

Ms Beverley Harker

# Springboard Business Centre

## Inspection report

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### 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 

### Overall summary

Mrs Beverley Harker is a registered individual who owns and manages a domiciliary care service from the registered location Springboard Business Centre. Locally the service is known as Quality Care Services, although this is not the name registered with the care Quality Commission (CQC). The service provides personal care and domiciliary services to people living in their own homes, including older people, younger adults and people living with dementia. The service provides services to people living within the Stokesley, Great Ayton and Ozmotherly areas. At the time of this inspection the

service employed 16 care staff and provided care to 51 people. The service focuses on providing private care, but also provides some support funded through the Local Authority when needed.

The service is not required to have a separate registered manager, because the registered provider is an individual who is registered with us. 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.

# Summary of findings

People were protected by the service's approach to safeguarding and whistle blowing. People who used the service told us that they were safe, could raise concerns if they needed to and were listened to by staff. Staff were aware of safeguarding procedures and could describe what they would do if they thought somebody was being mistreated. Staff also told us that the registered provider listened and acted on their feedback.

Safe arrangements were in place for staff recruitment and enough staff were available to provide people's care. People who used the service and their relatives told us that staff were consistent, reliable and provided the service that had been agreed. Staff confirmed that rotas were well organised and that staff knew what they were doing well in advance.

The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care.

Safe systems were in place for assisting people with medicines, where this was part of their agreed care plan. Records and discussions with staff evidenced that that staff were trained and checks took place to ensure medicines were being given safely. Some more detailed information about creams would have been useful in one of the care plans we looked at.

People were cared for by staff who were appropriately supported and provided with training to help them carry out their role. People who used the service told us that their staff were competent and knew what was expected of them. Staff told us they were well supported by the registered provider, who had clear expectations and acted on feedback. The registered provider monitored staff performance during care visits, reviews and one to one discussions.

This service supported people in their own homes and only provided help with meal preparation, eating and drinking where this has been agreed as part of the person's individual care plan. Information about the help people needed with meal preparation, eating and drinking was included in people care plans where this was appropriate.

People's care records included information about their health and wellbeing, so that staff were aware of

information that was relevant to people's care. The staff we spoke with were aware of people's health needs and could describe what they would do if someone was unwell or needed medical support during a care visit.

People who used the service told us that staff were caring, treated them well and respected their privacy. Staff were able to describe how they worked to maintained people's privacy and dignity.

People's care records showed that their needs had been assessed and planned in a person centred way. People who used the service and their relatives told us that they were involved in planning and reviewing their care service and that their views were listened too. Staff confirmed that they were introduced to people using the service before providing care and always had detailed information about people's care needs.

People had written information about the formal complaints process available in their care files. People also told us that they had been encouraged to get in touch with the registered provider if they had any issues or concerns about their service. There had been no recent complaints about the service, but many compliments and letters of thanks.

The service had an appropriate management structure for the size of service. People who used the service knew who the registered provider was and told us that they were approachable and caring. People also confirmed that they had regular contact with the registered provider who checked that they were happy with their service. Staff told us that the service was well managed and organised.

Although there was not a formal programme of audits, the registered provider was able to describe a number of positive quality monitoring activities that were undertaken (which were also confirmed by people using the service, relatives and staff). Many of these were informal and not recorded, but no-one we spoke with as part of the inspection had any concerns about the quality of care provided by the service or improvements that needed to be made.

The health and social care professionals we spoke with as part of the inspection told us that the service was reliable and professional, and that they had no concerns about the quality of people's care.

# 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 safe.

People who used the service were protected from abuse, by staff who understood how to recognise and report any concerns about people's care.

People's needs were assessed to identify risks that were relevant to the care being provided. Care was provided by staff that had been recruited safely and were effectively organised to provide the care and support people needed.

Good



### Is the service effective?

The service was effective.

