Sevacare (UK) Limited

Sevacare - Hinckley

Inspection report

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Date of inspection visit:
04 October 2016

Date of publication:
24 November 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 4 October 2016 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

Sevacare Hinckley provides personal care and support to adults with a variety of needs living in their own homes. This included older people, people with a sensory impairment, people with physical disabilities, people living with dementia and younger adults. At the time of the inspection there were 130 people using the service.

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. The registered manager was due to move to a new role within the organisation. A new manager had been appointed and was applying to become the registered manager.

People were protected from the risk of harm at the service because staff had undertaken training to recognise and respond to safeguarding concerns. They had a good understanding about what safeguarding meant and how to report it. The provider dealt with accidents and incidents appropriately and reviewed these to try and prevent reoccurrences.

Risks to people's well-being had been assessed. For example, where people required support with moving from one place to another, staff had training and guidance available to them. We found that where someone had been identified as being at risk of falls a specific risk assessment had not been completed. The provider told us that they would complete a risk assessment where someone was at risk of falls.

We found there were enough staff to support people safely during our visit. However, we found that staff did not always arrive at the correct time for their visit. Staff had been checked for their suitability before starting work.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice whenever necessary. We found that some staff had not always signed when medicine had been given. However, they had recorded information in people's daily notes to show if medicine had been administered.

Staff received appropriate support through an induction and regular supervision. There was on-going training to provide and update staff on safe ways of working.

People chose their own food and drink and were supported to maintain a balanced diet. Staff prompted

people to contact healthcare services when required to promote their well-being.

People were supported in line with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent before delivering their support.

People received support from staff who showed kindness and compassion. Their dignity and privacy was protected.

People were supported to be as independent as they wanted to be. Skills that people had were maintained. Staff knew people's preferences and had involved people in planning their own support.

People knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives.

People and their relatives had contributed to the planning and review of their support. People had support plans that had included information about their likes, dislikes and history. Staff knew how to support people based on their preferences and how they wanted to be supported.

People, their relatives and staff felt the manager was approachable. The service was led by a registered manager and a manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The provider had systems in place which assessed and monitored the quality of the service. These had not always identified all areas for improvement. The registered manager told us that they were in the process of implementing a new system to improve the checks on the quality of the service. People and their relatives were asked for feedback about the service they had received.

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 were protected from abuse and avoidable harm. Staff knew about their responsibilities for supporting them to keep safe. Incidents were recorded and investigated by the provider.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and checked for their competency to administer medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had received guidance and training.

People received care in line with the Mental Capacity Act 2005. They were encouraged to make decisions about their support. Staff asked for consent before they supported each person.

People were prompted to contact healthcare professionals for advice. People were encouraged to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected.

People were supported to remain independent where this was important to them by staff who knew their preferences.

People were involved in planning their own support where they could.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were sometimes waiting for staff to arrive for their visit. They were not always informed when staff were running late.

People had contributed to the development and review of their care plan. These contained information for staff about their requirements, likes, dislikes and personal histories.

The provider had a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Good

The service was well led.

People felt that the registered manager and the manager were approachable.

People had been asked for their opinion on the quality of the service that they had received.

The provider had checks in place to monitor the quality of the service. These had not always identified all areas for improvement. The registered manager told us that they were in the process of implementing a new system to improve the checks on the quality of the service.

Sevacare - Hinckley

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 4 October 2016 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us. The inspection was carried out 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.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and feedback we had received from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service for their feedback. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We reviewed a range of records about people's care and how the service was managed. This included eight people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service, such as a service user handbook, and policies and procedures that the provider had in place. We spoke with the registered manager, the manager, the care manager, a team leader and four care workers.

We spoke with 15 people who used the service and two relatives of different people by telephone. This was to gather their views of the service being provided.

Good

Is the service safe?

