Lincoln Healthcare Group Limited

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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

Overall summary

This inspection took place on 22 and 23 July 2015 and was unannounced.

We last inspected this service in May 2014. At that inspection we found the service was meeting all its legal requirements.

Lincoln Healthcare Group limited is a domiciliary care agency that provides personal care and associated domestic services predominantly to adults and older persons in their own homes. It does not provide nursing care.

The service had a registered manager who had been in post since December 2012. 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.

Summary of findings

People were kept safe from harm. Staff had been trained in the recognition and reporting of abuse, and any suspicions of abuse were notified to the proper authorities. People told us they felt safe when with their workers.

Possible risks to the health and safety of people using the service were regularly assessed, and appropriate actions were taken to minimise any risks identified.

People were provided with sufficient staff hours to allow their care to be given in a safe and timely manner. Care was provided to the person by teams of support workers who had been trained in their individual needs. This allowed for consistent care to be given, even when some workers were unavailable.

New staff were vetted to make sure they were suitable to work with vulnerable people.

People were assisted to take their medicines safely by workers who had been appropriately trained.

There was a stable and experienced staff group, who had been given regular training and had the skills and knowledge needed to meet people's needs. Staff were given the support they required to work effectively, and received regular supervision and work appraisal.

People's rights under the Mental Capacity Act 2005 were understood by staff and were respected. The service worked with other professionals to protect those rights. People were asked to give their written agreement to their plan of care, and their consent was always requested before workers provided any care.

The nutritional needs of people using the service were assessed and appropriate support was given to enable them enjoy a good diet.

People told us their support workers were very kind and caring, and always treated them well. They said their privacy and dignity were respected by their workers, and they were encouraged to make their own choices and be as independent as possible.

People said they felt fully involved in how their care was assessed, planned and delivered. They told us they were given all the information they needed and were contacted regularly by the service to check they were satisfied with their service.

People were supported to follow their interests and be active members of their local community.

People said they were happy with the management of the service and felt listened to. Support workers were also very complimentary about how the service was managed. They said it was efficient and well organised, and that they were treated with respect.

Effective systems were in place to check the quality of the service being delivered.

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?

Good

The service was safe. Staff had been trained to be aware of the signs of abuse and were clear about how to report any such suspicions.

Risks to people were assessed and appropriate steps taken to keep people safe from harm.

Staff were given enough time to meet people's needs in the ways they preferred.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective. People told us they received an efficient and effective service, and their needs were consistently met.

The staff team were experienced, well-trained, and given good support by the management.

People's rights under the Mental Capacity Act 2005 were understood and respected.

Is the service caring?

Good

The service was caring. People spoke highly of the kind, caring and compassionate approach of their workers and of the organisation generally.

People's privacy and dignity were protected. They were encouraged to be as independent as possible and make choices about their daily lives.

Is the service responsive?

Good

The service was responsive. People told us they were fully involved in assessing their needs and planning how they wished their care to be given.

They said they received individualised care and the service responded quickly and positively to any requests they made.

People were encouraged to keep active and make use of community facilities, to avoid social isolation.

Is the service well-led?

Good

The service was well led. People spoke highly about how the service was managed, and said they felt involved and consulted.

There was an open and positive culture in the service and the views of people and staff were respected and acted upon.

Staff told us they were well-managed and were proud of the quality of the care they delivered.

Effective systems were in place to monitor the quality of the service and to promote good practice.

Lincoln Healthcare Group 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.

This inspection took place on 22 and 23 July 2015, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available to assist our inspection.

The inspection team was made up of one adult social care 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 the inspection, the provider completed 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. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities and Healthwatch to gain their experiences of the service. We received no information of concern from these agencies.