Staff received the training and support they needed to do their jobs. Where people's needs included support with eating and drinking this was detailed in their care plan. Information about people's health and wellbeing was included in their care records and staff were able to describe how they would help people to access medical care if needed.

Good



### Is the service caring?

The service was caring.

People were treated in a caring way and staff understood the importance of maintaining people's independence. People were involved in day to day decisions about their care and were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People's care plans contained individual, person centred information about their needs and preferences. Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances. People had been encouraged to raise any issues or concerns and had been provided with information on how to make formal complaints.

Good



### Is the service well-led?

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care. The service was well led, with the registered provider committed to providing a high quality service. Quality monitoring took place and included listening and acting on feedback from people who used the service and staff.

Good



# Springboard Business Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out our inspection on 22 September 2015. We gave the service short notice of our visit to the office, because the service is small and we wanted to make sure the people we needed to speak with were available. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included looking at past inspection reports, any information that had been shared with us about the service and any notifications we had received from the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale.

The provider was not asked to complete a provider information return (PIR) before our inspection visit. 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 did request information from the provider as part of our inspection visit and this information was provided to us promptly.

At the time of our inspection visit the service provided care and support to 51 people, although some people only received domestic support, rather than the regulated activity personal care. As part of the inspection the inspector spoke with four people who used the service and three people's relatives.

During our visit to the office, we spoke with the owner/manager and office administrator. We also spoke with four members of care staff.

We contacted two health and social care professionals for feedback about the service.

During the inspection we reviewed a range of records. These included four people's care records, such as care planning documentation and medication records. We looked at three staff files, including staff recruitment, support and training records. We also looked at records relating to the management of the service and a variety of policies and procedures.

# Is the service safe?

## Our findings

The people who used the service and the relatives we spoke with told us that they received a safe and reliable service. Feedback from health and social care professionals included, “I have always found the service safe, they adhere to moving and handling plans, inform me of any issues or changes that arise so reassessments can be completed and care plans updated. They are usually very reliable and timely with their visits.” No one we spoke with had any concerns about their safety or the quality of care provided.

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. The registered provider provided us with a copy of their abuse, adult protection and whistleblowing policy and guidance for staff. This provided information and guidance on adult safeguarding and whistleblowing processes. The registered provider was able to describe how they would report any allegations or suspicions of abuse to the local safeguarding team. They showed us an example of where they had taken action to protect a person from abuse and reported concerns to the local safeguarding authority appropriately.

Staff we spoke with were able to describe the different types of abuse and how they would report any concerns they had. Staff told us that they would feel comfortable raising safeguarding or whistle blowing concerns with the registered provider and had confidence that they would handle any concerns appropriately. Staff told us that they had been trained in safeguarding adults and the training records we saw confirmed this.

Policies and staff guidelines were available to support people's safety, when staff needed to gain access to their homes or assist them with financial transactions. For example, the registered provider was able to describe how they did not hold keys for anyone's property. Instead they used key safes (metal cabinets containing keys, that could only be accessed with the correct code). Access codes were altered if there were any staff changes, to help maintain people's security. Any financial transactions were recorded, with receipts attached, and signed by both the care worker and the person using the service. We saw examples of these records during our visit and the registered provider described how they checked the records when they were returned to the office, to help ensure people's safety.

We looked at the arrangements that were in place for risk assessment and safety. The registered provider provided a copy of their health and safety policy and guidance for workers. This set out the health and safety duties related to the service and its staff. The care records we looked at included health and safety risk assessments, which had been completed to identify risks associated with delivering the person's care. All of the risk assessments we viewed had been updated by the registered provider during 2015 to help ensure they were up to date. This information helped to provide staff with information on how to provide people's care safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. Staff told us how any incidents or accidents were reported to the office. We discussed accident monitoring with the registered provider. They showed us how individual accidents had been recorded, reviewed and any actions taken to reduce risks. However, they currently did not experience many incidents or accidents, so further formal analysis was not thought to be beneficial at this time. We also discussed the requirement to notify us of certain incidents and events. Notifiable incidents are events that the service has a legal requirement to inform us about and we had not received any recent notifications from the service. We discussed this with registered provider, who was able to describe the notification requirements correctly and clarified that there had been no recent notifiable events at the service.

