Care Quality Commission

Richardson Trading Ltd

Clarriots Care (Lancashire South)

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

Summary of findings

Overall summary

This inspection took place on 2 November 2016, with follow up telephone calls being made to people who used the service, their relatives and staff on 3 and 4 November 2016. The inspection was announced. The service had been registered with the Care Quality Commission since August 2013 and had previously been inspected during May 2014, when the service was found to be compliant in all areas inspected.

Clarriots Care (Lancashire South) provides domiciliary care services to approximately 30 people in their own homes. The people who receive these services have a wide range of needs.

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

People told us they felt safe and staff had received safeguarding training in order to keep people safe. There were robust recruitment practices in place, which meant staff had been recruited safely. Risks to people and staff had been assessed and reduced where possible.

Accidents and incidents were appropriately recorded and logged. Staff were aware of actions to take in an emergency and they took appropriate action in the event of any accidents or incidents.

People received effective care and support to meet their needs. People and their relatives felt staff had the necessary skills and training to provide effective care and support. Staff told us they felt supported and we saw staff had received thorough induction training as well as ongoing training, supervision and appraisal.

Care and support was provided in line with the principles of the Mental Capacity Act 2005. We saw from the care files we reviewed, consent had been sought and obtained from people, prior to their care and support being provided. Where a decision had been made in a person's best interests, appropriate steps had been followed and necessary assessments had been completed.

People we spoke with told us staff were caring. The staff we spoke with were enthusiastic and were driven to provide good quality care. Staff told us how they respected people's privacy and dignity and the people we spoke with confirmed this. People were encouraged to maintain their independence.

Care and support plans were detailed and personalised, taking into account people's choices and preferences. People, and their relatives where appropriate, had been involved in their care planning and people told us they could make their own choices. Appropriate referrals for additional support for people were made when necessary.

People told us the service was responsive and flexible to their needs.

People and the staff we asked told us they felt the service was well led. Although there was a lack of evidence of some audits, quality assurance checks regularly took place, and feedback was given to staff in order to improve the service. Staff told us they felt supported and people felt able to contact the office in the knowledge they would be listened to.

The registered manager was open and receptive to feedback given at the inspection.

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.

People told us they felt safe. Staff understood signs of potential abuse and could explain what action they would take if they had any concerns.

Risk assessments had been completed and measures were in place to reduce risks to people and staff.

Staff had been recruited safely and staffing was appropriate to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff received a thorough induction and people told us they felt staff were skilled and well-trained.

Consent was obtained from people in relation to the care and support provided.

People received support in order to have their nutritional and hydration needs met.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring. Staff were motivated to provide good quality care.

People's privacy and dignity were respected.

Confidentiality was respected.

Is the service responsive?

Good

The service was responsive.

People told us the service was flexible to meet their needs.

Care plans were personalised, enabling people to receive support that was appropriate for their individual needs and preferences.

Complaints were well managed and responded to. People told us they felt able to approach the registered manager with any concerns.

Is the service well-led?

Good

The service was well led.

People and staff told us they felt the service was well led.

Regular quality assurance checks were in place in order to continually improve the service.

There was an open and transparent culture.

Care Quality Commission

Clarriots Care (Lancashire South)

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 2 November 2016, with follow up telephone calls being made to staff and people who used the service, and their relatives where appropriate, on 3 and 4 November 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office. The inspection was carried out by an adult social care inspector. Prior to our inspection, we looked at the information we held about the service. We considered information we had received from third parties or other agencies, including the local authority.

As part of our inspection we looked at four care plans and associated records such as daily notes and medication administration records, three staff recruitment files, training records, records relating to quality assurance and audits and policies and procedures. We spoke with two people who used the service and three relatives of people who used the service. We also spoke with the registered manager, a senior carer and four carers.

Good

Is the service safe?

Our findings

We asked people and their relatives whether they felt safe with the carers providing care and support in their own homes. One person told us, "Yes I feel safe. They're very nice to me. I feel better for knowing they're coming."

The relatives we spoke with told us they felt reassured and had peace of mind, knowing the carers would be providing care and support to their family member.

