safeguarding authority, which is the agency responsible for protecting people from abuse. The registered manager said he would ensure that staff were aware of all agencies to report abuse to.

The provider’s safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, we found they did not contain the contact details of all relevant agencies where staff could report their concerns to. The registered manager said this information would be included.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the local authority, CQC, or police. This meant that other professionals were alerted if there were concerns about people’s well-being, and the registered manager and provider did not deal with them on their own. We saw that the procedure had been recently followed for one situation that had been reported to the relevant authorities. This meant that the person’s safety was protected.

People’s care records showed risk assessments were completed to protect their safety. These included people at risk of falling when walking or moving around, and risk assessments to protect people from developing pressure sores. Equipment to be used was listed in the care records. For example, some people had bath aids. This meant that people could receive help and support to keep them safe when they needed it.

We found some risk assessments were not fully detailed. For example, we saw in daily records that a person had pressure area care to prevent pressure sores. However, there was no assessment of whether the person needed a pressure cushion in place to protect their skin. In this person's care plan it also stated that staff needed to ensure the person was sitting properly on the toilet due to the risk of falling but the risk assessment form did not include whether grab rails were needed. In two people's care plans it stated it stated a soft diet was needed. However, there was no specific information as to what constituted a soft diet. Another person was said to have times when he became angry and frustrated. However there was no detailed risk assessment in place to help staff to manage these situations. This meant risk assessments to keep people and staff safe were not fully in place.

Risks within people's homes had been assessed and managed. For example, in one person's care plan it stated there was a risk when the person travelled along the passageway outside their home as there were no lights to help the person see. However, there was no information that these lights had been fitted. This did not safely protect the person’s health.

The registered manager stated that all assessments and care plans will be personalised and fully detailed.

We found that usually sufficient numbers of staff were available to meet people’s needs as all relatives, except one, told us that calls were on time and they received the agreed time to receive their personal care. One person told us that if staff were running late, the office would ring to inform them. However, one relative said that approximately once a week, staff were up to an hour and a half late. This did not ensure the person was safe as they needed assistance to ensure they remembered to take their medication and to have food and drink. The registered manager said this would be followed up.

All the staff we spoke with had been trained in safeguarding and understood their responsibilities. Staff were also aware of reporting concerns to other relevant outside agencies though they were unaware of the local safeguarding authority, which is the agency responsible for protecting people from abuse. The registered manager said she would ensure that staff were aware of all agencies to report abuse to.

## Is the service safe?

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, we found they did not contain the contact details of all relevant agencies where staff could report their concerns to. The registered manager said this information would be included.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the local authority, CQC, or police. This meant that other professionals were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own. We saw that the procedure had been recently been followed for one situation that had been reported to the relevant authorities. This meant that the person's safety was protected.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to

start, checks were made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. These showed that the documentation for staff was in place and people receiving the service were protected from unsuitable staff.

We looked at how medicines were managed in the service and we saw evidence that the person had received their daily medicines. However, the medicine chart did not contain information on the specific medicines the person was taking. This meant that there was no check as to whether the medicine prompted from the container was actually the medicine prescribed. The registered manager said he would follow this up.

We saw that staff had been trained to support people to have their medicines and administer medicines safely. The medicine procedure stated that all staff needed to be trained to administer medicines properly. The registered manager stated that staff have medication training upon induction and refresher training at least annually.

# Is the service effective?

## Our findings

People felt the staff were trained to carry out their role. One person told us, "They (the carers) know what they are doing with my (name of relative). We have a small team and they all know him very well".

Staff told us that they felt that they had enough training to competently provide supply care to people. One staff told us, "When I started working I was trained and have been updating the knowledge on those subjects by refreshing them on a regular basis." Another staff member told us, "This year company introduced care certificate training and I did all of them with other members of staff. That was really good and helped me to reflect my knowledge." (The Care Certificate is nationally recognised training for care staff.)

One staff member told us, "There is lots of training we have to do and it is good so I know how to do everything". Another staff member told us that she had carried out training in relevant topics such as protecting people from abuse, dementia, health and safety, moving and handling techniques, fire and infection control procedures.

The staff training matrix showed that staff had training in essential such as moving and handling, infection control, dignity and respect, person centred care, health and safety, food hygiene, first aid, protecting people from abuse and mental capacity act. New staff are expected to complete the care certificate induction training, which covers all essential issues and is recognised as providing comprehensive training. A number of staff had also completed other relevant nationally recognised training. There was no training regarding important issues such as how to deal with behaviour that challenged the service, end of life care, and health conditions such as Parkinson's disease, stroke care, motor neuron disease, brain injury and cerebral palsy. This meant there was a risk that effective care would not be provided to people.

