

Nestor Primecare Services Limited

Allied Healthcare Devizes

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

Allied Healthcare Devizes a domiciliary care agency which provides nursing and personal care and support for people living in their own homes. In addition, Allied Healthcare Devizes supplies care and nursing staff to residential and nursing homes, when needed.

We carried out this comprehensive inspection on 7 and 8 December 2016. The inspection was announced which meant the provider was informed in advance that we would be visiting. This was because the service is provided to people in their own homes and we wanted to make sure the registered manager, or someone acting on their behalf, was available to support the inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered 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. However, the registered manager was on a period of extended leave. They were therefore not available to assist with the inspection.

In the absence of the registered manager, another manager was visiting the service on a regular basis. They were a registered manager of another branch within the organisation so were aware the agency's procedures and regulation. Management such as the Quality Manager were providing additional support, as required.

People and their relatives were happy with the support provided. They felt the service was reliable and people were supported by the same staff which ensured continuity. Positive relationships had been built and there were no concerns about missed or late calls. People were assisted to receive their medicines as prescribed and were well supported with other areas such as meal preparation. Their rights to privacy, dignity, choice and independence were promoted. Potential risks to people's safety had been identified and measures were in place to reduce harm. People were involved in making decisions and directing their support. Each person had a support plan, which they were involved in developing. People and their relatives knew how to make a complaint and were confident any issues would be properly addressed. They were encouraged to give their views about the service both informally and through the use of surveys.

People were supported by staff who were well supported. Staff met with their line manager to discuss their performance although focus was being given to the frequency of these sessions. Staff received a range of training to enable them to do their job more effectively. They were aware of their responsibilities to report any suspicion or allegation of abuse. Safe recruitment practice was in place and there were enough staff to support people. Further recruitment was taking place to enable greater flexibility and to expand the number of people who could be supported.

There were systems in place to monitor the safety and quality of the service. These included various audits and the monitoring of staff's practice. Records showed action was being taken in response to any shortfalls

identified. There was a clear ethos of providing good quality support as well as learning, developing and improving further. The covering manager had identified what the agency did well and what needed to improve. They said improving people's support plans, was being addressed to ensure greater clarity.

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 the service was reliable and there were no issues with late or missed visits.

Individual risks to people's safety were appropriately identified and acted on to enhance people's safety.

There were enough staff to effectively meet people's needs.

Safe recruitment practices ensured all new staff were suitable for their role.

Is the service effective?

Good ●

The service was effective.

People received support from a small team of staff who knew them well.

Staff felt valued and were well supported. Staff received a range of training to help them do their job effectively.

People were happy with the support they received from staff to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were positive about the staff and the service they provided.

The consistency of visits enabled relationships between people and staff to be developed. This enhanced the quality of interactions and people's confidence.

Staff promoted people's rights to privacy, dignity, choice and independence.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's needs, which enabled individuals to follow their preferred routines and interests.

Each person had a support plan, which identified the support the person required.

People received regular reviews to ensure their care remained appropriate and no changes were required.

People knew how to make a complaint and were confident any concern would be satisfactorily addressed.

Is the service well-led?

Good ●

The service was well-led.

Effective management cover was in place, in the absence of the registered manager.

A range of audits were being used to assess, monitor and improve the safety and quality of the service.

People were encouraged to give feedback about the service.

Allied Healthcare Devizes

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 8 December 2016 and was announced. The inspection was completed by one inspector and an expert by experience. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

As part of the inspection we spoke with two people who use the service, five relatives, six staff, a Quality Manager and the manager who was covering the service in the registered manager's absence. We looked at the records relating to care and decision making for four people. We looked at records regarding the management of the service including staff recruitment and training and quality auditing processes.

Is the service safe?

Our findings

There were enough staff available to support people effectively in the community and to provide staff to establishments such as residential and nursing homes. The covering manager told us in the event of staff sickness, existing staff or those staff who worked primarily in the office would provide cover. More staff were in the process of being recruited in order to further improve flexibility and to expand the service. The covering manager told us the appointment of new staff was going well. This was seen during the inspection, as approximately twelve new staff were in the office, undertaking their induction.

People told us they felt safe. This was generally because of the staff supporting them. One person told us "I've no need to worry. They look after me". Another person said "I am happy with the carers, I feel safe with them". Relatives had no concerns about their family member's safety. One relative told us they were able to go out without the worry of leaving their relative. Other comments were "I feel X is absolutely safe with them" and "I can leave X in good hands. I can't say a bad thing about them".