Staff and the registered manager were able to demonstrate a good understanding of different types of abuse and were aware of signs that may indicate someone living in their own home, or in the community, may be at risk. Staff were able to explain what they would do if they had any concerns that people were at risk of abuse and there was a safeguarding policy in place. This meant people who used the service were protected from the risk of abuse, because the registered provider had a policy in relation to safeguarding and staff were aware of this.

Home safety checklists were completed for each new person who was supported by the service. This considered potential hazards relating to the entrance to the home, whether smoke detectors were installed and any hazardous substances or electrical appliances for example. Risks were assessed and reduction measures put into place to reduce any potential risks. Referrals were made to other professionals where appropriate, such as occupational therapists. Risk assessments were regularly reviewed and updated. Having risk assessments in place helped to ensure people could be encouraged to be as independent as possible whilst associated risks were minimised.

Risks to staff, as well as people using the service, were considered and minimised. Staff were issued with 'kit-bags' which contained personal attack alarms as well as anti-bacterial gels and important documents such as accident reporting forms. We asked a member of staff whether they felt safe working for the registered provider and they confirmed this to be the case. Another member of staff told us, "I feel supported and safe, yes. [Registered manager] makes sure there is outside lighting if we're going to a more secluded property and things like that."

Individual moving and handling plans were in place. These guided staff to use the correct equipment for assisting people to move. In all the plans we sampled, equipment had been recently serviced and the registered manager took responsibility for ensuring equipment was serviced regularly. This helped to keep people safe because staff were using equipment that was safe.

We saw a document titled, 'Your Personal Fire Safety Plan' in a person's care file. This detailed information such as hazards, actions and escape routes. This helped to keep the person and staff safe in the event of a fire.

Staff were able to confidently tell us the actions they would take in an emergency, such as a person falling or not answering their door or in the case of a medication error. We saw evidence appropriate actions were

taken following accidents and incidents and these were logged appropriately. For example, one incident log we reviewed showed the staff member had assisted a person into the recovery position and phoned for an ambulance when they found a person had fallen. This demonstrated care and support staff took appropriate action in the case of emergencies.

An on call system was operated and the staff we spoke with told us this system was effective and they felt confident advice could be sought outside of office hours. A member of staff we spoke with told us, "I had to phone the on call this morning. It was 6.50am and it was answered straight away and the information I needed was provided." Another member of staff told us, "[Registered manager] has always said we can ring anytime." This showed staff were able to access support, outside of office hours, if this was required.

People told us staff turned up on time. One person said, "I know when they're coming and if they're running a bit late because of sickness, they always let me know, but it isn't very often." A family member told us they received a rota so they knew which staff would be visiting. The staff we asked told us they felt staffing levels were appropriate. One staff member said, "I always know what I'm doing, with the rota. I've never felt pressure to do extra shifts." Another said, "It's been up and down over the last two years but, yes, it's okay now. They're as flexible as they can be."

We inspected three staff recruitment files. We found safe recruitment practices had been followed. For example, the registered manager ensured reference checks had been completed, identification had been checked and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

New staff completed a probationary period, prior to their employment being confirmed. During this period they received supervision and their practice was observed. This enabled the registered manager to ensure staff were suitable for their role.

We looked at how medication was managed and recorded. A person we spoke with told us, "They know what they're doing with medicines." Staff had received training to manage and administer medicines and the staff we asked told us they felt confident assisting people with their medicines. Furthermore, staff demonstrated they would take appropriate action if any mistakes were made.

The registered manager told us, and we saw evidence that, staff were trained to ensure they were competent to administer medicines and staff received regular refresher training. A knowledge check was completed to ensure staff understood what they had learned. Regular spot checks took place which included observing staff administer medicines. This helped to keep people safe because staff had received appropriate ongoing training and observations to ensure they were safe to assist people to take their medicines.

We looked at the medication administration records (MARs). All the MARs we sampled were clear and easy to understand. We saw these were completed by staff and the staff member responsible for administering the medicine was easily identifiable. All of the MARs we sampled had been fully completed, indicating whether medicines had been administered or refused.