For issues where staff had not been trained, the registered manager stated that all staff will have access to various specialist training and all people using the service would have a mental capacity assessment. This would mean that staff would be fully supported to be aware of and able to respond effectively to people's needs.

Staff undertook an induction which included shadowing experienced staff on shifts. The staff we talked with said they had supervision and we saw evidence of supervision in records. This provided staff with support to provide effective care to people.

We assessed whether the provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

There was some evidence that people's of mental capacity had been assessed as assessments for individuals as they people were asked for consent to deal with relevant issues such as medication and sharing details with relevant lead agencies. However there was no detailed information as to whether people had mental capacity for all relevant issues. The registered manager said this would be followed up.

Staff told us that they talked with people they supported and asked them for their approval before they supplied provided care to them which told us that staff sought people's consent. before providing personal care to them.

Staff told us that they had training in the Mental Capacity Act 2005. When we asked them, they were aware of how to look at people's capacity to make day-to-day decisions about aspects of their care and treatment.

People's care plans gave information about the person's support needs in relation to eating and drinking. A relative said "I usually help my (relative's name) with meals but sometimes the care staff do it too. They are very good they sit and make sure they don't rush her".

Another relative told us, "(Staff) help with the meals".

We saw evidence in care records that staff had left people with food and drink of their choice. People we spoke with said that the food prepared by staff was satisfactory. They told us that their choices were respected and staff knew what people liked to eat and drink. We also saw evidence of this in people's care plans. We also saw that people are encouraged to eat if this was part of their care plan.



## Is the service effective?

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

People told us they were able to see a GP when they needed though there was little need for staff to arrange this as most people lived with their families who arrange this for them. There was evidence in records that people had seen medical personnel such as community nurses and GPs.

# Is the service caring?

## Our findings

The people we spoke with told us staff were friendly and caring. One person said, "They are really nice staff." Another person said, "I cannot fault her (care staff) attitude. Everyone is very friendly."

All the relatives we spoke with told us they felt staff were very caring with their family member.

One relative said, "They (the staff) have got to know my (relative's name) very well. They have a laugh and joke and it makes him very happy". Other relatives told us, "They (the staff) are brilliant; they treat my (relative's name) with such dignity and respect but at the same time make him smile". "I have a good relationship with them. They are very caring". "The carers ... both talk to him and ask him questions how he has been since there left him and what he has had to eat which breaks the ice with dad and he drops his wall and tries to hold a conversation with them. This has made such a difference to his wellbeing."

People described staff that were patient and supplied help to people at the pace they wanted. One person said "They (the staff) are very patient with her. If there were any problems my (relative's name) can say."

A relative told us how staff went out of their way to keep their relative warm; "My (relative's name) gets very cold at times the staff keep him warm and wrapped up well". Another relative said, "They (the staff) are very polite and helpful we are very happy".

Everyone told us that staff understood the cultural needs of their relative. People told us staff could speak in the dialect of the person being cared for. One relative said "The carers can speak Punjabi with my (name of relative). It does make a big difference".

A staff member told us, "High standards service are provided to all regardless of individuals religion, race, gender, sexuality, age, beliefs and type of disability. Service users are really looked after properly, listened to and involved in assessments."

A community professional told us, "In regards to the customer who uses Carers Direct Homecare, he is extremely pleased and happy with the service he receives. The manager has taken the customers preferences and care needs and applied his staff to provide competent and quality care."

People also told us that they felt that their dignity and privacy had been maintained. The staff we spoke with could describe how they would preserve people's dignity during personal care such as covering exposed parts of the body when washing people so not all of the body was exposed. This was a good example of a caring attitude.

A relative told us that staff were very good at supporting their relative to do as much as they could for themselves "They (the staff) make my (relative's name) very happy they take time to make sure they don't rush. It is important that (relative's name) does as much as she can for herself, they support her to keep doing things for herself". The people we spoke with agreed with this saying that they were helped to maintain their independence.

The staff we spoke with could describe how they would preserve people's dignity during personal care such as covering exposed parts of the body when washing people so not all of the body was exposed. This was a good example of a caring attitude. Staff told us that they respected people's privacy and dignity. They said they always knocked on people's doors before entering their house or bedroom. One staff member told us, "We are taught to respect people's privacy. We will shut the door when people are using the toilet and we ask other people in the room to leave when we help people with personal care."

The staff we spoke with understood the importance of ensuring people could make choices about their day to day lives. One staff member told us, "People are entitled to choose what they want. For example, what clothes they want to wear and what food they want to eat."

We looked at the staff handbook which is supplied to staff. This contained the agency's philosophy of care which outlined that staff should be compassionate and caring, protect people's dignity and respect and promote people independence. This set a good model to ensure people were all treated in the caring manner and with respect.

