

Capital Staffing Services Ltd

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Inspection report

The Hop Exchange
24 Southwark Street
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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 announced inspection took place on 26 September 2017. Capital Staffing Services Ltd provides personal care and treatment of disease, disorder or injury to people in their homes. At the time of our inspection, 17 people were using the service.

This is the first inspection of the service since registration with the Care Quality Commission in August 2016.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 received care and support from trained and skilled staff comprising of registered nurses and care assistants. The provider provided training to relatives of people using the service who were actively involved in care delivery and worked alongside their staff. Staff received support to undertake their roles. While the registered manager monitored and supervised staff's practice, they did not always maintain up to date supervision records. There was a risk that the registered manager could miss an opportunity to identify and follow up on staff development needs.

People received care and support from staff who knew how to identify abuse and understood their responsibility to report any concerns. Staff managed identified risks to people's health and well-being. The registered manager worked with other healthcare professionals to minimise the risks of foreseeable emergencies to people using the service in relation to the adequacy of staffing levels, medicines and medical equipment used in their homes.

People received care and support from sufficient numbers of staff. The provider ensured there was a mix of staff with the right competencies, experience and skills deployed to meet people's needs. The provider followed appropriate recruitment procedures to employ staff suitable to provide people's care. People who required support to take their prescribed medicines received appropriate assistance in line with best practice and current guidance. Staff minimised the risks of infection to people by following good standards of hygiene.

People using the service and their relatives were happy with the care and support they received. People had their care delivered in a caring and compassionate manner. Staff maintained people's privacy and dignity when they delivered care and support. People received the support they required to lead independent lives, undertake activities of their choice and to maintain relationships that mattered to them.

People had appropriate support to eat and drink healthily in line with their nutritional and hydration needs. Staff supported people to access healthcare services to maintain their health and monitor their well-being in a timely manner.

People gave consent to care and treatment. People using the service and their families (where appropriate) were involved in planning and making decisions about their care. Staff understood the support people required and respected their decisions about how they wanted to receive care. People who were unable to make decisions about their care received appropriate support through best interests meetings.

The registered manager carried out a needs assessment before each person started to use the service. Care plans showed details of people's needs and the support they required. People received care that responded to their changing needs and preferences.

People benefited from a person centred, transparent and honest culture that prevailed at the service. The registered manager and provider encouraged people and their families to talk about their experiences of using the service and to share ideas about how to improve care provision. People using the service and their relatives knew how to make a complaint if they were unhappy. The registered manager investigated and resolved complaints in line with the provider's procedures.

People received care that underwent monitoring and quality assurance checks. The registered manager was aware of shortcomings at the service and had plans in place to drive improvement. People's support met good standards of care because the registered manager worked in close partnership with external agencies.

We have made a recommendation in relation to the management of staff performance.

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 received safe care because staff followed safeguarding and whistleblowing procedures to identify and report abuse.

People received care that minimised identified risks to their health and well-being.

There were sufficient numbers of suitably recruited and competent staff to meet people's needs.

People received their prescribed medicines safely. Staff were assessed as competent to manage people's medicines.

Is the service effective?

Good ●

The service was effective. People received effective care from trained and skilled staff who understood their needs and the support they required.

People's care provision met the requirements of the Mental Capacity Act 2005. Staff asked people for their consent before they provided care and treatment.

People received the support they required with their nutrition and hydration. People had access to healthcare professionals to maintain good health.

Is the service caring?

Good ●

The service was caring. People received care that staff delivered in a kind and compassionate manner. Staff treated people with respect and maintained their privacy and dignity.

Staff understood how people communicated their needs and how they wanted their care delivered.

People using the service and their relatives were involved in planning and making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive. People underwent an assessment of their health and well-being and received care that met their individual needs.

Staff had sufficient guidance about how to deliver people's care in line with their individual needs and preferences.

People received the support they required to pursue their interests in their homes and in the community.

People were comfortable in sharing their views about the service and felt that the provider listened to them.

People using the service and their relatives knew how to make a complaint about the service. The registered manager investigated and resolved any concerns or complaints about the service.