People and their relatives told us the service was reliable, which enhanced safety. They told us they had not experienced a missed visit when staff did not arrive to support them. In the event of a staff member running late, people were informed of this so they did not worry unnecessarily. The covering manager told us priority was given to the timing of people's visits to ensure satisfaction, as well as safety. Staff confirmed they were rarely late due to the allocation of their visits. One member of staff told us "we generally do long shifts with people so it's not like we go from one person to another, getting later and later as we go. We have enough time with people, definitely".

The reliability of the service was enhanced by the scheduling systems in place. One member of staff told us the scheduling of people's support was usually undertaken, two to three weeks in advance. They said "it works well as we're not fire fighting. It's all planned and covered in advance, so we don't need to run around at the last minute, trying to find cover". Staff confirmed they were given their working roster well in advance. This enabled them to be familiar with what they had been allocated. They told us if visits they usually undertook were not on the roster, they would question why. One member of staff told us "it's good as you know where you are and what you're doing. Things don't get missed".

Each person had been assessed in terms of risk. The level of risk was clearly identified on the agency's electronic systems. For example, if a person was very frail, reliant on staff for all their personal care needs and without family support, they would be classed as high risk. This meant the person's support had to take place, even if there were difficulties allocating a member of staff. Each person had a series of other risk assessments, depending on their needs. Areas covered included the person's mobility and their environment. The assessments showed any action that had been taken to minimise the risks identified.

There were other systems which minimised risk. This included confidential information such as key codes not being written on staff member's visit plans. If staff required this information, they would need to call the office to receive it verbally. This minimised the risk of unauthorised people gaining access to the information. In addition, the electronic scheduling system ensured any limiters were adhered to. For

example, if a person only wanted a female carer or they did not want to be supported by a specific member of staff, the system would automatically restrict which staff member was allocated. The covering manager told us this was an added safeguard to ensure people's safety. They told us there were two "on call" systems. This enabled people to speak to allocated staff at any time. Staff told us the systems worked well and they could gain help and advice when needed.

Staff had undertaken safeguarding training and were aware of their responsibilities to report any suspicion or allegation of abuse. The covering manager told us safeguarding was initially covered in induction and on regular occasions thereafter. They said this was in the form of formal training or by discussions in team meetings and staff supervision sessions. One member of staff told us they had the telephone number of the local safeguarding team. They told us if they were seriously worried about a person's wellbeing, they could call the team directly and then inform the office of their actions. Written guidance was available for staff reference in the event of an accident or incident such as not being able to access a property. Posters were displayed around the office informing staff of their responsibilities to "whistle blow". One member of staff told us they had used this procedure in the past. They said their concern had been satisfactorily addressed and they were well supported during the process.

Systems were in place to ensure people received their medicines safely. However, one support plan was conflicting as to whether the medicines were "time specific". If they were, the actual time the medicines needed to be taken, was not stipulated. Another person had been prescribed a medicine towards the end of the month. As staff had not crossed through the majority of the month on the record, the information indicated the medicine had not been given. The covering manager told us they would address this with the staff involved. Staff had consistently signed all other records when they had administered people's medicines. This included medicines which people took "when required". Whilst staff had recorded the time of the administration, they had not documented the reason why the medicine was needed. This did not enable potential trends to be identified.

Staff told us they received training and an assessment of their competency before they administered people's medicines. This was clearly documented within staff personnel files. They said they generally prompted people to take their medicines rather than administering them. Each person had a support plan and risk assessment regarding their medicines. The medicine administration records were regularly audited to ensure there were no shortfalls or errors.

Robust procedures were followed when recruiting new staff. There was a separate team, made up of recruitment specialists, which ensured all applicants were suitable for their role. The covering manager told us the team would undertake all administrative duties in relation to recruitment. This included sending out application forms and requests for information about the applicant's work performance and character. In addition, the team would check if a work permit was required, the applicant's identity and initiate a Disclosure and Barring Service check (DBS). A DBS enables employers to identify if a prospective staff member would be suitable to work with vulnerable people. All staff signed a disclaimer, so they were required to inform the agency if they were subject to a caution or conviction after completing their DBS check.