A business continuity plan was in place and covered planning for emergency scenarios, such as fire, theft or an outbreak of a contagious disease. This helped to ensure that people were kept safe if these emergency situations occurred. The registered provider was also able to describe the actions they took to ensure business continuity in bad weather, although this was not covered in a formal written plan.

We looked at the arrangements that were in place to ensure safe staffing levels. The people who used the service and relatives we spoke with all told us that the service was reliable and safe, with staff arriving when expected. People also told us that they had a small group of main carers, who they got to know. Comments made to us included “It's nice for (name of person) because she builds up a friendship with them, she knows them all.”

## Is the service safe?

The provider told us they did not want to stretch staff by taking on too much work and that maintaining the quality of the service was very important to them. They also explained how they were clear about the call times that could be provided when setting up people's care packages, so that people knew what could and could not be provided at the outset. They told us "It is better to tell people these are the times we've got and let them make an informed decision if that suits them. We can then move people to their preferred times when slots become available. It is about being upfront, honest and managing expectations."

The provider told us that the service used a computer rota system and that routine rotas were organised well in advance, so only changes due to holidays, sickness or changes in people's care packages needed to be made on an on-going basis. The provider also told us that staffing was organised so that people had a small, local staff team caring for them as much as possible. If needed the provider helped to cover calls and provided care, to ensure that sufficient staff were available to meet people's needs. We saw a selection of recent staff rotas, which confirmed what the provider had told us. Overall we found that enough staff were available and organised to provide people's care safely and reliably.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. People who used the service and their relatives told us that they were happy with their care staff and felt that the service provided good quality staff. Comments made to us included "She's (registered provider) fussy about who she takes on staff wise," "They are careful about who they take on," and "All off the staff are very good, I've got no worries about them at all."

The provider was very clear about the high quality of staff they wanted, telling us "I can honestly say all of the staff are brilliant, it's just finding the right people, that's the hardest part. We won't take on just anyone." The service had a recruitment policy, which set out how the service ensured that staff were recruited safely and in line with regulatory

requirements. We checked the recruitment records for three staff. These showed that staff had been subject to a thorough recruitment process which included completing an application form and providing a CV, attending a formal interview, and obtaining written references and a Disclosure and Barring Service check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with vulnerable adults. Overall, we found that the service recruited staff safely.

The service provided help and support with medicines, where this was an agreed part of the person's personal care and support package. We looked at the arrangements that were in place to ensure the safe administration of medicines in these circumstances. The service provided us with a copy of their policy/guidance document on managing medicines, which set out the service's approach to assisting people with their medicines. Staff we spoke with told us that they had received training on managing medicines and felt competent assisting people with their medicines. The training records we looked at confirmed that training had taken place. Staff were also able to explain how they recorded assistance with medication on Medicine Administration Records (MARs) and double checked medicines against prescribing instructions before administering.

The provider showed us examples of the medication assessment tool used to assess the help people needed with medicines. We also saw that information about the assistance staff provided with medicines and creams was included in people's care plans. However, we found that there was sometimes a lack of detail around some creams. For example, it was unclear in one record what the 'creams' referred to in the care records actually were and how they should be administered. However, overall we found staff were trained and competent at administering medicines, and people were receiving their medicines safely and as prescribed.



# Is the service effective?

## Our findings

People who used the service and their relatives told us that the service was effective and provided the care and support they needed. Comments included “They are very good” and “Quite honestly first class.” Feedback from health and social care professionals included “I have always found the service effective,” “(The registered provider) has always listened to what is asked and been able to structure support from her workforce to take on packages of care and provide the person with support according to their needs as identified in their care plan. She attends reviews and makes changes as required” and “Quality Care have over the years dealt with some of my very difficult cases successfully.”