Is the service well-led?

The service was well-led. People using the service, their relatives and staff commended the leadership and management of the service.

There was a person centred culture at the service. Staff said the registered manager promoted an honest and open manner about how they provided people's care.

The provider monitored and audited the quality of care to improve service delivery.

People received care in line with best practice and guidance provided by external organisations who worked with the provider.

Good 

Capital Staffing Services Ltd

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.

This is the first comprehensive inspection of the service since registration with the Care Quality Commission.

The inspection was carried out on 26 September 2017 by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before the inspection, we reviewed the information we held about the service including notifications they are required to submit to the CQC. This included the provider information return (PIR). The PIR 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.

During our inspection, we spoke with two members of care staff, a care coordinator, a booking officer, the registered manager and the chief executive officer. An expert-by-experience spoke with one person using the service and six family members who were involved in the care of people using the service.

We looked at seven care records, risk assessments and medicines administration records. We reviewed information about the management of the service including safeguarding reports, incident records, complaints and compliments and policies and procedures. We looked at staff files that included recruitment, training, supervisions and appraisals. We reviewed the feedback the service had received from people using the service, their families and health and social care professionals.

After the inspection, we received feedback from three health and social care professionals and clinical

commissioning groups that were involved in the care of people using the service.

Is the service safe?

Our findings

People using the service and their relatives were happy with the service. One person told us, "I am happy with the [staff], very happy." People received care in a manner that was planned to minimise the risk of abuse and neglect. Staff received training in safeguarding adults and children. They were able to describe abuse, its symptoms and the action to take to keep people safe. Safeguarding procedures provided information to staff on who to contact when they had a concern about a person's well-being. The registered manager worked closely with the local authority safeguarding team to resolve concerns about people's welfare and their safety.

People received appropriate support for their health and well-being. The registered manager in conjunction with other health and social care professionals carried out assessments of risks to people's welfare. Risk assessments contained information about the potential hazards posed to people's well-being. These included their medical condition, oxygen storage and equipment failure, home environment, slips and trips, fire, scalds and burns and social and community involvement. Support plans in place showed that staff had sufficient guidance about how to provide support and care to people in a safe manner. These enabled staff to reduce the likelihood of harm to each person. Staff described the risks to people in detail and records showed they supported them in accordance with their support plans. Regular reviews of risk assessments enabled staff to make changes to the way they provided people's care, which reduced the likelihood of harm. Records confirmed that staff managed the known risks to people's health and well-being.

People were kept safe from foreseeable emergencies. The provider had a continuity plan to cover emergencies caused by events such as adverse weather and unplanned staff absences. Staff received emergency first aid training to deal with a crisis before a rapid response team arrived. Personal emergency evacuation plans identified the support each person required to leave their home safely in the event of an incident. The registered manager liaised with other health and social care professionals to ensure that people had adequate stocks of medicines, oxygen supplies and well-serviced equipment.

People received care from staff who were suitable for their roles. The provider carried out appropriate recruitment checks to ensure staff were suitably qualified and competent to provide care to people. Records confirmed satisfactory checks on references, employment history, photographic identity, right to work in the UK and criminal record checks. Staff and records confirmed they started working at the service when all checks were returned.

People received care and support that met their individual needs. The provider ensured there were sufficient numbers of staff deployed to keep people safe. People using the service and their relatives said there were enough staff available when they needed them. Comments included, "I get the same nurses during the week and at the weekends. I have three main nurses I know really well." "Yes, because they are regular and they know [family member]." Two relatives gave us feedback that they had experienced some communication issues regarding staffing but this was resolved. The registered manager used a dependency tool to assess the needs of people. They took into account guidance from health and social care professionals and input from families to determine staffing levels. Staff said there were sufficient numbers of them allocated to

support each person. Duty rotas confirmed that shifts and absences were covered. People received support to attend medical and health appointments, as this was important for liaising with staff who knew them well.