During the inspection we talked with ten people who used the service and one relative. We spoke with the provider, the office manager, the registered manager (by phone), the acting manager, one supervisor and seven support workers. We 'pathway tracked' the care of three people, by looking at their care records, visiting them and talking with them and staff about their care. We reviewed a sample of six people's care records; six staff personnel files; and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they had no concerns about their safety. One person commented, "I feel very safe with the carers provided." A second person said, "I feel very safe with them (the support workers)." Other people's comments included, "I have no worries whatsoever. They bring new staff and introduce them properly. I trust my workers", and, "My (spouse) is happy because they know that I'm safe."

The provider had a safeguarding policy in place. This policy was in line with the local multi-agency guidelines, and staff received their safeguarding training from the local authority safeguarding adults' team. Staff showed a good awareness of what constituted abuse and were able to describe the process for reporting any suspicions of abuse. Support workers told us they were fully aware of their responsibility to report any bad practice they encountered in their work.

Records showed the service had reported five issues of potential abuse in the previous twelve months. Where requested to do so by the local authority, the registered manager had conducted internal investigations into the alleged abuse and reported their findings. The 'service user guide' given to people using the service asked them to immediately report any abuse or concerns about their care to the office.

Where a person using the service required assistance with their personal finances, the risks of financial abuse were assessed and managed. Clear records were kept of monies spent on behalf of the person and accounts were sent into the local authority for auditing purposes every month.

Other risks to the person were also assessed regularly. Areas assessed included the person's home environment, lifting and handling issues, medicines administration and the risk of pressure ulcers. Where a risk was identified, appropriate actions to minimise the potential harm to the person or to staff were included in the person's care plans. Examples seen included the use of bed rails, the use of equipment such as hoists and the provision of handrails. The provider's policy recognised that a degree of risk was inherent in day to day living, and acknowledged that people's independence would necessarily involve a degree of positive risk taking, where agreed with the person.

The safety of support workers was protected by the provision of health and safety training, regular checks and servicing of any equipment they used with the person and by the use of personal protective equipment such as disposable gloves and aprons.

An 'incident and accident' logbook was kept. Entries showed that appropriate actions had been taken in relation to accidents, such as the referral for a mobility aid for a person who had fallen. The provider was aware of their responsibility for reporting any injuries to people using the service to the Care Quality Commission under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

The provider told us the number of staff hours in each care package was agreed with the commissioner of the service. The provider told us they would not enter into any contract where they did not believe the person's care needs could be met safely in the time proposed. The minimum care package agreed was one hour, and the majority of cases, two hours. This meant support workers had sufficient time to meet people's needs in a timely way, and without rushing. Travel time for workers was built into the contract. We asked people who used the service if they felt they had enough staff hours to meet their needs safely. They told us they did. Comments included, "We get enough hours", and, "They never seem rushed."

The provider told us the staff group was stable and very experienced, with an average length of employment in excess of five years, and several staff shortly due loyalty bonuses for ten years' service. Most people had a regular staff team, which allowed a consistent approach to their care to be taken even when one or more of the team were not available. The provider told us the staff were very flexible and covered each other's absences. The service's Care Co-ordinators were fully trained and able to cover shifts, if necessary.

Robust systems were in place for the employment of new support workers. Appropriate checks were undertaken with the Disclosure and Barring Service (DBS) and former employers, to ensure the suitability of the applicant to work with vulnerable people.

Training in the safe handling of medicines had been given to all support workers who assisted people with their medicines. Records showed that regular checks of the competency of workers to administer medicines were

Good

Is the service safe?

carried out. People were able to self-medicate, if they so wished, subject to a risk assessment. Assessments also identified the level of support a person needed and medicines care plans were in place for each person, describing their needs and preferences for how they wished to be assisted with their medicines. Where a person took full responsibility for their medicines, their care plan stated this clearly, to avoid any confusion.

Records were held for the ordering, receipt and administration of the person's medicines. These records were clear, detailed and kept up to date. We found no omissions or other errors in the medicines records sampled. Regular audits of medicines records were carried out by senior staff. Staff told us they were given good guidance in the medicines care plans, and always knew what medicines they were administering.

Good

Is the service effective?