Our findings

People told us that they felt safe when they received support from staff. One person said, "Yes I feel safe." Another person told us, "They make sure that things are ok. They point out risks." One person commented, "She [care staff] will say don't go into the bathroom the floor is wet. She will also reach things from high shelves for me." Relatives agreed that people felt safe. One relative said, "I feel [person's name] is safe." Staff members we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns, or if information of concern was disclosed to them. One member of staff told us, "I would report it immediately to my manager." Staff we spoke with confirmed that they had received training to support their knowledge and understanding on how to keep people safe and recognise abuse. One member of staff told us, "I have done training in safeguarding. We do refreshers on this all the time." The member of staff told us that they found the training useful. The provider had policies and procedures in relation to the safeguarding of adults in place and the actions staff described were in line with these. We saw that the manager had reported concerns appropriately to the local authority and the concerns had been investigated when this had been requested by the local authority.

Staff we spoke with told us that they understood whistleblowing and felt they could raise concerns. The manager had an understanding of their responsibility for reporting allegations of abuse to the local authority. We found that the process in place did inform staff of their right to contact outside professionals if they felt this was needed.

Risk assessments were in place where it had been identified that people may be at risk. We saw that actions were in place to minimise these. For example, one person was at risk of injury to their skin. We saw that checks were in place to make sure that their skin was healthy. However, we found that where someone had been identified as being at risk of falling there was not a specific assessment for this. We discussed this with the registered manager. They told us that they would put a risk assessment in place where anyone was identified as being at a risk of falling. We saw that risk assessments had been reviewed including when a person's needs had changed. This meant that staff had up to date guidance on how to support people in a safe way.

Where people required the use of specialist equipment to support them, for example with moving from one place to another, we saw assessments were in place regarding it's use. Checks were carried out on equipment to make sure it was maintained and safe to use.

Where accidents or incidents had occurred these had been appropriately documented and investigated by the registered manager. The documentation included a description of what had happened. Where investigations had been needed these had been completed. We saw that if changes to people's care were necessary in order to protect them these had been put into place.

We saw that there were plans in place should the office become unsafe to use. For example, through fire or a flood. This meant that should an emergency occur staff had guidance to follow to keep people safe and to

continue to provide the service.

People told us that there were usually enough staff to meet their needs. One person said, "I get the same ones as a rule." Another person told us, "I have never had them not come." A relative told us, "I think there are enough staff. Sometimes the weekends are more difficult. We have not had any missed calls yet." Staff told us that they felt there were enough staff to meet people's needs. The rota showed that staff had regular calls where possible and that these were in a similar geographic area to make it easier to travel between calls. The registered manager told us that there were processes in place if staff were going to be late or were unable to cover a call. This was so that people continued to receive the support they required.

People were cared for by suitable staff because the provider followed their recruitment procedures. The process included obtaining references, checking staff's right to work documentation and undertaking a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and aims to stop those people who are not suitable from working with people who receive care and support. We looked at the files of four staff members and found that appropriate pre-employment checks had been carried out before they started work. This meant that people could be confident that safe recruitment practices were followed.

People received their medicines safely. One person told us, "They put my medication out and prompt me to take it." Another person commented, "They lay it out for me but I can take it. They record everything." The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete and that they had been trained to administer medicines. Records confirmed that staff had completed training and were assessed to make sure that they were competent to administer medicines. Each person who required support with their medicine had a care plan in relation to their medicines to determine the support they needed and a medication administration record (MAR) to record what medicine they had taken.

We saw that there was a protocol in place to administer medicines that were taken 'as required' and not every day. This provided staff with clear guidance on when 'as required' medicines should be given. We found that there were some occasions where medicines had not been signed for on the person's MAR chart when it had been given. We discussed this with the registered manager and the team leader. They told us that they were in the process of making sure all MAR charts were typed to make them easier to follow for staff as the information on them was not always clear. The team leader told us that they were auditing MAR charts each month. They told us that they checked the information on the person's MAR chart against the daily care records to make sure that people had been given their medicines. The team leader told us that they were addressing any errors with staff and these were being investigated.

Good

Is the service effective?

