

Helping Hand Care Services Ltd

# Helping Hand Care Services Limited

## Inspection report

First Floor, Chapel Allerton Club  
19 Town Street,  
Leeds,  
LS7 4NB  
Tel: 0113 2252777

Date of inspection visit: To Be Confirmed  
Date of publication: 30/10/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 29 September 2015 and was announced. At the last inspection in August 2013 we found the provider was meeting the regulations we looked at.

Helping Hand Care Services Limited provides care and support to people in Leeds and surrounding areas. The

agency's office is situated in Chapel Allerton which is on the outskirts of Leeds. They offer a range of services to individuals who live in their own homes and need support or care.

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

# Summary of findings

registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People we spoke with told us they were very happy with the care they received from the service.

People who used the service told us they felt safe with the staff and the care they were provided with. We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005 and staff showed they understood how to ensure their practice was in line with the MCA.

We found people were cared for, or supported by, appropriately trained staff. Staff received support to help them understand how to deliver good care. People who used the service said their visit times suited their wishes and staff always stayed the agreed length of time.

Systems were in place to monitor the quality and safety of service provision and we found there were appropriate systems in place for the management of complaints.

People told us they got the support they needed with meals and healthcare. We saw arrangements for medication were safe.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe and well looked after. Staff knew what to do to make sure people were safeguarded from abuse and any risks were managed to ensure people's safety.

There were enough staff to meet people's needs and a robust recruitment process was followed before staff were employed.

There were appropriate arrangements for the safe handling of medicines.

Good



### Is the service effective?

The service was effective.

Staff training and supervision equipped staff with the knowledge and skills to support people safely.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

People received the support they needed with meals and healthcare.

Good



### Is the service caring?

The service was caring

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Staff knew the people they were supporting well and were confident people received good care.

Staff had developed good relationships with the people they supported and knew people's need well. People were very satisfied with the care and support provided to them. They spoke positively about the way in which staff helped them.

People were involved in planning their care and support.

Good



### Is the service responsive?

The service was responsive

People's needs were assessed before they began to use the service and person centred care plans were developed from this information.

People had detailed, individualised support plans in place which described all aspects of their needs and showed how they were involved in the development of them.

People knew who to contact in the care agency if they needed to raise any concerns or complaints.

Good



### Is the service well-led?

The service was well-led.

The management team were familiar with people's individual care needs and knew people who used the service and staff very well.

Good



# Summary of findings

People who used the service, relatives and staff spoke highly about how well the service was run.  
There were effective systems in place to monitor and improve the quality of the service provided.

# Helping Hand Care Services Limited

## 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.

Before the inspection, we sent out surveys to people who used the service, staff and community professionals. 11 were returned and we have included their responses in the inspection report. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This inspection took place on 29 September 2015 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. An adult social care inspector, a specialist advisor in nursing and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in domiciliary care services.

At the time of this inspection there were 32 people receiving personal care from Helping Hand Care Services Limited. We spoke on the telephone, with four people who used the service, eleven relatives and five staff. We visited the provider's office where we spoke with the registered manager, the office manager, the training manager and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at five people's care and support plans.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they, or their family members, felt safe when the care workers were in their home and that their possessions were safe too. One person who used the service said “I’ve got no worries there. All the carers are trustworthy and lovely people.” A relative said “I think this is a very good and safe service.” In our survey, 100% of people who used the service said they felt safe and 97% of people’s relatives thought their family member was safe.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Staff said they were confident the registered manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this. The provider had safeguarding procedures and information about the local safeguarding authority. The management team understood how to report any safeguarding concerns.

There were systems in place to keep people safe through risk assessment and management. We saw that individual risk/needs assessments were completed. We saw that the Health and Safety Executive (HSE) - Domiciliary Care Provided in People’s Own Homes document was used alongside the assessments. The registered manager told us that during a full assessment at the home of people who used the service all aspects of both care and environmental factors were fully assessed. We saw a record that stated; ‘There is a ramp so that a wheelchair can access the house, however in the event of rain, snow, frost or leaves on the path this may become slippery and ‘The client has a cat, checks to be made that carer’s are not allergic to cats.’ Staff we spoke with said they were aware of risk management plans and could describe how they kept themselves and people who used the service safe.