People and their relatives told us they had been involved in setting up the care plan. One relative said, "We sat down the start to discuss my (relative's name) needs. It was very thorough and I signed to say it was right."

We saw that people's care plans were developed with their or their relative's involvement. This meant that people had been given the opportunity to produce a plan of the care

## Is the service caring?

they felt they needed and to agree to their care plans. We saw that people or their relatives had signed to agree their care plans which indicated participation in a planned to meet their needs.

# Is the service responsive?

## Our findings

People told us that the agency and its staff were responsive to people's needs, ““The agency is very accommodating which help us a lot. From our point of view are receiving excellent service. My care workers are all really good and I don't need to complain. I'm grateful to the agency and my care workers.” I have no complaints about the care agency. If there are any problems, I am confident they will be resolved asap” and “I have found the manager and care workers very reliably and trust-worthy. Caring, quick in responding at all times, even out of office hours.”

“No complaints so far. Agency has helped us to relax as I feel safe. [Name removed] enjoys the company of his care workers as agency has matched with his needs and preferences. Agency has proved to be quick and efficient by acting on my request, i.e. arranging care worker on short notice for his hospital appointment.” “The care company provide a very good service. Communication is no problem. They cater for all the needs for father. He is very contented.” “We happy with them. We can contact with them out of hours. Care workers are good and reliable, company is good and responsive.” “Manager regularly visits and gets on really well. We feel safe with them, timekeeping skills are good, they are available to answer the calls out of hours and weekends.”

Relatives we spoke with described care plans which provided staff with relevant information of how to properly supply care to meet people's needs. supply care to people. They described staff working with them and supporting them to give the best care they could to their relative. One relative said “They try very hard to accommodate me. I need them (the carers) to work with me not against me and that's what they do”.

Two relatives told us they had been visited by the registered manager to see if they needed further support. This showed that the agency service was responding to people's changing needs.

Relatives told us they knew the carers that looked after their relatives. Three relatives told us they had requested the same carers so they would have continuity of care for their relative. One relative said, “I needed to know that my (name on relative) would get to see the same people. I think it's important they all get to know each other well so they can understand her needs fully”.

Another relative told us, “We are getting the same carers, they are men which is good as I asked for male carers. I was offered the choice but know my (name of relative) would be more comfortable with male carers”. Another person said “We have a team of three, they cover for each other. They are all male. I wanted continuity and this company were very accommodating”.

We saw that care records and risk assessments were reviewed by the registered manager to ensure that care was responsive to people's needs. However, one person said that staff that she knew well, and who were fully aware of knew her needs, had been moved from her for no reason and she wanted continuity of staff.

Everyone, except one relative, told us that staff arrived on time unless there was a problem with traffic. If this was the case, staff informed them they would be late so they would not worry. One person said “They are always on time but if stuck in traffic they would let us know they are going to be late”. However, one relative said that approximately once a week staff would be significantly late and this caused problems for her relative. We also saw in a person's records that staff were up to over an hour and a half late for a number of early-morning calls. This is not an example of providing care that responds to people's assessed needs. The registered manager said he would follow this issue up.

The staff we spoke with were aware of people's preferred routines and needs.

People had an assessment of their needs and a personal profile in the care plan. This included relevant details such as the support they needed and information as to their personal history and background. There was also information about people's preferences, for example what time they wanted to get up in the morning, what assistance they needed, and how they wanted their tea to be made. There was information about people's background and interests, what they liked and didn't like and their interests. This helped staff to respond effectively to people's individual care needs.

We saw that care plans supplied information to meet people's needs. For example, it instructed staff to report any changes to management if a person with diabetes developed ill-health. Staff told us that they were expected to read people's care plans so they could respond effectively to people's needs.

## Is the service responsive?

However, we found care plans did not always supply detailed information to meet people's needs. We looked at the care plan of a person assessed as having a risk of developing pressure sores. This care plan contained relevant issues but there was no record of whether the person needed a pressure cushion when sitting in a chair. Having this information will assist to provide responsive care to meet the person's health needs. Care plans also contained incorrect information such as referring to the person's spouse when the person was single, or referring to a person as a female when they were male.

Although people receiving service from the agency were all from minority communities, there was little information regarding the person's cultural or religious practices, for example, if there was a need for staff to take off their shoes when entering people's houses. This meant that staff did not have full information to ensure the needs of people from differing cultural communities would be responded to. The registered manager said this would be followed up.

Most of the relatives we spoke with told us knew who to contact if they needed to make a complaint or give feedback to the company.

Most people or their relatives told us that management staff had always been responsive to their concerns. No one mentioned any situation or instance where their issue was not resolved to their satisfaction.