Our findings

People received support from staff who had the skills to meet their needs. One person told us, "They certainly do me [know how to support you]. I am more than happy." Another person said, "Our regular carer does know how to support us. When she is not available we can manage." Relatives agreed that staff had received training to enable them to meet their family members' needs. One relative told us, "The staff seem to have the skills to meet [person's name] needs."

Staff told us they received the training they needed to support people. One member of staff told us, "Oh yes, we do a lot of training. It is good quality. The trainers are excellent. I don't like training but they make you enjoy it." Another member of staff said, "We are always doing training. I asked if I could have some extra training as I am supporting someone new and they are finding this for me." Discussions with staff confirmed that an induction was in place. One member of staff said, "I did an induction. We did lots of training and workbooks. I found it useful." We saw that new staff completed the Care Certificate during their induction. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. We saw that staff had completed a range of training including training that was specific for the needs of the people who they supported. For example, staff told us that they had been trained in how to support someone with a stoma. There was on-going training for staff to refresh their knowledge on a regular basis.

People were supported by staff who received support and supervision. One staff member said, "We have supervision every three months. There are also spot checks." Another staff member said, "I can always talk to my manager. They listen to me." During supervision staff's competency in their role, training and support needs were discussed. This enabled the manager to evaluate what support staff required. Records we saw confirmed that supervisions had taken place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that it was.

People told us that staff asked for their consent before supporting them. One person said, "They will always ask. They don't just presume." Another person told us, "We have a communication about things. They don't always need to ask but they will do." One person commented, "They used to ask about everything. Now they know about some of it. If it was something different they would ask." Staff told us that they always asked for consent. One staff member said, "I always ask. People can say no."

We saw that consent forms were in place that recorded if people consented to their care plan, for photographs being used and for the staff log in system being used in their home. Where people had been able to they had signed this themselves. Where people had not been able to sign this other people had signed on their behalf. We found that there was no record of why someone else had been asked to sign on someone else's behalf. We discussed this with the registered manager. They provided information after the inspection that confirmed that where other people had signed they had the legal authority to do so. The registered manager told us that they would amend the care plans to reflect who had legal authority to sign on behalf of someone else.

We found that the GP for one person had suggested that they be given their medicine with food covertly. The care plan recorded that the person was to have medicine with food but did not show that this was to be given without the person's knowledge in line with the GP's instructions. We discussed this with the registered manager who agreed to clarify if the medicine was given with food to aid swallowing or to be given without the person's knowledge. Following our inspection the registered manager confirmed that this was to be given covertly without the person's knowledge. They told us that a capacity assessment would be completed and a decision would be made in the person's best interest's if they did not have the capacity to agree to this.

Some people were supported with preparing food and drinks and with eating. One person said, "They help me with my breakfast. They ask what I want and get it how I like." Another person told us, "I can choose what I want." One person commented, "On a Tuesday the care worker makes me a bacon sandwich which is a real treat." We saw that people were supported with their specific diets, where required, that met their needs with guidance from health care professionals. For example, one person had a soft diet due to their risk of choking. Information in this person's support plan did not say that the person required a soft diet. However we looked at records of what the person had eaten and the staff were providing the recommended meals. We discussed this with the registered manager. They told us that they would update the care plan to include the guidance.

People were supported to maintain good health. One person said, "One morning the care worker noticed a blister on my leg. She said she thought I should have a nurse look at it and asked for permission to contact them. She rang them and they have been coming out since." Another person told us, "They took me to the opticians. They discovered a problem and sent me to hospital. I was scared. The care worker was great. She organised everything and called my son." One person commented, "If they notice anything they will say. They report it and write it in a book." Relatives agreed that staff monitored people's health. A relative told us, "If they notice anything that might turn into a bed sore [skin injury]. They have drawn my attention to bits like that before."