The registered manager told us that staffing levels were determined by the number of people who used the service and their needs. They said staffing levels could be adjusted according to the needs of people who used the service. We saw e-mails from people who used the service to the office requesting care time changes. The registered manager and the training manager told us that several people liked to

e-mail them if they wanted to either add or change care or times. The registered manager said, “We regularly receive e-mails and it’s the first thing we check every morning to make sure we can organise anything they need straight away.”

The majority of people we spoke with told us they thought there were enough care staff to meet their or their family member’s, needs and that where two care staff were required at a time, they were supplied. However, one relative told us they thought there were sometimes shortages of evening staff because they had been asked to accept care services from a care worker that they had previously asked not to come to the house again. This relative also said there had been an incident where the second care worker had not arrived. They said they were given an explanation for this by the provider.

All of the people we spoke with told us they, or their family member, received care services from familiar or regular care workers and that new starters always shadowed existing care workers before they worked with them so that people were not presented with unfamiliar care staff. People also told us that the care workforce seemed stable and there was not a large turnover of staff. People we spoke with told us that even when care staff were off sick, or on holiday, they would be replaced by care staff familiar to them. One relative said “I do think it’s important that people have some guarantee of familiar staff when the people they’re looking after rely on them so much. And in my experience this company is able to provide regular carers, which is great.” Everyone who returned a survey told us they received care and support from familiar, consistent care workers who stayed the agreed length of time and their care workers arrived on time.

Members of staff told us they were able to spend sufficient time with people and did not have to rush when providing care and support. One member of staff said, “It’s great to be able to spend time and show how much we care.” In our survey, 100% of staff said they had enough time to deliver care and support and they were given enough travel time between visits to enable this.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working

## Is the service safe?

with vulnerable people. Written references had been obtained prior to staff commencing work and these were obtained from the staff member's last employer to show evidence of previous good conduct. One relative thought that the service recruited staff well. This relative told us they were pleased that the service employed many more mature, experienced and skilled staff than they had seen in other domiciliary care services.

We looked at the systems in place for managing medicines and found there were appropriate arrangements in place to assist people to take their medicines safely. We saw that staff were trained in medication administration and this was a mandatory training course. Records showed that staff's competency was checked regularly to ensure practice remained safe.

People who used the service who received help with their medications told us the support or supervision they received with their medications was timely and appropriate. One person said "I just need them (the care workers) to remind me to take my pills; otherwise I'd be all over the place."

Records showed that the needs of people who used the service were assessed regarding the support they needed with medication and this information was then transferred in to a support plan to give staff the guidance they needed. We looked at medication records for five people who used the service. We saw that each care file had a full list of all

current prescribed medications including administration times and dosage. This included clear guidance on the use of 'as and when required' (PRN) medication. Medication administration records (MARs) were completed correctly, double signed by two staff when administered/assisted with and had running totals of each medication following administration.

The registered manager told us that MARs were returned to the office each month and checked for accuracy and completeness. We saw these were signed by the registered manager to show this had been done. Staff were encouraged to report any concerns regarding medication. We saw that the header on the medication comments sheet read 'Any Incidents or Problems that Occur must be reported as soon as possible to your Care Manager/Out of Hours – IF IN DOUBT – REPORT IT.' We noted on one of the MARs we looked at that two tablets had been recorded as missing from the dosette box when returned from the pharmacy. We saw that the registered manager and pharmacist were immediately contacted for advice and extra tablets dispensed to make up the shortage.

Staff told us they were trained in all aspects of medication management and said the training equipped them well. Staff also said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

# Is the service effective?

## Our findings

Staff told us they received good training and were kept up to date. They said they received a good induction which had prepared them well for their role. Staff told us they had 'shadowed' experienced staff as part of their induction training

There was a rolling programme of training available which included moving and handling, dementia, emergency aid, safeguarding adults and infection control. The training manager told us that all training was provided face to face, with test papers at the end to check staff's competency and learning. The training manager also told us that all new starters completed the recently introduced 'Care Certificate'. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life. We saw that management staff within the agency had completed the 'Care Certificate Assessors Award' to enable them to assess staff undertaking the 'Care Certificate'. We saw staff and the assessors had completed work books, which included assessment and observation of staff's practice.

Staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. We also saw that any specialist training needed was provided. This included catheter care. Staff described their training as excellent. One staff member said, "Best I have ever had, they are really on top of things here."