Some people had capacity to manage their own medicines and were not supported with this aspect of their care. However, on one occasion a carer became aware a person who managed their own medicines had taken the incorrect medicine. The carer took appropriate action and sought guidance and advice. As a result, risk reduction measures were put into place and the person managed their medication differently.

This reduced the risk of errors occurring in the future. This showed staff knew what action to take in the event of a medication error.

People told us they felt staff followed good hygiene practice and all of the staff we asked told us they had adequate supplies of personal protective equipment (PPE). A person we spoke with told us staff always wore gloves when assisting with personal care. This helped to prevent and control the risk of the spread of infection.

Good

Is the service effective?

Our findings

We asked people and their relatives whether staff had the skills and knowledge required to provide effective care. One person told us, "They know what they're doing." They went on to say, "They always ask if they're doing the right thing."

A person we spoke with explained that, if a new carer was attending to them, they would always first come with a more experienced carer and be introduced. A relative we spoke with also confirmed this to be the case and said, "They would never send someone we haven't met before." This demonstrated the registered manager understood the need for consistency.

Comments from a reviewing website stated, in relation to Clarriots Care, 'I am very pleased and satisfied with the care I am receiving from my agency. Nothing is too much trouble for them and after a bad time with my previous care providers I am very happy now. The staff are lovely and I feel so much better.' Four out of the four reviews on the website indicated people would be, 'Extremely likely,' to recommend the service.

Staff files showed new staff received a thorough 12-week induction which included shadowing more experienced colleagues, prior to commencing their caring duties. Induction training included areas such as understanding their new role, health and safety, medication awareness, first aid awareness, moving and handling training, infection prevention and control, safeguarding training, food hygiene, fire training and training to provide awareness of mental health, dementia and learning disabilities. Performance was reviewed throughout this period. This showed the registered manager had ensured staff received the necessary training and support prior to commencing their caring duties.

Staff training was refreshed regularly and we saw staff were issued with an Employee Training Portfolio. This included a workbook with questions which staff completed to demonstrate they had understood the training. We sampled three workbooks and all were thoroughly completed, showing staff understood their training.

We looked at the training room adjacent to the office. This was used to deliver staff training and contained a bed and moving and handling equipment such as a hoist and stand aid. This meant staff were able to practice moving and handling procedures in a safe environment. A member of staff told us, "We were shown correct moving and handling from both sides of the bed. We all have a stronger side you see and it's important you can do it from both sides because people's homes are laid out differently." We spoke with one of the senior members of staff who explained they had attended a five day course to enable them to deliver safe moving and handling training to staff and we saw evidence of this. We saw evidence the staff member had had their competencies assessed and demonstrated they had the skills to cascade this knowledge in their place of work, in accordance with the National Back Exchange. This is an association which exists to develop, disseminate and promote evidence based best practice in moving and handling. This demonstrated staff received appropriate moving and handling training.

Further specific training was provided when this was required. For example, a Motor Neurone Disease nurse

had delivered a study session to staff to provide a better understanding of the disease. Training in other more specialised areas such as enteral feeding pump training had also been delivered. This showed staff had received specific training when required.

One staff member told us they had requested to attend further shadowing visits with more experienced staff when they attended to a particular person, because they felt they lacked confidence. They told us this was accommodated and they now felt confident providing care to this person.

Staff received regular one to one supervision and an annual performance appraisal. This gave staff the opportunity to discuss areas such as feedback, job role, training, confidentiality and professional behaviour and development. This showed staff were receiving regular management supervision in order to develop. In addition to this, some group supervisions were held and staff were encouraged to reflect, as a group, on their practice through a recognised model of reflection. This facilitated discussion around best practice and meant learning could be shared.

We saw completed personal development plans for staff. These provided an opportunity for staff to review their training needs and reflect on their practice, which included consideration of short term and long term goals.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The registered manager and the staff we spoke with demonstrated a good understanding of the MCA. The care plans we sampled showed people's mental capacity had been considered and, in one of the files we inspected, we saw a decision had been made in a person's best interests in order to help keep the person safe. The principles of the MCA had been followed and the person's capacity had been assessed. The least restrictive options had been considered and the decision had been made involving the person's family and other professionals such as community workers and a social worker. This showed care and support was being provided in line with the principles of the MCA.

The staff we spoke with were clear they would not provide care and support without consent of the person. We saw people had signed their care plans, consenting to the care being provided. A member of staff told us, "If someone didn't want assistance, I wouldn't force it on them." This showed staff understood the importance of gaining consent.

People who were at risk of malnutrition or dehydration had their food and fluid monitored. We looked at records and saw these were completed and returned to the office. Staff were advised of signs to look for in people, which may indicate a urine infection for example and staff were encouraged to report this to office staff so that actions could be taken. We saw evidence staff had liaised with district nurses where appropriate. The staff we spoke with were aware of who was at risk and who to monitor. This helped to ensure people received appropriate support to have their nutritional and hydration needs and health care needs met.

Good

Is the service caring?

Our findings

We asked people and relatives whether they felt staff were caring. One person said, "They're respectful and polite. I couldn't say anything negative about any of them. They always ask if I need anything else. They're very helpful."

One person told us, "They never leave without asking if there's anything else they can do." A relative we spoke with reaffirmed this to us.

A further relative told us, "They provide the very best quality of care and dignity. And I'd tell you if they didn't." This relative told us their family member looked forward to the carers' visits. Another relative said about staff, "They actually care. They're not just doing their job."

Comments on a reviewing website included, 'I am extremely grateful for the way [name]'s dignity has been respected at all times,' and, 'The admin staff are very pleasant and helpful and return phone calls promptly.'

When we asked a member of staff whether they liked their job they smiled and said, "I love it." Another member of staff who we spoke with following the inspection said the same. All of the carers we spoke with communicated with enthusiasm about feeling a sense of satisfaction from supporting people.

Some questionnaires which had been sent to people who used the service included responses such as, 'I have found your ladies a pleasure to have around. Nothing is too much trouble for them. They are helpful and kind.' Another response stated, 'Very good. Kind and friendly.'

A member of staff who was responsible for developing care plans told us, "We offer people a choice. Not just go with what family tell us. We ask the person, it's about them isn't it? It's their life. We treat people as we expect to be treated ourselves or how we expect our family to be treated."

The care staff we spoke with told us about ways in which they helped to promote privacy and dignity. For example, one staff member said, "I use a towel to cover their body. I reassure people and ask if it's okay. I ask how they'd like to be assisted." Another carer told us, "I make sure any equipment is there and ready so it goes smoothly when I'm helping people. People have to be happy. It's their home." A further staff member told us, "Some people are able to use the bathroom independently but they just require assistance afterwards. I always make sure I knock on the door and ask if they're ready for assistance. I'd never just walk in."

Care plans were also developed in ways that showed the importance of protecting privacy and dignity. One of the care plans we sampled stated, 'Ensure [name]'s privacy and dignity is maintained at all times. Close curtains and door to bedoom.' This showed people's dignity was considered at the care planning stage.

A member of staff told us, "I try to help people be as independent as they can, and reassure people." Another staff member said, "I try to encourage independence by involving people in any decisions." Promoting

independence was also considered at care planning stage and this was evident in the care plans we sampled. For example, phrases such as, "Encourage [name] to be independent," were included.

A family member told us they felt the carers and support staff respected their confidentiality. They told us, "Because of my job, that's really important to me. I feel confident knowing they will respect our confidentiality."

The registered manager had subscribed to the 'Six Steps to Success in End of Life Care.' This is a recognised programme which aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. The programme includes guides to improving end of life care and their aim is to ensure all people at end of life receive high quality care, provided by organisations that encompass the philosophy of palliative care. This showed the registered manager took steps to ensure best practice was followed in this particular area of care.

Some staff had completed end of life training and were aware of the recognised Six Steps programme. A member of staff we spoke with said, "[Registered manager] asked me if I'd be comfortable providing end of life care. I would. But it's good they asked because some people might not be." Another staff member told us they had received training from a representative of a local hospice and they felt they provided a good end of life care service.

Good

Is the service responsive?

Our findings

People indicated the registered provider was flexible and responsive to their needs. One person told us, "They always accommodate anything extra. A few times I had to go to the hospital. I could have used hospital transport but that's a stress. I asked them and they took me to my hospital appointment. This has happened on two occasions."

A family member told us, "They're good at keeping in touch with me. We work together and they're accommodating if we need to make changes."

We sampled four people's care plans. Care plans contained details relating to different needs such as medication, mental health and cognition, mobility and dexterity, personal care and physical wellbeing, communication and social and religious needs. We found the information contained within care plans to be person centred and they provided care and support staff with the information they would need in order to provide effective care.

Personalised information was included such as, '[Name] enjoys sweet things, sweets and chocolate, cup of tea, one sugar,' and, 'Take [Name]'s cereal box to their table and pour in their special bowl. [Name] will let you know how much they want. Add milk. Hand [name] their spoon in the special hand adaptor strap.' Including information such as this helps to enable care and support staff to provide a personalised service.

Plans were reviewed regularly and people, and their families where appropriate, had been involved in their care planning and had signed their care records. This helped to ensure the level of support provided was appropriate according to people's current needs. The registered manager showed they were responsive to the changing needs of people who used the service. This was demonstrated by the way they sourced additional, specific, training when people's needs changed. This helped to ensured quality service could continue to be provided when people's circumstances changed or their health deteriorated.

We asked a member of staff whether they had time and opportunity to read people's care plans. We were told, "Yes we do. Also, [registered manager] always tells us we can come into the office and read the plans whenever we want."

We looked at the daily progress notes, which were records that care staff completed, to show what care and support had been offered and provided. Staff completed the logs fully, showing the time they arrived, the time they left and the support they had provided. Staff then signed each entry. Most daily progress notes showed care was being provided according to the care plan. However, in one of the care plans we sampled, we saw a person was at risk of pressure sores. The plan advised, 'Observe at all times pressure areas. Any changes or concerns to pressure areas, report to manager and district nurses immediately.' However, we could not find records in the progress notes to show staff were completing these checks. The registered manager advised the checks were being made and the person's skin was intact. However, the registered manager agreed to consider further how this was recorded.

Some people received support which helped to reduce the risk of people being socially isolated. For example, staff regularly took a person to a local day centre and assisted people with shopping or to coffee mornings for example. The registered manager told us they had assisted a person to visit their friend who lived nearby, but whom they had not met for years.

A member of staff told us they always offered choice to people who used the service. We were told, "[Name] has a menu plan outlining what they're having for the whole week, but I always ask. They may want to deviate from it. Everyone likes things cooked differently don't they? You have to ask how people want it cooking." Another member of staff told us they assisted a person to access facilities in their local community. We were told, "Well, I just ask the person where they want to go. It's up to them which supermarket they want to go to." A person who used the service told us, "They know me. I know how I like things done. They always ask me and I have the final say." This showed people were able to make their own decisions and choices and staff respected this.

The registered manager kept a log of any complaints received. We saw the few that had been received and been responded to appropriately and an apology given. The registered manager conducted an investigation when this was necessary and shared concerns with staff to ensure wider learning. A family member we spoke with told us, "You can explain any concerns to [registered manager] without feeling stressed, knowing they'll listen." This showed complaints were handled appropriately.

Good

Is the service well-led?

Our findings

The service had a registered manager in post, who was registered with the Care Quality Commission. The registered manager was also a director of the business; their spouse being the other director. The service was run under a franchise and both directors were involved in the day to day running of the business. The registered manager was also a registered nurse and explained the service was built from their own experiences of seeking domiciliary care for a family member.

One person we spoke with told us, "This is an excellent service. Far superior to other care agencies I've used previously."

A relative told us, "Clarriots, you can take it from me, are excellent." Another family member said, "If I ring the office, they're always helpful. Always happy to talk to you. They lead by example."

We asked a member of staff whether they felt the service was well led and they told us, "Yes. I'm made up here. They can't do enough. They keep us informed of any changes." A new member of staff told us, "I felt welcomed straight away. I felt reassured they'd be supportive and helpful."

A member of staff told us they felt the whole team were supportive of each other. One staff member said, when they were new to post, "All the other staff I worked with asked if I was okay and had any questions. They were really supportive."

A further staff member said, "They're a really good company. I was offered a similar job at other companies in the area when I first applied, but I chose this one because of how they were. They seemed to have a good approach."

When we asked a staff member whether they felt supported, they told us, "Yes, 100%. They've been great with everything. They're really flexible. It's a great company. I love working for them."

A member of staff we spoke with told us they felt the culture of the organisation was, "Quality care, person centred care, dignity and independence." We were told by another member of staff they felt there was an open culture at the company.

A member of staff told us regular staff meetings were held and we saw minutes of these. Items discussed included the business plan, uniform policy, client updates, record keeping and personal development plans. Staff were encouraged to make suggestions by using a suggestion box so they could keep their identity anonymous if they wished. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

A staff member was recognised for having a 100% attendance record. This member of staff was rewarded with afternoon tea at a local facility. A further member of staff, who had begun working at the company as an apprentice, had been nominated and received an apprenticeship award for, 'Outstanding contribution to

the workplace.' We saw, in minutes of team meetings, staff were thanked for their hard work and dedication. This showed staff were valued and their contributions were recognised.

A member of staff we spoke with was one of two 'carers' representatives.' They told us they represented their colleagues at regular meetings. This meant there was a system to ensure staff could share concerns, ideas or issues through their peers. The staff we spoke with told us they felt this worked well and gave them a channel for sharing information appropriately.

The registered manager had recently arranged and facilitated a McMillan coffee morning at the offices of the organisation, to raise money for the charity. Some people were assisted by carers to attend the coffee morning. This showed the registered manager developed links into the community and helped to reduce risks associated with social isolation.

The registered manager regularly undertook quality assurance checks. Spot checks were carried out to observe staff practice. This included looking at areas such as whether the carer displayed a person centred focus, whether medicines were administered safely, whether the carer followed correct health and safety procedures and whether further training was required. The findings were shared with the staff member, so learning could take place if necessary. A staff member told us, "They observe you. Sometimes you don't know that's what they're doing, but they give you feedback. It's good." This showed the registered manager took steps to monitor the quality of service provided, in order to continually improve.

Feedback was sought from people who used the service. We looked at a sample of questionnaires that had been sent to people and found positive responses. Seven out of 10 we sampled indicated people would rate the service as, 'Excellent.' Comments included, 'Very efficient in every way,' and, 'I think the whole service is excellent.'

We saw the registered manager had sought feedback from new staff members regarding the recruitment process. Feedback from new staff was positive and indicated they felt the job role was made clear to them and they felt they were communicated with well throughout the recruitment process and induction.

Surveys were sent to staff in order to obtain their views about working for the registered provider. Staff were asked questions such as, 'How well do you feel supported?' How would you rate the induction you had?' and, 'Do you feel you are valued?' Positive feedback was received from staff and comments included, 'The management team have been really helpful, and, 'The office team are always very helpful.'

The registered manager and director had an oversight of the business. They completed regular spot checks and staff supervision. Care plans were updated regularly and feedback was regularly sought from people who used the service. Although the registered manager told us daily progress notes were checked upon being returned to the office, we could not see evidence of this. We also found no records that MARs were audited, although the MARs we sampled were fully completed. We discussed this with the registered manager who advised that checks and audits took place but these were not fully documented. We discussed the benefits of regular effective auditing and how this can lead to actions plans for improvement. The registered manager was receptive to this and agreed to address this. At the time of the inspection, the registered manager had begun to look at more effective systems for auditing.

The registered manager told us their aim for the future of the business was to implement electronic call monitoring and to deliver care and support to people with more complex needs. They had demonstrated their commitment to this by sourcing and providing specific training to staff to enable complex care to be provided.

The registered provider was a member of the United Kingdom Homecare Association (UKHCA). As a member-led professional association, the mission of UKHCA is to promote high quality, sustainable care services so that people can continue to live at home and in their local community. The registered provider clearly shared this ethos and was striving to provide high quality care.