People's care plans contained contact details of their relatives, GP, or other involved health professionals so that staff were able to contact them when they needed to. Staff were aware of their responsibility for dealing with illness or injury. They told us they would contact the GP or an ambulance if needed. We saw that care records showed all appointments that had been made when staff had requested that a person saw a health professional. One staff member told us that they had identified that someone's health needs had changed and that they needed more support. They said that the provider had made a referral to a health professional for additional support and that this had been put in place. This meant that people's health needs were being monitored and met.

Good

Is the service caring?

Our findings

People and their relatives told us that staff treated them with dignity and respect. One person said, "They are sensitive about my privacy." Another person told us, "I can manage most things on my own. The carer doesn't come in until I call." Another person commented, "They are not nosy. They wouldn't pick something up and look at it." Staff told us they promoted people's privacy and dignity. This included involving people in making their own decisions, asking people before supporting them, knocking on people's doors and offering them privacy while being supported with personal care.

People told us that the staff were caring. One person told us, "The staff are definitely caring. My ones are beyond what is called for." Another person said, "I can talk to them. I was upset last week. They were very caring." One person said, "They are very sociable and amenable." Relatives agreed that they found the staff to be caring. One relative told us, "The staff are so kind. If I could commend the carers I would do." Staff we spoke with demonstrated a good understanding of people's needs and spoke about people with respect in a kind and caring way. A staff member said, "I like to make people laugh and smile. It makes it easier. It is important to have a good rapport."

People told us that they felt listened to and that staff helped them. One person said, "If I ask for something special they will do it. I was worried if I had any milk. My daughter was unwell. She asked one of the staff to pick some up and bring it with them which they did." Another person said, "They always ask if I need anything else doing." One person commented, "I have a mobility scooter that is kept in the shed. Two mornings now the carers have got it out for me so I was able to have little trips out which was nice."

People told us that information was given to them in a way that they could understand. One person said, "They are bringing in a new payment system. I don't understand it so someone is coming out this week to explain it." Another person told us, "The carer keeps us informed." They told us that the care staff made sure that they knew who would be coming to visit them and when.

People told us that they had the same staff regularly and this was important to them. One person said, "I have been very lucky so far in keeping the same person." Another person told us, "I have had the same person for four years." One person commented, "I have the same few. They are regular." Staff told us that they worked with the same people as much as possible. They told us this helped them to get to know the person. One staff member said, "I have the same people. I got to know them, what they liked and how they like things." Staff told us that information about what people liked and disliked was included in the care plan. One staff member told us, "You could go in and read the book. The information should all be in there." We saw that each person's care plan contained information about what they liked and disliked. For example, we read in one person's plan I like to sit by the window so I can see outside. I can hear better on my right hand side. This meant that staff had information about people to offer them care in ways that were important to them.

People were encouraged to maintain as much independence as they wanted to. One person said, "They know I want to do as much for myself as I can." Another person told us, "I am supported to be as

independent as I can be. That is the best way. If you can manage something I think you should." One person said, "They let me do what I can and encourage me to do things." A staff member told us, "People should do what they can for themselves. It is important." Another staff member said, "I always encourage people to do things they can do." We saw that people's care plans included information about what they could do for themselves and what they needed help with. For example, in one person's care plan we read, '[Person] is independent with washing, drying hands, arms, face and the front of their body.' This meant that staff were encouraging people to maintain the skills they had instead of doing things for people that they could do for themselves.

People were involved in making decisions where they could. One person said, "They asked us what help we wanted and what times. We have just arranged for some extra support." Another person said, "I tell them what I need and they supply it." One person commented, "I can do anything I want when they are here." Another person said, "I can choose if I want to have a cuppa or a shower first." This included decisions about what they wanted to eat and preferred times for the staff to visit. Records showed that people had been involved in decisions about their support. Where people were not able to make their own decisions, other people who knew them well or who had legal authority, were consulted to determine what the person would want. A staff member told us, "I always ask. It is the person's choice what they want to do." This meant that people were supported to be involved in decisions about their support.