However, we found in the information provided for people using the service, there was no detailed information as to how to make a complaint. One relative told us that she did not know how to make a complaint as no detailed information about doing this was received in any information about the service. This meant that people were not supported to make a complaint in order for their concerns to be addressed and the risk of not having the opportunity to receive care that was responsive to their needs. The registered manager stated that care plans will include full details and contact details of the complaints policy.

Staff told us that they would report any complaints to the manager and they were confident they would be dealt with speedily and effectively.

The provider's complaints procedure, separate from information supplied to people using the service, gave information on how people could complain about the service if they wanted to. This included information on contacting the local authority should a complaint not be resolved to their satisfaction and giving information about advocacy services if a person needed support to make a complaint. However, it also stated that complaint investigations should be completed within six months. This appeared to be an extended time in resolving complaints. The registered manager said this procedure would be altered accordingly.

We looked at the complaints file. There were only a small number of complaints on file. These complaints had been investigated and dealt with by the registered manager. However, staff told us that some people had complained about not having continuity of care staff. There were no details of those complaints on file. It appeared that complaints had only been recorded where the person had made an official complaint. This meant people were at risk of being denied care that was responsive to their needs.

One person said that when he felt unwell a staff member had contacted the GP to come out and see him. A relative told us, "My father in law had urinary catheter in place before the personal care services were started by the agency. Today he does not have urinary catheter. We are happy as agency staff dealt professionally with Multi-Disciplinary teams to identify the need of removing catheter as he was prone to UTI's." A community professional told us, "The manager has communicated well with my organisation and is aware of seeking advice from specialist areas in social care." We saw in records that when people were unwell, staff had reported this to medical services. This told us that people had received care responsive to their needs.

# Is the service well-led?

## Our findings

The people we spoke with said that the agency was well run. One person said, “The manager checks with me that everything is good.” All the relatives we spoke with, except one, said they would recommend the company to other people if they needed personal care.

One relative told us they had had this company recommended by a friend as they had been unhappy with a previous company. This person said, “The past company wasn’t as reliable. My friend suggested I try (company’s name) and it has been very good so far. There is continuity and choices”.

Other relatives told; “I am very satisfied customer, very happy with everything”. “Brilliant manager very good”. “I am here all the time so I see everything. I would recommend this company”. “The manager comes regularly to check everything is OK and I give him verbal feedback at that time”. “I’ve had a visit to check all is OK, the manager pops in to check the situation”. These comments showed a well led service responsive to people's needs.

Staff told us that the registered manager was very supportive to them and they felt they could approach the manager about any concerns they had. Staff told us, “Agency is helpful if I am not well or I need to change my shift. The manager is always supporting whenever I need help.” “I have learnt a lot since I have joined the agency. The manager is really helpful. My manager has made arrangements for supervision in the office such as one to one meetings on regular basis plus he also carries out spot checks. I feel very proud to be working for this agency.” “I am happy to work with the company and enjoy working with them. I have been trained and receive regular supervisions from my manager. He listens to me every time I need support.” “I am very happy to work with this agency. The manager is always helpful. He helps everyone in the company. I feel valued member of the team. I have no problems at all.” “My manager is doing very well for staff and people who use the services. I have not heard anything against the company or manager. Office staff are excellent.” These comments showed that staff were supported in providing a quality service.

Staff told us that they felt the registered manager always put people's needs first. The registered manager frequently worked care shifts alongside care staff so was aware of the issues that face staff. This made the manager accessible to staff at all times.

Staff we spoke with said they were given clear guidance on maintaining personalised care for people. They also said that essential information about people’s needs had always been communicated to them. These are examples of a well led service.

We saw that staff had been supported through individual supervision and staff meetings, though staff meetings were not held regularly as there were up to 5 months between meetings. Records showed that issues about staff practice were discussed in staff meetings. Staff supervision records evidenced that supervisions covered relevant issues such as training and their performance. This meant that staff were supported to discuss their competence and identify their learning needs.

We saw information that people receiving the service were asked of their views through satisfaction surveys. The views we saw were overwhelmingly positive about the quality of the service.

We saw quality assurance checks in place. For example, we saw audits of care plans and. Staff also had periodic spot checks where management staff visited people’s homes to check that staff were providing a quality service.

Although we saw an audit report for the agency, the registered manager had not fully implemented a robust system to ensure quality was monitored and assessed within the service as they were no systems to evaluate important issues such as the quality and extent of staff training, staff recruitment checks and whether calls to people have been on time. The manager said he would extend the quality checks system to ensure that all essential systems were audited. The registered manager stated that a robust auditing system was in place and will be used to identify any assessments, care plans, reviews, observations, and training that is due.