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. The people who used the service and relatives we spoke with told us that the staff were competent and knew people well. For example one person told us “They (staff) seem to be well trained, they (new staff) spend about three weeks going around with someone getting into it.” All of the staff we spoke with told us that they were provided with good training, in the subjects they needed to know about to help them in their jobs. One staff member told us “The training is really comprehensive.” The registered provider was able to show us evidence that staff had been appropriately trained, by showing us the training certificates in staff files and the staff training needs analysis they had completed in 2015. They were also able to tell us about the training they were planning to deliver to help keep staff up to date with current good practice.

We looked at the arrangements that were in place to ensure that staff were adequately supported, through effective support, supervision and appraisal systems. One relative told us “X (the registered provider) likes to go round the clients on a regular basis, so she knows what is going on and it is a way she can keep an eye on the girls and what they are doing. I think it is that personal touch that is important and keeps the girls on their toes.” The staff we spoke with told us that they felt well supported and could approach the management team for support whenever they needed it. One staff member said “She (the registered provider) has high expectations and expects those levels to

be met. But she’s not nasty; she’s approachable and will listen.” Staff we spoke with also confirmed that they had regular meetings with the registered provider, to discuss their work, any support and any changes that were needed.

We spoke with the registered provider about the arrangements for staff supervision sessions and meetings and how they monitored staff performance. They were able to tell us how they used a combination of staff observations, one-to-one meetings and staff meetings to support and supervise staff. They were open about the frequency of formal staff supervisions and meetings being less than they wished. Frequency currently varied and the registered provider would like them to take place bi-monthly. However, they also felt that, because they helped to cover care calls regularly, they were able to regularly seek feedback from people who used the service and monitor and observe staff performance that way. We saw records of observations and one-to-one supervision sessions, which supported what the registered manager had told us. Staff meeting records were also available, showing that one staff meeting had taken place during 2015. There had been no recent disciplinary issues within the staff team, although the registered provider was able to give examples of how they had used disciplinary procedures in the past when staff performance had not been what was expected. Overall, although the frequency of formal staff supervision could be improved we found that staff were being appropriately supervised and supported in their role.

We looked at the arrangements that were in place to ensure that people received the help they needed with eating and drinking. This service supported people in their own homes and only provided help with meal preparation and eating and drinking where this has been agreed as part of the person’s individual care plan. We saw that information about the help people needed with preparing meals and drinks, and eating and drinking, was included in people care plans where this was appropriate. This included information about people’s dietary preferences and routines, so that staff knew what they liked and disliked.

We looked at the arrangements that were in place to ensure that people were able to maintain their health, including access to specialist health and social care practitioners when needed. Feedback from health and social care professionals was positive, indicating that the

## Is the service effective?

service kept them informed and followed their advice. One relative gave us an example of how well the service had worked with other professionals to ensure that the person benefitted from the right equipment and could maintain independence. We saw that people's care records included information about people's health and wellbeing, so that staff were aware of information that was relevant to people's care. The staff we spoke with were aware of people's needs and able to describe what they would do if someone was unwell or needed medical support during a care visit. For example, contacting the doctor or ambulance service, and contacting the office for additional support if needed.

We looked to see if appropriate arrangements were in place to ensure that people's legal rights were protected by proper implementation of the Mental Capacity Act 2005

(MCA). The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. Training on the MCA was provided to staff. The registered provider had undertaken training on the MCA and was able to describe the main principles of the act and how they involved people as much as possible in making decisions about their care. The majority of people using the service at the time of our inspection had the capacity to make their own decisions about their care and support. However, we saw that there was not a lot of explicit information in people's care plans about decision making, capacity or consent.