Our findings

People told us they felt they received an effective and reliable service. One person said, "I always know who is coming to help me, and if my regular carer is not available for some reason, the office always calls me and asks if I would like a replacement. I like the way they offer me a choice." A second person said "I have a regular carer who is excellent, and I am very happy and very satisfied about the whole setup." A third person commented, "The carers are very reliable. They always arrive on time, and spend the correct amount of time with me."

People said they felt support workers had the knowledge and skills they needed to meet their needs effectively. One person said, "Yes, I think they have the right skills. They are very good, and they listen." Another person told us, "They seem to know what they are doing. They read my care plans before they come."

New staff were given a comprehensive induction to their work. As part of their induction, they worked towards the Care Certificate in health and social care. New staff were given a formal appraisal of their progress at the end of their six month probationary period.

The provider told us the registered manager had updated the annual training plan to make sure it was fully in line with the 15 standards covered by the Care Certificate and recent changes in legislation. Staff training records showed us, and support workers confirmed, there was a rolling programme of staff training, with all mandatory training requirements met and regular 'refresher' training given. Workers also told us they received the necessary training in the particular needs of individual people. For example, a specialist nurse had given staff training in the use of specialist feeding techniques for one person, and had checked the competency of staff to deliver the person's care appropriately. The provider told us about the computerised system that was programmed to ensure only appropriately trained workers could be allocated work.

Support workers told us they were encouraged to request further training for their professional development. One worker said they had been training in the use of sign language. We noted that 68 of the 84 workers employed held National Vocational Qualifications (NVQ) level two in social care, and 25 of these workers also held NVQ level three. Some staff members held professional qualifications including a Diploma in Social Work and a BSc in social welfare.

The provider had a policy for supporting staff that included three monthly formal supervision sessions plus an annual appraisal of their work. Supervision sessions gave workers the opportunity to discuss their work, raise any concerns, give feedback and discuss the needs of people using the service. In addition, the provider told us supervision was used as a vehicle for passing on updates on best practice and gaining critical feedback on service delivery. Support workers confirmed this. One worker commented, "I am asked for my views during supervision."

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. The service had a policy with regard to the MCA and DoLS, and there was a rolling programme of staff training in their implications for care practices. The provider told us a person's mental capacity formed part of the initial assessment of needs, and any concerns about the person's capacity to consent to their care were discussed at that time with the commissioner of the service. Where deemed appropriate, a joint capacity assessment was carried out with the person's case manager. We saw examples of completed mental capacity assessments which included the process used for making decisions for the person, in their best interests.

The provider had a policy on managing challenging behaviour and the use of physical intervention. Where it was identified that a person might display such behaviours, a risk assessment was carried out, and an agreed strategy incorporated in their care plans. Support workers told us that, in practice, they had never needed to use any form of physical intervention, because the care plans were effective in minimising the risks of such behaviours. One worker said, "Because we know our people so well, we know what triggers their behaviours and can deflect them or change the subject. At worst, we are told to walk away and report to the office for advice."

People were informed of their right to give or withhold consent to their care in the service user guide. For example, they were told they could deny entry of a worker to their

Good

Is the service effective?

home, refuse to disclose personal information or to accept a particular care intervention. People were asked to give their written consent to their care package, and this consent was re-requested on a regular basis. Where a person did not wish certain activities (for example, the use of a hoist) this was clearly recorded in their care plan. One person said, “They always ask, and they respect it if I say ‘no’.”

Support workers had been given training in meeting people’s nutritional needs and in food hygiene awareness. People told us their needs were met regarding food and drinks, and they were encouraged to be involved in the preparation of their meals. One person said, “I am on a special diet, and they see to it.” People said workers were flexible. One person told us, “They make me anything I want.” We noted that menu planners and fluid intake charts were included in people’s nutrition care plans, along with their likes and dislikes, allergies and any special dietary needs. Advice was sought from dieticians and speech and language therapists, where appropriate. Records of people’s food and drink intake were recorded in good detail, where this was required.