All of the people we spoke with told us they thought the care workers were skilled and competent to carry out the care tasks that they, or their family members, needed. One relative said "I think the girls do a great job. They're friendly and efficient at the same time. What more can you ask?" A person who used the service said "They (the carers) do everything I need them to do, and a little bit more." Everyone who returned a survey told us their care workers had the skills and knowledge to give them the care and support they needed.

Staff we spoke with told us they were well supported by the management team. Staff said they received regular one to one supervision and annual appraisal. The registered

manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case.

We also saw that regular 'spot checks' were carried out to assess staff's performance while carrying out their role and a written record of this was made. Staff confirmed regular spot checks took place. They also said the registered manager frequently worked alongside them so was aware of how they worked. Staff said they received feedback from spot checks. They said they found this useful. One said, "I like to know how I am doing and that I am doing a good job for people."

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Staff we spoke with confirmed they had received training on the MCA. In our survey, 100% of staff said they understood their responsibilities under the MCA.

People we spoke with told us that their consent was sought for their or their family member's, care, both at the care planning stage and during hands-on care, where personal care was given. One relative said "The carers are great with [Name of person]. They always ask him if it's OK to help him in the shower and he likes to be asked first." Another relative said "Sometimes [Name of person] doesn't want to get washed and dressed, so the carers are very good at coaxing, but they would never do anything without his permission." Records we looked at showed that where people who used the service did not have capacity to make decisions, best interest meetings had taken place. The records showed who was involved in the decision making process and what the decision to be made was. This demonstrated the provider was aware of their responsibilities under the MCA.

People we spoke with who had meals prepared by care staff told us that they always had choice about what they



## Is the service effective?

ate. One person said they were pleased with the meal choices they had. They said “I like my food and I do have mainly microwave meals. But I like fresh veg, so today the morning carers have chopped up some courgettes and the lunchtime carers will cook them for me. Some of the carers are good at cooking different things. So I’ll get one carer to do me scrambled egg and another one might fry me a steak. It all works out very well.” We saw information in people’s care and support plans about their nutritional needs. One person was identified as being at risk due to reduced food and fluid intake; a food/fluid intake chart was completed and signed alongside regular weight monitoring. Staff told us before they left their visit they made sure people had access to food and drink.

We found people who used the service or their relatives dealt with people’s healthcare appointments. However, we noted from the records that the service had made referrals

to health professionals when needed to support them in meeting the needs of people who used the service. We saw this included the speech and swallowing team, a tissue viability nurse and occupational therapist. A community professional who returned one of our surveys said the service always followed their advice and instructions regarding the needs of people who used the service.

Some people we spoke with told us that care staff worked well with other care and health professionals. One relative said “[Name of person] has district nurses and the GP involved a lot and they all seem to work together well and know what each other’s doing.” One relative was pleased that care staff had alerted them to the need for a GP visit for their family member. The relative said “It’s good to know the carers are keeping an eye out for [Name of person], and nipping any problems in the bud.”

# Is the service caring?

## Our findings

All of the people we spoke with were very complimentary about the caring attitude of the care staff. Comments from people included: “All the girls are fantastic. They’re so patient and so caring. We’re very lucky”; “These carers are my life savers. I can’t speak highly enough of them. They couldn’t be more kind and helpful”, “They (the care workers) are so kind to me and we have such a laugh every day” and “I can hear [Name of person] giggling and laughing with the carers as they’re working. It’s great to hear that, especially when they do a brilliant job as well.”

People we spoke with told us that the care staff listened to them about individual care needs and acted upon their wishes. One relative said “[Name of person] has some OCD (obsessive compulsive disorder) behaviours and the care workers are brilliant at doing things just the way he likes.” Another relative said “I always tell the carers it’s our house, so it’s our house rules, and they all follow those rules, so that’s good.”

People we spoke with told us their, or their family member’s, privacy and dignity were respected. One relative said “I don’t stay in the same room when the carers are helping [Name of person] get washed and dressed and the carers always make sure the doors are shut so she can be private.” In our survey we asked people if they were introduced to their care workers before they provided care or support: 100% of people agreed. The survey results showed everyone was happy with the care and support they received, care workers always treated them with respect and dignity, and care workers were caring and kind. A community professional who returned a survey said people were treated with kindness and their privacy and dignity was respected by the service.