People's sensitive information was being handled carefully. We saw that the provider had secure lockable cabinets for the storage of records and that the records were stored within these. When information about people was shared between staff this was done discreetly and in a sensitive way so that conversations were not overheard. The provider had policies about confidentiality and data protection. This meant that people's privacy was being protected.

Requires Improvement

Is the service responsive?

Our findings

Some people told us that staff were often late and that sometimes they had not been contacted about this. One person said, "Timings can vary a bit. They are only late if they have been held up at an earlier call. They let me know if they are going to be very late." Another person told us, "Timekeeping is an issue. There is no slack in the system so if someone is off ill it has quite an impact." One person said, "They come at various times. It can be a bit late sometimes. They don't really contact me to say they are going to be late." However some people found that staff were usually on time. Comments included, "There's no problem with timekeeping," "There are pretty much on time," and "Timekeeping, well sometimes the carer is overloaded by the office which causes time to slip."

At our previous inspection we found that staff were having difficulties getting to and from visits in time. The registered manager told us that they had adjusted the areas that staff worked in to reduce travel time between calls. Staff who we spoke with told us that they sometimes had enough time to get between calls but this depended on the traffic and finishing calls on time. One staff member said, "If you are late from one call it knocks on everything else and you have to use part of your break." Another staff member said, "Sometimes we get there early. I offer to come back if it is not a good time for the person." Staff we spoke with told us that sometimes the office contacted people to let them know. One staff member said, "The day time office staff are fine. When it is out of hours they don't often tell people and then people are annoyed."

We saw records that monitored the time that staff arrived to the call against the planned time. These showed that there were differences. These ranged from nearly two hours early for a call to 45 minutes late. However, we found that most calls were within a 20 minute window of the planned call time. We also found that there were times when staff did not log in or out. This did not happen regularly but it did show that there were times when staff were not following the correct process to record the time they arrived at and left. The registered manager told us that the call times were monitored to try and see if there were reasons for late or early calls. They told us that they regularly discussed with staff the need to log into and out of calls so that accurate records were in place.

People's care plans included personalised information and provided details about the person, their history and what was important to them. However, one person told us that they had requested female staff only. They said that they had been asked by the provider on four occasions, over a one month period, to have a male member of staff instead. The person said that this was not for personal care or they would have refused. They felt that the offer was to accept a male member of staff or not to have the call at all. Staff were able to describe people's preferences and this matched the information included in each person's support plan. One staff member told us, "It is important that people are happy with how we do things. It is very important that we do things how people want them doing." This meant that people usually received support based on their preferences.

People had contributed to the planning and development of their care plans. One person told us, "I was involved in the care planning." Another person said, "They asked me what I wanted." One person commented, "I was involved in the planning." Another person told us, "They came and went through it with

me and checked I was happy with it." A relative told us, "I helped with the plan. They suggested four times a day but I thought we could manage with three so that is what we have." We saw that people's support plans contained information about how people preferred to be supported. For example, we saw that one care plan guided staff to knock on the person's door, announce their presence and introduce themselves as this was what the person preferred. This meant that staff had information about how to support people in the way that they wanted to be supported.

People told us that they had been involved in reviews of their support. One person said, "They come regularly. They do updates and things." Another person told us, "They ask when they come round every six months. Is everything alright, could they do anything different." A relative said, "We haven't had a formal update but we have only been with them for a short period of time." We saw that care plans had been reviewed at least six monthly although we saw that they were reviewed if someone's needs had changed. This was important to make sure that staff had up to date information and guidance on people's needs and how to support them.

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "I would phone the office." Another person told us, "I have got forms if I need to complain." One person commented, "I rang them this morning. I had a week of staff being late." Relatives told us that they felt confident in approaching the registered manager if they needed to discuss any aspects of people's care. One relative said, "I know how to make a complaint but I have not had to." We saw that there was a complaints procedure in place that was available to people and their relatives. Records showed that 14 complaints had been received in 2016 and that these had all been investigated by the registered manager. The registered manager told us that they used the information from the complaints to develop good practice for the staff or in the way that things were done. We found that the complaint's had been responded to within the timescales in the provider's procedure. People told us that they felt that their concerns had been resolved. One person said, "I have made a complaint. It was dealt with tactfully." Another person said, "I think it has been dealt with. It hasn't happened again."