People received the support they required to take their prescribed medicines. One relative told us, "[Staff] provide the medication." People using the service were supported by either a family member and/or staff to manage their medicines. Staff had detailed guidance and information on what medicines people took, why they needed them, dosage, side effects, and the effects of not taking medicines and any allergies or adverse reactions. Staff had specific guidance on how to administer people's medicines. For example, calculations of medicine doses and what to do if their finding did not match that of a colleague they were working with, such as contacting the registered manager or a consultant for guidance.

People received their medicines from competent staff. Staff had received advanced training for administering medicines, which included specialist administration such as medicines given intravenously. Staff knew how to manage people's medicines safely in their homes and ensured storage, recordings, administration and disposal met the provider's procedures and best practice. Families retained the medicine administration records in their homes where the registered manager carried out regular checks to ensure staff followed the provider's procedures. Audits confirmed that staff complied with the provider's medicines management protocols and best practice.

Staff told us they carried out a detailed handover about people's medicines at the start of each shift, which enabled them to check on the accuracy of stocks and rectify any errors identified. Health care professionals such as GPs and consultants had oversight on the support people required with their medicines. Staff contacted the GP or consultant when necessary, for example when a person showed adverse reactions to medicines. People had their medicines reviewed regularly. Staff had access to an up to date medicines management policy and procedures and guidance to refer to when needed.

People received support from staff who understood how to minimise the risk of infection. One member of staff told us, "We have to maintain the highest standards of cleanliness to protect people from infections." Staff received training in infection control and practiced good hygiene. Staff told us they washed their hands before and after carrying out any tasks, wore protective clothing, cleaned and dusted equipment regularly and practiced safe disposal of waste and sharp products such as syringes.

Is the service effective?

Our findings

People using the service received effective care. Staff told us they spoke regularly with the registered manager and discussed their work and received the support they required to develop in their role. The provider ensured staff received reflective sessions and continuous professional development to help them maintain the effectiveness of their practice. The registered manager, a practicing registered nurse, provided a professional review of the nursing staff's practice through clinical supervision and monitoring of their work. The registered manager carried out staff supervisions and appraisal but had not always maintained records of these one to one meetings for all the staff. We raised our concern about this with the registered manager. They explained that they were aware of the shortcomings and understood the importance of recording supervisions and appraisals for all staff to enable them to follow up on any issues identified in previous sessions.

While we were confident that staff received the support they required in their roles, we were concerned that the registered manager could miss an opportunity to help staff improve their performance.

We have made a recommendation that the registered manager and provider seek advice from a reputable source to ensure that they meet staff development needs.

People received care from staff who were trained and skilled for their roles. The provider ensured that staff had the appropriate knowledge and skills required to undertake their roles. One relative told us, "I honestly can't fault them. I have always had consistency." Health and social care professionals commented positively about the support and care provided to people. Staff received regular training and refresher courses to keep their knowledge up to date with current practice and guidelines. One member of staff told us, "We get the necessary training and more." Records confirmed the provider's mandatory training staff undertook which included, moving and handling, basic life support, health and safety, safeguarding, fire safety and infection control. Staff received specialist training in courses such as tracheotomy, control and restraint, paediatric resuscitation, diabetes management and Percutaneous Endoscopic Gastrostomy (PEG) feeding to meet people's individual specific needs. PEG provides a means of feeding when oral intake of food, fluids and medicines is not adequate or appropriate.

People were supported by staff who understood their roles and responsibilities. New staff underwent an induction before they started to work independently in people's homes. Records confirmed new staff completed the induction process which included meeting people using the service and their relatives and familiarising themselves with their care plans and completing the provider's mandatory training. They also read the provider's policies and procedures about delivery of care. Staff said they benefitted from the "thorough induction" which enabled them to understand and undertake their work effectively. The registered manager told us and records showed they confirmed staff in post on satisfactory completion of their induction.

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 so that they can 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. We found that the registered manager and staff provided people's care in line with the requirements of the MCA.

People gave consent to care and treatment. One person told us, "Yes [staff] always ask [before they provide care]." One relative told us, "All the time, [staff] always gets [family member's] permission." Another relative said, "[Family member] can't communicate. [Staff] always tell [family member] what they are going to do and why, even though [she/he] can't understand." The registered manager and staff were clear of their responsibilities and respected people's right to make choices and decisions about their care and support. People using the service, their families and healthcare professionals held best interests meetings for people who were unable to make decisions about their care. One relative told us, "I make the decisions but where possible I ask [family member]." The registered manager ensured they worked with families and other healthcare professionals to balance a person's rights and the wishes of other people who were important in their lives in line with the MCA.

People were supported to eat and drink sufficient amounts to maintain a healthy weight and balanced diet. One relative told us, "[Family member] is fed via the PEG. The feeding times are routine and this is monitored by the [staff]." People using the service received support from their families to buy food appropriate to their cultural and religious needs. Staff had detailed information about people's nutritional and hydration needs. For example, those who did not take food by mouth, any known allergies and specialised methods of feeding such as PEG. Staff told us they followed the dietary guidelines provided by healthcare professionals and understood the adverse impact to people's health if they did not follow instructions in place. Records confirmed staff followed feeding and dietary plans and that they contacted healthcare professionals when people's eating or feeding patterns changed.

People received support to maintain good health. One person told us, "I have continuous [medical procedure]. Staff are constantly checking on that." Another person told us, "I have an ambulance for hospital appointments. The [staff] come with me in the ambulance. The dentist and the optometrist come to the house." Comments from relatives included, "[Staff] will get the doctor to come out when needed. So will the optician. They get the medication delivered too." "My GP says [family member] is well looked after." The registered manager worked with other healthcare professionals to ensure that appropriate care arrangements were in place before people were discharged from hospital.

Staff supported people to access healthcare services when needed such as hospital appointments for routine check-ups, blood tests and specialist treatment. Staff supported people using the service and their families to maintain diaries to ensure that they received care and treatment in line with their health action plan. Care records detailed people's health needs and the support they required such as weight management, blood sugar monitoring and eye checks. Healthcare professionals said staff consulted and involved them in a timely manner which ensured people received appropriate care and support to maintain their health. Records confirmed healthcare professionals involved in people's care included consultant psychiatrists, speech and language therapists, care coordinators, community nurses, dieticians, tissue viability nurses and advocates. Staff maintained accurate records of the appointments people attended and outcomes of visits to healthcare professionals. The registered manager ensured staff followed guidance provided by healthcare professionals. Records showed people received care in line with the guidance made. Each person had a "passport" which contained information about things that healthcare professionals should know about if the person had a hospital admission.

Is the service caring?

Our findings

People were cared for by kind and compassionate staff. One person told us, "Yes, I am really happy. Both carers are really lovely and fantastic." One relative told us, "Yes I would say the staff are kind and caring. Staff are really nice to [family member]." Another relative said, "We have three very friendly, very helpful carers who have been quite consistent." Staff knew people well and understood how they wished to receive their care. One person told us, "Yes, I don't really have to ask for help. They know my feelings well [about how they wanted their care delivered]."

People received care that maintained their privacy and dignity. One relative said, "Yes they give [her/him] privacy. Once [family member] is up and dressed [he/she] wants to be on her/his own." One relative told us, "Absolutely, they respect [her/his] privacy. We have such a lovely bunch now." Staff told us they respected people's space and provided their care in a dignified manner such as involving and telling them about the support they were going to provide. Staff told us they maintained people's confidentiality and shared information with third parties on a need to know basis and when authorised by the registered manager.

People using the service and their relatives were involved in making decisions about their care. One relative told us, "[Family member] makes all [her/his] own decisions. What [she/he] wants to wear, whether [she/he] goes out and what [she/he] wants to spend [her/his] money on." Staff understood people's communication needs, which enabled them to maximise their involvement in planning their day-to-day care. For example, the registered manager and staff talked to people and their relatives about how people preferred to have their support delivered. In addition, they used other methods of communication such as writing on paper and boards and pictorial aids to support people to choose what to eat, drink, clothes to wear and activities to do. Staff and daily nursing records confirmed they handed over information about people's choices and preferences in relation to the care and support they received. This enabled people to receive care in the manner they wanted. The provider respected people's preferences about who provided their care, such as a male or female member of staff and ensured these requests were met.