Staff we spoke with clearly demonstrated they knew people’s likes and dislikes and they had good relationships with people. They spoke warmly about the people they supported. They said they provided good care and gave examples of how they ensured people’s privacy and dignity were respected. Staff said they had received training to help them understand how to provide good care. They confirmed they had time to get to know people before providing care. One staff member said, “We are always introduced and shadow (work alongside) other staff who

know the person before we work alone with anyone.” In our survey, staff’s comments included: ‘The service provides a great quality of care. The management will all ways do their best to make sure that any and all extra visits are allocated for the service users’ and ‘This service prides itself of its commitment to Person Centred Care delivery. Care is delivered in a way that is sensitive to their requirements and needs.’

People we spoke with told us that care staff helped them to be as independent as possible. One person said “I can’t use my legs, but I can do a lot of things myself, so the carers just let me get on with as many things as possible myself. They just help moving me and washing bits I can’t reach.” Staff described how they encouraged people to be as independent as possible. They said they felt this was important for people’s sense of pride and well-being.

Some people we spoke with told us that care workers always asked if there was anything else that needed doing before they left the house. One person said “When they ask you if you want anything else doing it makes you feel they really care about you, and it’s not just about getting the job done.” One relative was pleased because their regular care worker ‘goes that extra mile’ because they tried to help the person who used the service with their speech as they carried out their care tasks. A staff member we spoke with told us of the importance of getting to know people’s individual ways of communicating their needs. They said this was especially important for people who had difficulties with verbal communication.

We looked at care plans which showed people had been involved in planning their care and support. These were personalised and included information about the specific support people required during their visits. People we spoke with told us that they, or their family member, received regular reviews of their care plans. One relative said “We just had a review last week and it was useful to discuss whether everything was working well.”

We saw that the daily care records were completed at the time of care delivery, signed by the staff members and if possible by the person who used the service. A staff member said, “We always go through what we are writing at each visit with the person and ask them to sign to agree it.” Daily records showed people’s needs were being appropriately met.

# Is the service responsive?

## Our findings

Records showed that people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. We saw for one person who had just begun to use the service the week of our inspection that that all risk and care assessments were completed and a person centred plan of care was already in place.

Care and support plans contained details of people's routines and information about people's health and support needs. Information was person centred and individualised. We saw comprehensive information detailing each person's morning, lunchtime, teatime and bedtime routines. For example, 'After greetings, disconnect [Name of person's] night bag and take to the bathroom, empty down the toilet and flush. Dispose of the night bag into the waste bag which is at the side of [Name of person's] bed' and 'On Friday [Name of person] will usually have a shower. [Name of person] has a need to do as much for his-self as he safely can.'

The registered manager told us they and other members of the management team also delivered care and this gave them the opportunity to speak with people and assess if the care and support plan was up to date. Formal care reviews were held with the person and/or their relative six monthly or sooner if needed.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people. Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people. The registered manager told us a copy of the care and support plan was kept in the person's own home and a copy was kept in the office.

People we spoke with and relatives were complimentary about how staff and the registered manager responded to their needs. People we spoke with told us that the care staff were able to provide unhurried care in the allotted time. One person who used the service said "I think they do a

grand job in the time they've got. Some days I'm a bit slow, but they never rush me." A relative said "The carers have to take longer with [Name of person] on some days, but they always do the job well and never rush her or make her feel she's a nuisance." A person who used the service said "I think the time for the call is just right; the girls are very efficient and between us we get everything sorted on time."

Records we looked at showed that people who used the service made requests for changes to their visit times and these were responded to appropriately. The registered manager said they liked to be able to provide a flexible service to try and meet people's individual needs. One relative was pleased because the service had allocated a male care worker for their relative, who preferred care from a male. This relative said "Having a male carer is really important for [Name of person] so I'm pleased they've been able to find what we wanted." Another relative was pleased that the care workers were familiar to their family member. They said "[Name of person] needs people she's familiar with and I know they (Helping Hand) do their absolute best to ensure the carers are known to her."

One relative felt that they "had to chase managers" to ensure their requests for extra visits when they went on holiday, or requests for cancelled visits when their family member had a hospital appointment, were responded to. However, most people felt the office staff were friendly and approachable when they rang the office with a query. One relative said "You always get a friendly response and someone will try and sort things for you. Usually they come up trumps." Another relative said "We had to ring the office recently about an issue and they couldn't have been more helpful. We got everything sorted quickly." Another relative said "Occasionally there's a muddle up, but when you ring the office they apologise and we sort it."