Good

Is the service well-led?

Our findings

People, their relatives and staff told us that they felt the registered manager and the manager were approachable. One person said, "The manager is new. She came and introduced herself. We have a good relationship. She told me she wanted to be the type of manager everyone can talk to." Another person commented, "I do know the manager and feel they are reasonably open to people's views. " A staff member told us, "I can always approach my manager."

The service had a registered manager. However, they were due to move to another position within the organisation. A new manager had been appointed and was to apply to become the registered manager. Staff told us that they felt supported in their roles. One staff member said, "I feel supported and that I can talk to my manager." Another staff member told us, "I am very proud to work for Sevacare. This company knows how to move mountains to make things happen." We saw that the manager spent time with staff on the day of our visit. They were available to staff to answer questions and provide support. The manager told us that as part of their introduction to the role they had spent time going out to meet with people who used the service so that people knew who they were and to get to know them. They said that they still had some people to meet but the aim was to meet with each person as soon as possible. This showed effective leadership.

Staff received regular feedback and guidance on their work from a manager during individual supervision meetings to understand the provider's expectations of them. Staff described these meetings positively. One staff member said, "I have supervision every three months. I have just had one. I feel that I get enough time to talk to my manager." We saw that team leaders carried out spot checks on staff to review their practice while they were working with people in their own homes. Staff told us, and records confirmed that these checks had taken place. We saw that staff meetings took place and covered topics such as changes in the management team, good practice and feedback. This meant there were opportunities for staff to reflect on their practice and on the service as a whole to improve outcomes for people using the service.

People and their relatives had opportunities to give feedback to the provider. One person said, "We have had a questionnaire." Another person told us, "One night last week she did come and do a written survey with me." We saw that questionnaires had been sent to a sample of people who used the service in August 2016 asking for comments on the service that had been provided. The feedback provided was mainly positive. The main areas where people identified that improvement was needed was with being able to contact the office and receive a response. Following the questionnaire an action plan had been set including timescales for when improvements were to be completed. This included additional training for staff in the office around communicating with people more effectively. The registered manager told us that where people had raised specific concerns these had been addressed directly with them to resolve these.

The registered manager told us that each week a member of staff was being provided to work at a local lunch club. They said that this had been developed so that the care staff could direct people who used the service to the club as a social activity and also as a way to give something back to the community. The registered manager told us that staff were keen to go each week and they were looking to see if staff could

support people to attend the club as well.

We saw that audits had been carried out on the paperwork that staff had completed. This included people's medicine records, their daily notes and monitoring charts. A specific member of staff had been employed to carry out these checks. We found that all medicines charts were audited each month and a sample of the daily notes and monitoring charts were audited. We found that these had identified some errors and action had been taken to address these. We also found there were some errors that had not been identified by the audits. For example, missed signatures on medicine records and monitoring charts not being completed each day. We discussed this with the member of staff and the registered manager. They told us that the system was in the process of being changed to make it easier for staff to understand and complete. The member of staff said that they were in the process of making the records typed instead of handwritten so that they were easier to review by staff and when carrying out an audit. The registered manager told us that they would raise the concerns we found with the staff and continue to monitor this.

Following our visit the registered manager told us that a memo had been sent to all staff reminding them to complete charts correctly. They also told us that a team leader would check the records during their visits. The registered manager explained that the provider had a new head of quality who had been appointed to carry out unannounced visits to the office and to complete quality audits. They also said that they had developed a new tool that was to audit the whole office. This would include checks on paperwork, health and safety, staff training and supervisions. The registered manager told us that this was to be carried out in the near future.

Records were maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, the MCA, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.

The registered manager and the manager were aware of their registration responsibilities with CQC. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened.