

A Buckley Limited

# Independent Care

## 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 was an announced inspection which took place on 13 and 15 September 2017. The inspection was announced to ensure that the registered manager or another responsible person would be available to assist with the inspection visit.

We last inspected the service in May 2016 when we rated the service as requires improvement. At that time we found the service was in breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, these related to safe care and treatment, governance and staffing.

Following that inspection the provider sent us an action plan which detailed the improvements they planned to make. This inspection was to check improvements had been made following the last inspection and to review the ratings.

At this inspection we found that improvements had been made and the requirement actions had all been met.

Independent Care is registered with the Care Quality Commission (CQC) to provide personal care and support to people living in their own home. At the time of our inspection 48 people were using the service and being supported in meeting their care needs.

The service had a registered manager. 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 and their relatives spoke highly about the service and said their experiences had been positive. The management team and staff were described as, "Really caring", "Very professional" and "Very loving, sensitive and thoughtful."

Care workers were aware of their responsibilities in protecting people from abuse and knew the procedure to follow so that people were kept safe.

The management and administration of people's medicines was safe and demonstrated people received their medicines as prescribed.

Recruitment procedures were in place ensuring only those applicants suitable to work with vulnerable people were appointed. Sufficient numbers of staff were available to support the individual needs of people.

The registered manager was aware of their responsibilities under the Mental Capacity Act and knew who to liaise with so that people's rights were protected. People told us they were actively involved and consulted

with in planning their care and support.

Appropriate staff training and development was provided enabling staff to develop their knowledge and skills. This helped to ensure people were supported safely and effectively so their individual needs were met.

Where necessary people were supported in meeting their nutritional and hydration needs. Advice and support was sought from the speech and language therapists (SALT) or dieticians where potential risks had been identified.

People's care records showed that thorough assessments had been completed prior to the service commencing. Once agreed a detailed person centred plan was implemented providing good information about people's wishes and preferences and clearly guided staff in the support people wanted and needed.

Systems were in place for the reporting and responding to any complaints brought to the attention of the service. People said they had no issues or concerns and felt they could discuss anything with the management team or care workers if they needed to. People were confident they were listened to.

The registered manager was aware of events such as accidents or incidents, which should be notified to CQC. This information helps us check the service is taking action to ensure people are kept safe.

Opportunities were provided for people and their relatives to be involved with the service to comment on their experiences and the quality of service provided, so that any improvements needed could be identified and acted upon.

The provider was displaying the rating from the last inspection in May 2016 on site and on their website.

## 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's health and well-being was protected as risk assessments had been completed where areas of concern had been identified.

Systems were in place to protect people from harm. We found the management of people's medicines was safe. Staff had procedures to guide them and had received training on what action to take if they suspected abuse.

People were supported by sufficient numbers of staff. Robust recruitment checks were completed prior to new staff commencing work.

### Is the service effective?

Good ●

The service was effective.

Training and support was provided for staff enabling them to develop the knowledge and skills needed to meet people's specific needs.

All staff had received regular supervision and or an annual appraisal to help make sure they were able to deliver care and support effectively.

People were actively involved in planning their care and support where possible. Suitable arrangements were in place in relation to consent and capacity so that people's rights were protected.

### Is the service caring?

Good ●

The service was caring.

People spoke highly about the staff and the service provided. They were supported to maintain their independence as much as possible and were encouraged to take control over their lives.

People told us that care workers were caring and friendly towards them and their relatives whilst working in their home.

People confirmed that their care was planned around their individual needs and that staff had a good understanding of how they wished to be supported.

### Is the service responsive?

Good ●

The service was responsive.

Thorough needs assessments were completed prior to any care being agreed. Where appropriate people and their relatives were given the opportunity to be involved in planning their care and support.

People's care records included good information to guide staff about their individual likes, dislikes and preferences.

People told us they had no issues or concern about the service. However people knew who to speak with if the needed to and were confident they were listened to.

### Is the service well-led?

Good ●

The service was well led.

The service had a manager who was registered with the Care Quality Commission.

People who used the service, their relatives and care workers spoke highly of the manager and the quality of service provided.

Effective systems were in place to monitor and review the quality of service provided.

# Independent Care

## **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 13 and 15 September 2017 and both days were announced. The inspection team consisted of two adult social care inspectors. The provider was given notice before our visit and advised them of our plans to carry out a comprehensive inspection of the service. This is because the location provides a domiciliary care service and we needed to be sure that a senior member of staff would be in the office to provide information we would require as part of the inspection process.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority to seek their views about the service. We were not made aware of any concerns about the care and support people received. We also considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about.