100% of people who returned a survey told us they felt involved in decisions about their care, knew how to complain and were confident complaints would be addressed. 100% of staff said that the manager dealt effectively with concerns raised. People we spoke with could all name a member of staff or a manager that they trusted and could go to if they had a concern or worry. All of the people we spoke with knew they had a telephone number for the office and most people had used the telephone number and knew the names of some of the members of the office team. People we spoke with told us they thought the person they would talk to if they had a

## Is the service responsive?

concern would take the concern seriously and refer the issue to the appropriate person. One person said “I have no doubt at all that I’d be listened to if I had any concerns. I can pick up the phone at any time and speak to someone who would try and help.”

However, two relatives we spoke with thought the office telephone system was not very responsive. One relative said “There have been several occasions when I’ve rung the office number and I’ve had an answerphone message. I don’t like to leave a message in case it doesn’t get picked up, so I have to keep trying to find a person to speak to, which can take a while.” Another relative told us they had difficulty recently contacting someone on the out of hours telephone line.

Staff we spoke with told us people’s complaints were taken seriously and they would report any complaints to the

registered manager. The registered manager told us people who used the service were given details about how to complain in the introductory information given when people began to use the service. We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints were recorded together with the action taken to resolve them and the outcome. This showed people’s concerns were listened to, taken seriously and responded to promptly.

The registered manager told us that any learning from complaints or concerns received was communicated to staff. They said they did this through direct contact with staff or a quarterly newsletter that was sent out. Staff confirmed they received information on concerns in order to prevent any re-occurrence of issues.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed. We saw that the registered manager had excellent knowledge of all people using the service and voiced in detail their specific needs and preferences. They also knew all key family members of people who used the service. We observed that all staff working in the office appeared to have a positive working relationship with the registered manager, who was responsive to all queries.

The majority of the people we spoke with thought the service was well run. One relative said “I think if the system works for us, then that shows it’s well managed.” All of the people we spoke with knew who the managers were and most people had spoken with them at some point. People told us the managers were approachable and tried to resolve issues for them. However, one person said they had no reservations about the care provided but that administrative and management systems could be improved.

People told us they would recommend the service to others. Their comments included:

“I couldn’t wish for a better service”, “It’s an absolutely fantastic service; first class”, “Everything runs very smoothly as far as I can see, so we’re all happy” and “This is the best care service I’ve ever had.” A community professional who returned one of our surveys said the service was well managed.

Staff spoke highly of the management team and spoke of how much they enjoyed their job. One staff member said, “I love my job and working for this agency, they are so good; good to the people and good to the staff.” Another staff member said, “There is nothing that the manager does not know about this service, he cares so much and that has the same effect on all us as we are really passionate about making sure all the clients are safe and happy.” In a returned survey a staff member said, ‘I’m very happy working for helping hands care services it’s the friendliest place I’ve worked and every member of staff, management and the boss are all approachable.’ We looked at the Employee/staff Handbook and found that the terminology and text was motivating. For example, in the section called

‘You, your contribution and our promise to you’ we saw it stated; ‘It is through your commitment and expertise that vulnerable people can continue their lives with maximum dignity and independence’.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. In our survey, 100% of staff said they received important information when they needed it and felt the manager took their views in to account.

People who used the service told us they could express their views. All of the people we spoke with told us they had received surveys to fill out about the service. Two relatives told us the surveys seemed to concentrate on how the care workers were performing, rather than any administrative or managerial standards. No-one we spoke with could recall receiving any feedback as a result of survey findings.

We looked at the results from the latest surveys undertaken quarterly through 2015 and these showed a very high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. No suggestions for the way the service could be improved had been made. People’s comments included; ‘Very satisfied with service received, cannot fault it’ and ‘Keep up the good work and accommodating me when I need extra care throughout the year.’

The registered manager told us that they had a system of a continuous audit in place, which included care records and medication records. The registered manager told us that they visited people who used the service with staff regularly and that this was to monitor service delivery and to talk to the people who used the service and identify if any concerns or issues. The registered manager told us that all care files were regularly reviewed by him to ensure quality service provision and that he currently signed the care notes in the files when this was done. Documentary evidence of this was seen. We advised that a separate audit document would be more suitable to evidence the

## Is the service well-led?

continued scrutiny of quality assurance. The registered manager agreed and an audit and action plan template was developed during our visit and its immediate implementation assured by the registered manager and office manager.