# Is the service caring?

## Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people who used the service. People and relatives we spoke with all said that the staff were caring and treated people well. Comments made to us included, “They are very kind” and “Yes they are very caring.” We also received positive feedback from a health and social care professional, who told us, “They meet people’s needs and encourage them to maintain as much independence as they can.”

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. People who used the service and their relatives told us that staff encouraged them to do what they could for themselves and asked what help and assistance they wanted. One person told us, “They are flexible.” A relative said, “I think they handle (name of person) very well.” Staff told us that the service was focused on providing individual care in the way people wanted. For example, making sure people had staff they felt comfortable with or changing service provision to suit individual wishes.

We looked at the arrangements in place to protect and uphold people’s confidentiality, privacy and dignity. People told us that care staff maintained people’s confidentiality appropriately. People also felt that staff understood the importance of maintaining people’s privacy and dignity. For example, one relative told us, “They are very conscious of (name of person)’s modesty.” Another person told us, “They have the patience of a saint.”

The staff we spoke with were able to describe how they helped to maintain people’s privacy and dignity while carrying out care. For example, one staff member told us how they always made sure curtains and doors were shut, and gave people privacy while they completed very personal tasks, to help maintain privacy and dignity. Staff also described how the service placed great importance on ensuring that people received care from staff they knew and felt comfortable with. For example, by ensuring that new staff were introduced to the people they would be caring for and regularly checking that people felt comfortable with their staff team.

# Is the service responsive?

## Our findings

We looked at the arrangements in place to ensure that people received personalised care that was responsive to their needs. People who used the service and relatives we spoke with all told us that they had been involved in planning and setting up their care package. For example, one person told us how they had been visited by the registered provider to discuss the service and if it could provide the care the person wanted. They said, “X (The registered provider) came round to see what I wanted, asked if I needed anything else, I was involved.” A relative also told us how the service kept them informed and involved in their relative’s care. They said, “X (The registered provider) listens and will work with us as a family, keeps us informed.” Another relative told us, “We were very heavily involved in setting it up.” People also told us that their care packages had been set up according to their individual wishes and needs as far as possible.

Feedback received from other professionals was that the service was responsive to people’s needs. For example, a health and social care professional told us, “They are able to adapt within the realms of the support plan and when changes occur they are good at informing me. We will then do a joint review / reassessment to make necessary changes to either how they provide support directly with the person, using new equipment or changing the hours and frequency of the visits. They also respond well to my queries and in a timely manner.”

The registered provider told us how they visited anyone who was interested in using the service, so that they could discuss the service, what people wanted and assess their needs. We saw records of people’s initial assessments and the support they wanted in their care records. Each person had a care plan that provided person-centred detail about their service and how they wanted care to be provided. Person-centred planning is a way of helping someone to plan their support, focusing on what’s important to the individual person. The care records we looked at showed a variety of different care packages, which had been set up according to people’s different circumstances.

Staff we spoke with were knowledgeable about people’s individual needs and how they liked things done. Staff also confirmed to us that they were provided with plenty of information about people before they provided their care and informed of any updates or changes that were needed.

For example, staff told us they were introduced to people before care was provided and that they were always given information about the care people needed before they visited them. One staff member told us, “Everyone has a care plan and when we are introduced [to the person they will be caring for] we go through what is needed.” Another staff member commented, “It [the service] is really comprehensive and person centred, focuses on the individual.”

We looked at the arrangements in place to manage complaints and concerns that were brought to the service’s attention. The people who used the service and relatives we spoke with all told us that they had been encouraged to contact the management with any concerns they had and would feel able to do so. No one we spoke with had needed to make a formal complaint, but those who had asked for any small changes to be made told us they had been listened too and their issues resolved. One person told us, “No concerns and if I did I’d just say to X (the registered provider) and she’d do something about it.” Another person told us, “She (the registered provider) has told me time and time again to tell her if there is anything I don’t like.” A relative said, “I feel if I had a problem I could approach her (the registered provider) and she’d try to sort it out.”

The registered provider was able to show us how people were provided with information about raising concerns or complaints in their care file, which was kept in people’s own homes. This included a form people could use to raise concerns or complaints if they did not want to ring the office. There was a record of complaints and compliments, which we viewed during our inspection. There had been no recent complaints, but there were many letters and cards of thanks.

The service had a policy setting out how complaints could be made and how they would be dealt with by the registered person. However, this policy would benefit from some updating, to include more information about the role of Local Authorities and the Local Government Ombudsman in handling complaints if a person was dissatisfied with how the service had handled their initial complaint.

The staff we spoke with told us that they felt that management listened to them and that any issues they

## Is the service responsive?

raised were acted on promptly. For example, one staff member told us “She [the registered provider] has always acted on feedback regarding clients and is very supportive on a personal level.”

# Is the service well-led?

## Our findings

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit the service did not require a separate registered manager, because the registered provider was an individual who was registered with us. The service was relatively small. The management structure reflected this and was appropriate for the size of the service. The registered provider was supported to manage and run the service by an assistant manager, an office administrator and two senior care workers. The registered provider and assistant manager provided on call support between them and staff told us that they could get management guidance and support when they needed it.

People who used the service, relatives and staff told us that the service was well organised and well led. People spoke highly of the registered provider and their approach, saying that they were professional and focused on providing a good quality, person centred service. For example, people who used the service and their relatives made the following comments to us, “With X (the registered provider) in charge it will all be okay”, “She (the registered provider) seems pretty good at knowing what she is doing” and “Everything seems fine. They do a pretty good job really.” One staff member told us, “It’s just the full package, well structured, it’s lovely.” Another staff member said, “I’d recommend [the registered provider] for homecare. I’d have my family with her.”

Feedback from professionals was that the service was well managed and organised. For example, a health and social care professional told us “In my experience (the registered provider) has a good knowledge of her workers and the clients. The company seem to have a good ethos and treats all clients with respect and as individuals.”

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet legal obligations. People who used the service told us that they had regular contact with the registered provider through care visits. One person told us, “Oh yes, they do check that I’m happy.” Another person told us, “X (the registered

provider) comes herself quite often.” A relative told us, “We see quite a bit of X (the registered provider). She likes to go round the clients on a regular basis so she knows what is going on.”

We asked the registered provider about the systems in place to gather feedback from people who used the service and how this feedback was used to improve the service. They told us that they were very involved in the day to day delivery of the service, which allowed them to monitor the service and gain face to face feedback from people on a regular basis. This meant that any issues or changes that were needed could be made at the time. A six monthly quality assurance form was also sent to people who used the service, asking for feedback. The registered provider showed us some of these completed forms and explained how any issues raised were addressed with the people concerned. Feedback was also given to the staff on any issues that had been raised. The feedback we saw during our visit was all very positive, showing a high level of satisfaction with the service.

At the time of our inspection the service did not have a regular programme of formal, recorded audits to help monitor service quality. However, the registered provider was able to show us how they checked paperwork when it was returned to the office on a monthly basis. This included a check of the care records, financial records and medicine records that had been completed by care staff, to ensure they had been completed properly. They were also able to tell us about less formal checks they completed. For example, observing staff while working on double up calls and having informal one-to-one discussions with staff and people who used the service while working in the community. The registered provider was able to describe lots of positive quality monitoring activities that were undertaken, but a lot of these were currently informal and not recorded. We discussed how the service could record and evidence some of these processes better during our inspection.

We looked at the standard of records kept by the service. The care records we saw were individual and gave an overview of people’s needs and the service provided. Staff kept detailed records of their visits and these were quality checked when returned to the office. The other records we saw were also of good quality. However, there were some areas where the records kept by the service did not fully

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evidence the work they were actually doing. For example, records relating to the assistance people needed with medicines and the informal quality checks that were being undertaken.