As part of the inspection we spoke with two people who used the service, four relatives of people using the service, two care workers, the registered manager, the quality and compliance coordinator, the care coordinator and the company secretary.

We also reviewed a sample of people's medicine records, four care files, staff recruitment records, staff training and development records, records relating to how the service was being managed such as records for safety audits, and a sample of the services operational policies and procedures.

# Is the service safe?

## Our findings

At our last inspection in May 2016 we found that people may be at risk of not receiving their medication as intend by the prescribing GP. This was a breach of regulation<sup>12</sup> of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. At this inspection we found that improvements had been made and the provider was now meeting the requirement of the regulation.

We looked at what arrangements were in place to support people with the administration of their prescribed medicines. A policy and procedure was in place along with a programme of training for staff. Training records indicated that medication training had been completed by all staff and was updated annually.

A review of people's records showed that assessments were completed to determine if people were able to self-medicate. Where this was not possible and assistance was required a detailed risk assessment and plan was completed describing the level of support needed. We saw that staff completed medication administration records (MARs) accurately to evidence what medicines had been given. Where medicines had been refused or not taken this was recorded in the person's daily log sheet and medicines disposed of appropriately. Records we looked at had been completed in full. To help ensure people received their medicines safely a system of weekly and monthly medicines audits were completed and findings detailed in the recording system in place.

The registered manager said, "Staff need to see the service user physically taking the medicine before they sign the MAR. Any medicine's errors are reported, recorded on an incident form and the appropriate professionals contacted for advice." Records showed and we were told that no medicines errors had occurred since the last inspection.

We asked people and their relatives if they felt the individual needs of people were met safely and effectively. One person said, "I feel very safe; I've been receiving a service from Independent care for 28 years so I think that says something; and the staff are very good." When we visited a person in their home we spoke with their relative who said, "[Person's name] is very safe with the carer's that come in; I have no worries about [Person's] safety."

We looked at how the agency protected people from the risk of abuse. We saw safeguarding policies and procedures were in place as well as a whistle blowing procedure (the reporting of unsafe and/or poor practice). Records showed and a care worker we spoke with confirmed that safeguarding training had been provided. A care worker we spoke with was able to outline the whistle blowing procedure and what they would do if they thought someone was at risk of or had been harmed. What they told us demonstrated they knew what action to take so that people were protected.

Other policies and procedures were in place to promote the safety and protection of people. These included information about the recruitment and selection process, whistle blowing, disciplinary, and confidentiality. Prior to this inspection no issues or concerns had been brought to our attention.

People and staff had access to out of hours 'on-call' support in the event of an emergency or issue arising. We were told that on-call support was provided by the registered manager, and care coordinator, and administrative staff. All on-call staff were kept up to date with people's care and support packages through text messages, and staff meeting notes. This helped to ensure any issues were addressed quickly so that continuity in care was provided.

We looked at the recruitment files for three care workers. We saw that robust procedures were in place. Records showed that appropriate checks were made prior to applicants being offered employment. These included an application with full employment history, written references, copies of identification and interview records. Checks had been carried out with the Disclosure and Barring Service (DBS). A record of the disclosure date and reference number was kept securely in a locked filing cabinet. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work with the agency.

At the time of the inspection the service employed 32 care workers who worked varying hours. We looked at how staff were deployed to work with people. Records showed that care workers worked within a designated area and mainly provided care and support to the same people. This ensured people were provided with continuity of the care and support they needed. The registered manager took responsibility for managing staff rotas in order to match the right staff with the right person.

A relative said, "The care staff are well supported and staff rarely leave Independent Care; The manager puts a lot of effort into getting the right person for the right job." When we examined the staff duty rota we saw this confirmed that the staffing numbers and skill mix were appropriate to safely meet the needs of the people they were supporting.

We saw that areas of risk to people's health and well-being were identified and appropriately assessed in their 'daily living' assessment. These explored areas such as, administration of medication, moving and handling, and risk of trips and falls. Where necessary relevant health care professionals were involved in carrying out a full assessment. Records showed that assessments explored the likelihood and severity of risk and the strategies needed. People's care records provided clear guidance to help minimise risks to people and those providing support so that people were kept safe.

Assessment also explored any environmental issues in people's homes such as fire safety. Care records made reference to visual health and safety checks which had been completed as part of the routine monitoring visits carried out at people's homes.

We discussed with the registered manager what arrangements were made to ensure equipment used by people was regularly checked to ensure they remain safe to use. We were told that an external equipment provider took responsibility for ensuring all checks were completed. Any issues identified by staff would be referred to them.

We saw that the service had an infection control policy and procedures. These gave care workers guidance on preventing, detecting and controlling the spread of infection. In addition training records showed that all staff had completed training in this area as part of their induction. This training was renewed annually.

Staff we spoke with confirmed they had completed training and had access to protective clothing where this was needed. The registered manager had undertaken training in infection control and could provide advice and support in this topic where necessary. This helped to ensure people and staff were protected against



the risks of infection.

# Is the service effective?

## Our findings

At our last inspection in May 2016 we found that the provider did not ensure all care workers who were providing care to services users had the qualifications, competence, skills and experience to do so safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. At this inspection we found that improvements had been made and the provider was now meeting the requirement of the regulation.

We looked at what training and development opportunities were offered to staff. We reviewed training records and spoke with the registered manager and staff about the programme in place.

Records we reviewed showed that a comprehensive induction programme was in place for new care workers. Whilst there is no statutory requirement for providers to implement the Care Certificate consideration had been given to the relevant modules. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare people who are new to care work, in carrying out their role and responsibilities effectively.

We saw the induction also included the completion of all mandatory health and safety training such as; moving and handling, safeguarding people from abuse, health and safety, fire safety, medication, first aid and nutrition. Records also showed that care workers had received recent up to date training appropriate to their role and this helped to make sure people received safe and effective care.

In addition to the training we were told that care workers completed shadowing sessions (working under the supervision of an experienced care worker). Shadowing periods varied for new staff depending on the advice of the registered manager before being approved to work unsupervised with people. One new staff member told us they had been given all the information they needed in relation to the people they were supporting and added, "I have received the necessary training to do the job such as safeguarding and medicines awareness and feel well supported in my job; We do everything we can to support the service user."

Opportunities were provided for care workers to talk about their work both individually and as part of their team. They told us that the registered manager and management team were "approachable and supportive." and that team meetings provided an opportunity to "talk about issues that were important to them." They told us that the training and supervision within the office or spot checks undertaken in a person's home were useful because, "I like to know that I'm doing my job well." This showed that care workers were committed to delivering a good standard of care and support to people using the service.

Records examined and discussions with the registered manager and quality and compliance coordinator showed that annual staff appraisals were also undertaken. They told us, "Green shoots are showing now due to the introduction of a new staff monitoring system. Staff face to face supervisions are now on a rolling programme and we plan to do these more frequently for all staff" and "During the spot checks and staff monitoring visits we might identify the tasks that the care worker is required to do more effectively. We

observe staff and from this we can identify any additional training or learning needs so that we can maintain a high quality service."

Some care workers did not have easy access to the office, therefore the service had introduced a system where any updates about the service were shared via a monthly newsletter to keep staff up to date and informed about immediate changes within the service. Staff we spoke with confirmed what we were told. They said that the newsletter did not discuss any personal details about people using the service but helped to keep them up to date with their work. It also reinforced the availability of the registered manager so that they could discuss changes in the care and support people needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decision 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. All of the people we spoke with and their relatives confirmed that care workers always consulted them to obtain their consent before providing care/support or domestic tasks.

When we looked at training records, spoke with the registered manager and members of the staff team they confirmed they had undertaken MCA training in 2016 or 2017. They demonstrated an awareness of the MCA and the need for consent to be obtained from people before care was provided. They were able to discuss with us how they obtained consent from people using the service throughout their work day.

The registered manager told us that prior to a person's support being provided they would visit the person at home and discuss the support plan with them and/or their relative to confirm their agreement. People we spoke with confirmed this and records showed people receiving a service had signed to agree and confirm their consent. These records indicated that people had been consulted and involved in making decisions about their care/support package. This also confirmed their agreement to the support plan and care being provided. The registered manager was aware that only people who had power of attorney for health and welfare decisions were legally able to sign on the person's behalf.

We saw that consideration was given to people's nutritional needs where this support was being provided. Advice and support was sought from the speech and language therapist (SALT) and dieticians where potential risks, such as choking had been identified. People's records showed that food and fluid monitoring records were completed to help monitor people's nutritional intake. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing.

We saw appropriate and up to date records were in place where there was a need for this document to be included in people's care records.

## Is the service caring?

### Our findings

We asked people if they felt care workers carried out their duties in a caring manner. They told us that the care workers always treated them with dignity and respect and provided support in a caring and kind way saying, "They are very good to me, they really are good" and "[Relative] thrives on the companionship they receive" and "The office team are very good, they know us very well and we know them" and "The manager really cares about her service users and staff. They know she cares, I know she cares" and "They are exceptionally caring. We couldn't be happier, they are very professional."