All personnel files were ordered and evidenced a robust recruitment procedure. In addition to the required checks, there were details of the applicant's interview and their ability to write eligibly using good English.

Is the service effective?

Our findings

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in the Mental Capacity Act 2005. They told us they always assumed people had capacity and promoted people to make decisions. Staff told us they gained people's consent before undertaking any task. They said if they identified any concerns about a person's capacity, they would inform the office. Staff told us management would then take any action that was required.

People benefitted from the consistency of the staff supporting them. One person told us "they are excellent. I have a really good team of carers. One has been with the company for many years". Another person told us "I get the same ones all the time. It's good as I get to know them and they get to know me". A relative told us "the continuity of the correct carers has been vital to the wellbeing of X". Another relative told us "she has the same three carers all the time. The continuity has helped her to progress".

Some staff had supported the same people for a long while and knew them very well. People told us they had developed a good rapport with the staff. This was seen when one person visited the office to take part in the inspection, accompanied by a member of staff. The interactions were relaxed, light hearted and enabled the person to express themselves in an honest way.

Staff told us they liked the agency only offering longer visits to people. One member of staff told us "I like it that we generally work with one or two people. It really enables us to do a good job and find out what the person really wants. You can't do anything in half an hour so I would hate to work for the larger agencies, which often give this time to each visit". Another member of staff told us "it's more about enabling and doing things with people which is great, as we have the time to do it". Staff told us consideration was given to "matching" staff with people they supported. This was to enable similar interests and personalities, to aid successful relationships.

There was a positive attitude to learning and development. Staff told us the training available to them was good and helped them to do their job more effectively. One member of staff told us "when I first started, I did a range of courses before I started working with people. This was really helpful and enabled me to develop my confidence, as well as learn about things I'd never thought of". The member of staff told us they had been able to ask questions in the training sessions and never felt what they asked, had been a "stupid question". Another member of staff told us "the training is really good. They keep us up to date so it's ongoing. We do lots of refresher training as well". Staff told us in addition to training that was deemed mandatory by the provider, they could ask for specific topics to be covered. Staff told us they were supported to understand and apply what they had learnt in practice. One member of staff was appreciative that any shortfalls were considered learning experiences. They said "we're never made to feel bad but they

might say "may be it would be better to do it this way" or "have you tried this?". We're learning with all new experiences". The covering manager confirmed this and said if mistakes were made, staff were encouraged to "move on". They said staff were required to learn from mistakes but not dwell on things unnecessarily.

Records showed a comprehensive training programme. This included topics such as the safe management of medicines, safeguarding people from harm and infection control. In addition, there was "person specific" training such as epilepsy awareness and oxygen and suction therapy. This training was undertaken by a health care professional, who also assessed staff's competency. One personnel file however, showed the staff member had completed oxygen therapy training in May 2015. A date of when this training needed to be repeated was not stated. This did not show that the staff member was up to date with current practice. The covering manager told us they believed staff were to retake this course every three years, but they would check this. The person the staff member supported required oral suctioning at times. The covering manager told us the staff member had completed training in this area, although there was not a certificate on their file to demonstrate this.

People and their relatives told us the staff were well trained and were confident in their role. One person told us "they do everything I want. I only have to ask and it's done. They help me not to worry as much as well". Another person confirmed that a nurse, who was employed with the agency, trained the staff in relation to any changes in people's care. However, one person told us they felt staff sometimes did not understand their issues. They also felt that communication with the office could be improved upon and some of the staff would benefit from customer service training. The covering manager told us this feedback would be "taken on board".

There was a comprehensive induction process to support new staff when they started employment with the agency. All new staff undertook a detailed programme of "classroom type" training and then worked with more experienced members of staff. These staff had been trained to support new staff in becoming established and confident in their role. Additional time and support was given to any member of staff who found particular areas of practice difficult.

The covering manager told us focus was being given to enhance morale and enabling staff to feel part of a team. They said various initiatives had been developed to do this. This included an "Employee of the Month" scheme, a newsletter and regular texts of updated information. They told us staff were given positive feedback about their performance and were informed if any feedback had been received, from the people they supported. Records showed staff meetings had been reintroduced, as these had 'slipped' and were not occurring, as they often as they should have been. Staff told us they had everything they needed to do their job effectively. This included disposable protective aprons and gloves, to minimise the risk of infection.

Staff told us they felt well supported. They said they could contact the office at any time and always got an answer to any questions asked. Staff said they could also call into the office for advice, support or just a cup of tea and a chat. They told us they regularly met more formally with their supervisor, to discuss their work. One member of staff told us this system worked well as they could reflect and gain feedback, which in turn helped further development. Another member of staff told us they found it useful to discuss potential challenges they were facing. They said solutions were always found and they never felt as if they were a problem. Staff told us they had a yearly appraisal where they reviewed their achievements and set objectives for the following year.

Records showed staff supervision meetings and appraisals had taken place although there was not an established frequency to the sessions. Some staff had received more meetings than others. The covering manager told us they had identified this and would be looking to ensure consistency in the future. Whilst

there was a record of the sessions, information did not always identify follow up action. For example, records showed one member of staff wanted to learn more about different illnesses. It was not clear if this had been arranged. Another record stated "I become stressed when working with mental health clients". There was no evidence of the support this member of staff had been given. The covering manager told us they would discuss this with staff. One member of staff told us the agency encouraged progression in their work. They said "they asked me if I wanted to work with people with a learning disability so I tried it but it wasn't for me. They respected this and put me back with the client group I was used to".

People were happy with the way staff supported them with meal preparation. One person told us staff always asked them what they wanted to eat and drink. They said they were given a choice and could help prepare food, if they wanted to. Staff told us people were assisted to be involved in meal preparation, as much as possible. One member of staff told us "it's their kitchen, their food. Why wouldn't they have a choice? We can guide people to eat healthily but at the end of the day, it's difficult and comes down to choice". The member of staff told us if they had any concerns about a person's food or fluid intake, they would discuss this with their supervisor.

Staff told us supporting people regularly enabled them to recognise any ill health. They said if they identified a concern, they would talk to the person about it and offer to call a doctor or a family member. They said they would then inform the office and document their findings within the person's daily log. One member of staff told us "it's really good, as if someone doesn't want a doctor, we'll be seeing them again so we can monitor them. Things don't get missed, as there's good follow up". Another member of staff told us they would accompany people to any medical appointments, if needed. Information was available for staff reference in terms of managing issues such as accidents and incidents. A relative told us they would always be informed if a staff member recognised their family member was not well. Another relative gave us an example of good communication. They told us "on return from respite, the carer noticed X had a rash on their face. They immediately brought it to my attention".

Records were maintained about people's health. These contained details of appointments and the person's general wellbeing. One person had an Emergency Epilepsy Plan, which was completed by a specialist health care professional. It was dated August 2013. There was not a more up to date plan in the person's file. Information stated the person's seizures should be evaluated at every review but evidence of this, was not clear. The covering manager told us a nurse, who was employed by the company, oversaw this person's support. Due to this, they believed the information required was in place. The covering manager told us they would address this with the member of staff without delay.

Is the service caring?

Our findings

People were complimentary about the staff who supported them. They told us staff were "respectful" "caring" and "always on time". One person told us "the carers are very good. They encourage me to be independent". Another person said "I like the staff. They help me do what I want. I can ask them to do anything and they'll do it". People told us they got on well with the staff. One person told us staff made them laugh. Another person told us "I can't fault the care staff".

Relatives were also positive about the staff and the service their family member received. One relative told us "the carers are very good. They encourage X to do most things for himself. They mostly just prompt him". Another relative told us "I have a lot of trust in the carers they send". Other comments were "I have never had a problem with Allied. X [family member] really trusts the carers", "we're very happy. I can't praise them enough" and "they are very relaxed and they go with what he wants". Another relative told us "we are very happy with the care staff. We all get on very well. Carers do not wear uniform, which makes people more relaxed".

People told us staff respected their privacy and dignity. Relatives also confirmed this. One relative told us "X [family member] insists on older carers only and they have managed to accommodate an older, more experienced carer for them at all times". Another relative told us a preference of a male or female member of staff to support their family member had been discussed. They told us "X was happy to receive either but it was good they asked".

Staff told us the team really cared about people and were passionate about providing good support, which enabled people to achieve. The covering manager confirmed this and told us "all the staff are doing it for the right reasons. It's not just a job. They really do care and often go far beyond the call of duty". Staff told us much of their role consisted of enabling people to do as much as they could for themselves. One member of staff explained a person they supported had become agitated and upset about some medical appointments, they were trying to organise. The staff member asked if they could help and whilst liaising with the person, resolved the issues. They told us "doing something like that, which is so small, but makes such a difference is great". They told us they valued the time they had with people. Another member of staff told us how they always remembered what an intrusion it must be, to have someone in your house. They said they always treated people with respect as a matter of course. The staff member said "it's in my culture and close to my heart. It's what everything is centred around". Another member of staff told us "it's all about treating each person as an individual. Person centred care. Find out what people want and adhere to their wishes". They said the agency was "hot" on people's rights including confidentiality. The member of staff told us "we would never talk about any of our customers, outside of work. We would get shot. The agency is very professional. It's good".

Is the service responsive?

Our findings

People and their relatives told us they were happy with the service provided. One person told us "they help me do things I can't do myself". A relative told us "they take her out shopping, and they are helping her to knit. I had packed all her knitting away. I never thought she would knit again". Another relative told us "she [family member] has made lots of progress. She is getting better, sleeping better. I can't praise the carers enough". Another relative told us "I know when the carer has been. All the things in the house are tidy". Other comments were "we are very happy with Allied. The nurse from the company goes to all relevant meetings concerning his care including the day care centre meetings" and "one of the carers goes to the pool with him and goes in swimming with him".

People told us staff were responsive to their needs. One person told us additional support had been arranged at very short notice. This had minimised any disruption to their lives. A staff member told us "I was amazed it could be arranged so quickly. It's all worked out really well. I think the agency responds well to what's needed and gets it sorted". A relative told us the agency was very flexible if they needed to change the times of their family member's support., They told us "they are all very understanding and accommodating".

We observed one member of staff interacting with a person they supported. The staff member was attentive but gave the person time and space to share their views. They recognised when the person needed support and did this in a sensitive manner. They gave prompts, which enabled the person to continue sharing their views. The staff member asked the person if they could intervene by saying "is it ok if I talk about what's happening?" They waited for the person's response and continued to involve them in the discussion. The member of staff then asked the person "is that right? Is that what you think?" The staff member was attentive, supportive and enabling in their manner.

Each person had a plan of their care, which was readily accessible to them. People and their relatives told us they had contributed to the plan and were involved in any reviews, which took place. One relative told us a nurse who was employed by the company, reviewed "everything, every six weeks". Another relative told us a diary was used in addition to the support plan. They told us this was to "hand over from each other", which worked very well.

The covering manager told us they had recognised the support plans were not as they wanted them to be. They explained they felt the format was quite difficult to follow, which meant the key points were often difficult to find. The covering manager told us they were currently working with the local authority to agree a way forward to improve the support plans. This work had recently started but it was intended improvements in practice, would be made as soon as possible.

As explained by the covering manager, the support plans were lengthy and contained a range of information. One plan used photographs to evidence the person's positioning and posture. This clearly and accurately informed staff of the assistance the person required. However, other information was less specific. This included one plan, which stated "care should be taken to regularly reposition X". The information did not inform staff of the frequency of this intervention. Another plan stated "I will be difficult at

times". This statement was subjective and did not portray what was meant by being "difficult". It was stated the person could be challenging at times but there was no information about potential triggers, how the behaviour presented or how it should be managed. Within the daily log, staff had documented they had identified a sore area on the person's skin. There was no follow up action and this had not been transferred to the support plan, to inform staff how it should be managed. The covering manager told us they would discuss these aspects with staff and consider them further, when developing the support plans.

The covering manager told us the agency had a positive attitude to complaints. This was because any concerns or complaints were seen as a way to develop and improve the service. People were given a copy of the complaints procedure when they started using the service. The information was detailed and encouraged people to give their views. Staff told us they regularly asked people if they were happy with their support. If there were any problems, they said they encouraged people to be open and to say. This enabled any issues to be addressed quickly before escalating further. Staff told us they would try to resolve any concerns at the time but would inform management if there was anything more serious. A record of formal complaints was held electronically. The covering manager told us any concerns were discussed within weekly 'on line' line management meetings. These discussions identified whether the complaints process was being properly followed and whether there were any trends regarding the complaint subject. The covering manager told us they wanted the service to be "fully open and transparent" and ensure tight timescales for investigations were adhered to.

Is the service well-led?

Our findings

There was a registered manager in post. However, they had not been at the service since August 2016 due to an extended period of leave. We had been informed of this as required by a notification. Staff told us the registered manager's absence was initially a challenging time. Additional management support had since been given and a positive feel had been re-established. The covering manager told us they visited the office at least twice a week and were available by telephone, at all other times. They said there was clear management oversight in place and they would visit more often if required. Staff confirmed this. They said management were approachable and they only needed to ask for any assistance required.

People confirmed there had been a period of time, which had been difficult. They said difficulties generally related to poor communication and variation in the office staff. People said these issues had since been resolved and many improvements had been made. Staff confirmed some aspects of the service had been difficult. One member of staff told us "it was no one's fault but it was difficult at times. It seems so much more organised now so things are going well. We're hoping the manager will be back soon though. It's as if we're a big family".

The covering manager was a registered manager of another service run by the organisation. This meant they were aware of agency's procedures and their regulatory responsibilities. Since their time of visiting the office, they said they had identified what the service did well and what it needed to improve upon. Action plans were in place and such shortfalls were being addressed. The covering manager told us much of this work, involved consistently implementing procedures, which were already in place. They said all work was being undertaken slowly, as they did not want to put too much pressure on the staff. The covering manager told us in time, they were hoping to expand the size of the agency and further improve its culture.

There was a strong ethos of improving and "getting it right". This was evidenced in the level of training and support staff received. The covering manager told us in addition to training, staff were always being told to question things and ask "why are we doing this? Can it be done any better?" They told us there was a lot of shared learning and cross service working to enable improvement. For example, if an issue was identified in one of the organisation's locations it would be discussed in manager's meetings or during the weekly telephone meeting. This would enable other managers to learn from the experience and improve practice.

Staff told us the ethos of the agency was to provide people with a quality service, which was always being improved. They felt this was being done and they were pleased to be working for the agency. One member of staff told us "there's a real emphasis on team work and supporting each other. We're always told there is no "I in team". I think we provide good quality, person centred care". Another member of staff told us "we're enabled to provide the small details which are important to people. It's not about doing things for people it's about helping people to do what they can and want to do".

There were a range of systems which were used to monitor the quality and safety of the service. Staff were regularly observed when supporting people. This enabled good practice to be recognised but also identified any shortfalls, which needed to be addressed. Staff told us this monitoring took place regularly with all

checks being unannounced. A record of each visit was made on a quality review form. However, information did not consistently show the action taken in response to a concern or shortfall. For example, one record stated "I will speak to the carer". There was no further detail to show if this had been undertaken. Another record stated the person would like staff to be more aware of their mental health issues. Information did show the measures taken to address this or whether it had been revisited at the next monitoring visit.

Records showed staff practice was regularly monitored. For example, one medicine administration showed a note, which identified the staff member had not signed to demonstrate they had given the person their medicines. The staff member was asked to rectify this as soon as possible. Another member of staff told us people's records such as daily logs and medicine administration records were taken to the office at various frequencies, depending on their need. These were then checked to ensure they had been completed to a satisfactory standard. Another member of staff told us "it's good as any problems are quickly identified and addressed. Things are nipped in the bud quickly before getting any worse".

The electronic systems showed a range of audits. These included reviews of areas such as staff training, complaints and people's support. The covering manager told us "I can run a report for example about staff training so I can see if there's anything outstanding. Similarly I can check if there've been any late or missed calls". There was information about accidents and incidents. This was analysed to identify potential triggers or trends. Any shortfalls identified within the audits were highlighted on the system until resolved. This meant any entry could not be closed until action had been taken. The covering manager told us this ensured all shortfalls were properly addressed, in a timely manner.

People told us they were encouraged to give their views about the service. They said this was either informally at their review or by completing questionnaires. The covering manager told us questionnaires were sent to people by Head Office. The feedback was coordinated and then sent to the service. Records showed people were last sent a survey to complete in July 2016. The results were coordinated and displayed in percentages according to people's satisfaction. Other than to one question, people had rated their answers as "excellent" or "very good".

One person told us they always completed their survey but did not hear any more about their feedback. The covering manager told us it was the agency's policy to give feedback and visit anyone who was not happy with the service they received. They told us on some occasions, people gave their responses anonymously, which did not enable feedback to be given. The covering manager told us they would ensure people received greater feedback about the surveys in the future.