Staff understood people's communication needs. One relative told us, "[Family member] always recognises when someone (staff) returns from a break. The nurses also know what [family member's] various body sounds mean in communication terms." Another relative told us how staff communicated with a person who used the blinking of eyes to signal when they wanted to be turned in bed. Another relative told us staff understood the facial expressions that showed when a person was in pain or when they wanted to receive personal care.

Relatives told us the service had developed effective ways to communicate with people using the service. They said this made them feel valued and respected. Care records identified how people communicated for example eye contact, movement of limbs, pointing at items and using point of references. Staff were able to describe how each person communicated their feelings and how they responded to meet their needs. Daily nursing records confirmed that staff understood how people wished to be supported.

People were supported to maintain relationships that mattered to them. Staff supported people using the

service to spend time with their relatives and friends. Care records identified people that were involved in each person's life and the support staff had to provide to enable people to maintain these relationships.

Is the service responsive?

Our findings

People received personalised care that met their needs. One relative told us, "We met with the [registered] manager and care coordinator. We discussed how care at home would be like. We agreed on that and it has worked very well." Another relative told us, "[Family member] can't talk. However, they have a care plan. We were involved in the planning." Records confirmed health and social care professionals and the registered manager assessed people's needs and involved them and their relatives (where appropriate) in planning the care and support each person required. Information gathered at assessments included people's medical history, background, social, physical and mental needs, skin integrity, communication skills, mobility, likes and dislikes and aspirations, preferences and the support they required to live an independent life. The registered manager developed a detailed care plan for each person before they started using the service. Support plans provided clear guidance for staff about how to support people with their complex needs, for example feeding a person via a pump.

The registered manager met staff at the office before they started to provide care to any person in their home. Staff told us they discussed with them in detail people's individual needs, the care package and the expectations about the support to be provided. They said this helped them to ask questions about any individual health conditions, to discuss potential concerns and to prepare them for dealing with complex needs.

People received care that was responsive to their needs. One relative told us, "We are involved in the care planning and review process when [family member's] condition changes." Another relative told us, "Sometimes the office calls and discusses changes to [family member's] health." Another relative said, "Generally quick and efficient when there are changes. Really, really happy with all the nurses." Records confirmed that the registered manager carried out reviews on people's needs regularly and when needed. People using the service and their relatives contributed to the support plan and told us the registered manager encouraged them to communicate any changes in their health and well-being. This enabled the registered manager to make changes to care and support plans that reflected people's needs accurately. Support plans showed up to date changes and guidance to staff about providing care that responded to people's needs. For example, one person had made progress with their health and could now have a limited amount of food through the mouth. Staff had information about the type of food and the consistency to ensure the person could eat and swallow safely.

People lived an independent life as far as possible. One relative told us, "[Staff] are flexible. They provide care around my schedule." People using the service decided how they spent their time and daily living. Staff knew people's routines and respected their choices about what time they went to bed, what food to eat, clothes to wear, activities to engage in and who to socialise with. One relative told us, "Yes they know her needs and they know our boundaries and routines and fit in really well. Yes they do. [Family member] tells them what [she/he] wants in the morning and they follow through with it. Yes they do. They are really lovely." Staff supported people to undertake tasks they were capable of such as personal care or getting dressed.

People received the support they required to undertake activities. One relative told us, "Staff help [family member] to do some activities." Another relative said, "[Family member] likes to listen to music and to watch the television only." Staff supported people to access the community, attend health and social care appointments and to pursue education and vocational training. The registered manager worked closely with the local community such as schools to ensure a person who attended an activity received appropriate support to maintain their health and safety. Care records detailed people's interests, hobbies, educational and vocational aspirations. Records confirmed outings people were supported to undertake and the assistance they received to enable them to enjoy life and to reduce the risk of social isolation.

People using the service and their relatives knew how to make a complaint and felt comfortable to raise any concerns with the registered manager. They received the complaints procedure when they started to use the service. One person told us, "We did have bit of trouble in the beginning. The office team was very good at sorting it out." One relative told us, "Yes we had a few issues but it's now resolved." Another relative told us, "Only one mix up but it was quickly resolved. Staff go over and above for [family member]." The registered manager kept a log of complaints received at the service. Records showed the provider responded to complaints appropriately. Staff knew how to support people to raise concerns if they were unhappy with the care they received.

People using the service shared their views about the service. The provider acted on their feedback to improve the quality of the care they received. The registered manager asked relatives if they were happy with the service. Comments we read included, "No issues about nurses. Happy with current care and staff." "Feel that there is good rapport." "Happy with level of care and communication." The registered manager had resolved communication issues that were raised by relatives.

Is the service well-led?

Our findings

People using the service and their relatives and staff were happy with the manner in which the registered manager led the service. Comments included "Organised and well-led." "I have no concerns with Capital Staffing at all. We are happy with the service." One local authority commissioner commented that the service was well managed and that people received coordinated care.

The registered manager promoted a person centred culture and transparency in how they provided people's care. One member of staff told us, "Everything we do is all about the people we look after." Another member of staff said, "The manager welcomes any comments to improve care." Staff described the registered manager as "approachable and passionate about high standards of care", "easy to talk to" and "available and hands-on." Staff were clear about the lines of responsibilities and understood their roles and the provider's expectations on care delivery. One member of staff told us, "We have the office staff, booking officer and the on call team for 24 hour support. The registered manager is always on standby too." Staff daily nursing records about the care and support provided to people were legible and signed off as accurate. Staff told us record keeping was good and that it enabled them to offer high standards and continuity of care. Staff said the registered manager encouraged teamwork and that communication and information sharing was good. They said this enhanced their ability to identify any concerns, such as changes in people's health conditions in a timely manner.

People using the service and their relatives provided feedback about the service through an annual survey. They shared their views about the developments they wanted to see at the service. The latest survey conducted in 2015 showed people were happy with the standard of care and communication at the service. We discussed with the registered manager the irregularity of the surveys as the 2016 survey was not carried out. The registered manager explained to us that the response rate was low and that the service had developed better ways of gathering people's views. These included daily updates to staff if people were not happy about anything, telephone feedback, completion of feedback forms and face to face meetings and regular review meetings with the registered manager. We observed that this was an effective system because people using the service and their relatives were comfortable speaking with the registered manager about their ideas to improve the quality of care or raise any concerns.

People received care and support that underwent scrutiny. Quality assurance systems at the service were followed to monitor and improve the standard of care and support provided to people. Care planning and reviews, risk assessments, safeguarding concerns, incidents and complaints were checked and audited regularly. This enabled the registered manager to monitor the effectiveness of care delivered. Checks on staff training and professional development, staffing levels and record keeping were carried out. The registered manager had developed a schedule to ensure staff received supervisions regularly. The provider ensured staff learnt lessons from complaints to reduce the risk of a recurrence. The registered manager carried out spot checks on staff's practice and gave them feedback on their performance.

The registered manager and provider understood their responsibilities in relation to their registration requirements with the Care Quality Commission. Notifications were made to the CQC as required. People

benefitted from the registered manager's open door policy at the service. People using the service and their families knew the registered manager and told us they could contact him at any time. They felt their views were considered in developing the service.

People received care in line with current guidance and best practice. The provider worked closely with external organisations to ensure that people received high standards of care. Clinical commissioning groups (CCGs), NHS Trusts and consultants were involved to develop care and support plans in accordance with the changes in the care sector and legislation. The registered manager had started to produce monthly care package reports for the CCGs they worked with, with the aim of monitoring and improving care delivery. For example, the reports detailed staffing levels, missed or delayed calls, complaints, incidents and staff training. We read the September 2017 report and there were no concerns identified. Nurses were supported with their revalidation to ensure they remained skilled and up to date with current practice. The registered manager attended forums and training and shared learning at staff meetings and one to one supervisions for reflective learning.