All of the relatives of people we spoke with told us they were happy with the care and support their relative received. One comment included; "because of the confidence in the care being provided we are able to have overnight stays away from [relative] which has made a big difference to them; We tried it before with another company but we couldn't relax. We now know we will be contacted if there is a problem."

Another relative told us how the service provided an essential service which enabled them to continue with their day to day routines and activities. They said, "It's so good to have this service, they make sure [relative] is provided with good companionship and daily meals. [Relative] gets on so well with [care worker]. The service is so valuable to us."

Care workers were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. We saw that staff worked individually or in small teams with each person. This enabled people and staff to get to know each other as well as offering continuity of care.

During our inspection, with their permission, we visited two people at home. A care worker was present during the visit. The person was seen to enjoy a good rapport with care worker and interactions were friendly, polite and good humoured.

Care workers we spoke with felt the service provided people with a high quality of support due to the attitude of the registered manager. They felt the registered manager was, "Very supportive to staff" and "The manager is really good with everybody; she's very caring to the service users and understands them well."

The registered manager spoke highly of the caring abilities of the staff team and said, "I have employed a team of very loving, caring and sensitive workers. They go above and beyond for people. For example a care worker has helped somebody to pay their bills when they were unable to do so themselves. They always ask people if there is anything else they can do before they leave the person's home. I'm very lucky to have such thoughtful workers."

The registered manager told us they were aware that the staff team needed to maintain a good relationship with people using the service, "That's why I always explain the reasons why some tasks can't be done immediately; a discussion is required and company policies checked to make sure the tasks we are asked to carry out are safe and within the person's service agreement. Where this is not the case, we hold a care

review to discuss person's needs and adapt the care plan to meet those needs in the person's best interest."

Peoples care and support records were provided in plain language and were clear for them to understand the care provided. This helped people to participate and understand information that was important to them. People's records were stored electronically in the main office. Computers were password protected. This helped to ensure that confidentiality was maintained.

## Is the service responsive?

### Our findings

At our last inspection in May 2016 we found that the provider had not reviewed a person's support plan since 2013 and the registered manager made assurances this would be reviewed as a matter of urgency. We also found some inconsistencies in the support plans. For example information contained in the records did not include enough detailed information to direct care workers on how to deliver care to meet the person's personal preferences whilst promoting their independence.

At this inspection we found that the provider had made the necessary improvements to all of the care plans in place following a review of people's care records. For example when we looked at four people's care records we saw that an individual needs assessment had been undertaken prior to the service being provided. This ensured the care and support being offered could meet the persons individual needs. All of the care records we examined included a provider service delivery contract that set out the terms and conditions of the service being provided. A letter detailing the hours of care that would be provided including who to contact in an emergency was also in place. Visit plans contained the agreed visit times and details about who to contact in the case of an emergency.

Environmental risk assessments and personal risk assessment forms had been completed and reflected the person's current circumstances. A daily living assessment described any further risks or difficulties in relation to their health and general medical history. Information about people's mobility, dexterity, personal safety, cultural and faith needs were also included and this helped to establish people's wishes and preferences when care/support was provided.

People we spoke with and their relatives all confirmed that a thorough assessment had been carried out with them. One person who self directs their care said, "My support plan is very clear and the service is happy to adapt it at any time to suit my needs" and "They refill my water tank, put the washer on, help keep my house tidy and make sure my wheelchair is on charge, always leaving my house secure when they leave etc." Their support plan was clear, specific and highlighted the fine details which had been recorded following the person's instructions. This meant that the service was proactive in responding to people's choice, wishes and preferences.

The registered manager took responsibility to co-ordinate any specialist support such as speech and language therapy (SALT), occupational therapy (OT) and physiotherapists. Where people's relatives were not involved in their care the registered manager acted as the point of contact and would be responsible for arranging any meetings to review their care and support plans. Other support included liaising with agencies about people's housing and environmental needs, such as adaptations or equipment required.

People confirmed they received a well-coordinated package of care and were fully involved and consulted in planning their care and/or support. We saw that people's support plans had been reviewed every six months or sooner if their needs changed. Comprehensive records were maintained of all communication or correspondence made with or on behalf of the person. One person said, "I can speak to the staff or manager about [Person's] care needs at any time. It's never a problem. They always listen and are always willing to

help us."

A review of two people's records showed that where other care providers were involved to provide support with hoisting, or moving and handling, detailed an additional support plans had been implemented. Care tasks and responsibilities were clearly identified to make sure people received the agreed care and support from Independent Care. The registered manager said, "I recognise how badly written care notes can impact on a person. That's why it's very important to have accurate and up to date daily log sheets."

In addition to supporting people to meet their health care needs the service explored people's social and emotional needs so that they were helped to live a lifestyle of their choosing. For example; the registered manager and wider staff team attended a person's birthday celebration. In addition to this they arranged appropriate transport to assist the person to get to the venue. After the celebration the registered manager made sure the person returned home safely and supported them to bed at night. The person told us that they were 'very fond' of their carer's and the registered manager.

A person's relative told us that arrangements were made in order that the relative could continue with their own social activities with the knowledge that the care provided to the person was responsive and safe. This gave the person the opportunity to spend quality time with their carer whilst enabling them to maintain their independence. A relative we spoke with said, "This helps [Person] to reduce social isolation as well as maintain their independence."

We saw information about how to make a complaint was included in the documents people were given when they started to receive a service from Independent Care. People we spoke with told us they had received a copy of the procedure and felt confident in raising any concerns they might have with either their care worker or registered manager. People told us: "They listen" and "They're always at the end of the phone."

A complaints policy was in place which allowed for a full investigation into the complaint and for all complaints to be taken seriously. The policy signposted the complainant to be escalated to the Local Government Ombudsman if the complainant remained dissatisfied with the outcome. We saw actions to complaints/comments had been recorded and resolved to the person's satisfaction.

## Is the service well-led?

### Our findings

At our last inspection in May 2016 we found that the registered manager had not notified CQC of an incident and we were unable to assess if the appropriate action has been taken and the relevant people alerted to ensure people were safe. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had notified us of incidents as required was meeting this requirement of the regulation.

The service had a manager who was registered with the Care Quality Commission (CQC). They were present at both inspection days. The registered manager is also the director for Independent Care. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager has a B.A.(Hons.) in Social Care and has significant experience working with older people. They were supported by a business secretary, two care coordinators and a quality compliance coordinator. They made positive comments about the registered manager and told us they provided, "Very good leadership and support" and "The manager's whole philosophy is around the person; they make absolutely sure people are being provided for in a safe environment."

Care workers were aware of the standards expected of them and felt supported in carrying out their work. They told us "Nothing is too much trouble for [registered manager]" and "I feel comfortable raising any concerns with them whether it's about a service user or staff" and "The manager is approachable; if there was a change in a service user's needs then I would make an appointment with the office to discuss it. I am confident the office staff would do their best to get the service user the care they needed." Staff we spoke with said they had the opportunity to discuss their work during the staff meetings and felt it was beneficial to discuss their work.

We also spoke with people who used the service and their relatives to seek their views about their experiences and quality of care/support provided to them. People spoke positively about the registered manager, office staff and care workers. We were told, "The office team are very good. You know them and they know their staff very well", "They see past [Person's name] issues and see him as a person. They respect him and listen to what he needs. They have helped him keep his independence."

The registered manager had managerial oversight of the day to day running of the service and service delivery. Staff meetings were held in the office on a quarterly basis. Copies of the minutes were sent to all staff with their wage slips to ensure all staff were included in the meeting and for those unable to attend received up to date service information. Staff also received a monthly letter and text messages to keep them informed of any issues relating to the service. All staff had been provided with an employee's handbook, which included the aims of the service and employee code of conduct. This was confirmed by the care workers we spoke with.



Following the last inspection the provider had introduced a quality monitoring system which was still in its infancy at the time of the inspection. The quality and compliance coordinator used the new system to monitor and review the service provided to people. We looked at information collated from the most recent monitoring audit and saw information to show that checks were carried out to ensure people were being kept safe. This included unannounced home visits where people were asked about the care being provided to them and to ascertain any changes in their needs identified by them or the care worker. We saw evidence to show that these discussions and visits were recorded in people's care records.

Discussions also included a review of any accidents or incidents, concerns or complaints and outcomes were recorded along with any action required. The manager told us and we saw that the service had an electronic call monitoring system in place which helped to avoid missed visits by highlighting if a care worker did not arrive for their visit on time. This helped to demonstrate effective monitoring of the service ensuring people received safe and effective care and support.

Information gathered from people and their relatives during the visits identified the quality and standard of the care/support being undertaken, good practice, areas for improvement, risks, people's involvement, the quality information contained in people's support plans and people's health and wellbeing. The quality and compliance coordinator completed interim audit reports which were shared with the registered manager. Completed audit results were entered onto the services quality monitoring system which were then analysed to identify trends and patterns that emerged. Actions taken following analysis were recorded. The system helped to drive forward service improvement and maintain a high quality service.

The registered manager shared with us copies of the services policies and procedures such as, complaints and suggestions, safeguarding adults, accidents and incidents, medicines, staff recruitment and whistle blowing and these were kept under review.