People’s health needs were assessed on initial contact and at least six monthly, thereafter. The provider told us people were encouraged to make their own appointments for routine healthcare, wherever possible. However, we were told workers kept a close watch on people’s health and had the discretion to call the person’s GP or for an ambulance, if needed. One person commented, “They’re always helping with hospital and doctor’s visits.”

Good

Is the service caring?

Our findings

People spoke very highly of the caring nature of the service they received. One said, "I think the care I receive is excellent and I have no problems at all." A second person told us, "I always get the same carer. We've really become good friends over the years. She takes me out twice a week and she looks after me so well, she cheers me up, and after she's gone I really feel happier." Other comments received included, "I think they are absolutely excellent. The carers are friendly, reliable and I feel safe with them. I have a good rapport with them, and I think they are super people", "We have regular carers which is really good" and, "I'm very, very happy with my carers."

The provider told us efforts were made to match the support worker to the person, based on personality, interests, preferences and any special skills necessary. For example, a person from an ethnic minority was matched with workers from a similar background, and another person for whom English was not their first language had workers who spoke their language. Where a person did not feel they had 'gelled' with their support worker, they were able to request a change.

Staff were given training in equality and diversity issues, and the service user guide stressed that people would not be discriminated against on any grounds. Workers told us they were proud of the quality of the care they provided. A typical comment was, "This is a genuinely caring service."

People told us they were given relevant information and kept informed about their care. One person told us, "I always know who is coming and when. They send me a weekly rota which is a good process, and any changes they call me and let me know." The service user guide informed people they could access their care records at any time. It listed the services available to them and was clear about what could not be provided. People were also told of their right to be consulted about their care by, for example, being invited to be fully involved in their multi-disciplinary care reviews.

Support workers gave us examples of how enhancing people's well-being was central to their philosophy of care. They were aware of the importance of knowing people's preferences, for example, that one person liked to eat alone rather than in the presence of workers; another person's cough indicated they had had enough of their meal. They described one person who was completely socially isolated before receiving a service, but who was now active in the community and planning a foreign holiday. Another person who had mental health issues and was nervous of crowded places had been supported to go shopping and swimming, and was now considering starting a college course. The provider told us of occasions where workers had visited people in hospital in their own time.

We saw evidence in people's care plans of the use of advocacy, both formal (Independent Mental Capacity Advocates) and informal (the use of relatives to speak on behalf of the person). One person told us, "I have had an advocate for five years." The provider told us all requests for an advocate were referred to the local authority. They also said the service was introducing two new initiatives: 'Dignity Champions' (workers trained to challenge poor care practice and act as role models) and 'Dementia Friends' (learning about dementia and how to act on behalf of the person living with dementia).

People confirmed their privacy and dignity were protected by their workers. One person commented, "Very much so. They are really good like that." A relative said, "My (relative) is always treated with respect." Support workers were given specific training, as part of the Care Certificate, in maintaining these rights. We noted the 'intimate care' policy required staff to act in a sensitive and respectful manner towards people, as a means of maintaining the person's self-esteem and to minimise the intrusiveness of intimate care. Support workers gave us examples, such as restricting the number of support workers in the room when such care was being given, leaving the room when the commode was being used, and respecting people's religious and cultural norms. Another person was accompanied to church, but preferred their worker to wait outside the church, and this was respected. The service worked in accordance with the Data Protection Act 1998 to preserve the confidentiality of people's personal information.

We saw people were helped to stay as independent as possible. Examples seen in people's care plans included helping them eat by themselves by means of assisted crockery and drinking aids; take their own medicines by means of medicine dosette boxes; the provision of mobility aids; and supporting them to access the local community. This approach had helped people regain skills they had

Good

Is the service caring?

lost, with one person taking up swimming again and another improving their diet and enjoying new foods. A typical comment from people we spoke with was, "I'm encouraged to do things myself."

The service had an 'end of life' strategy. This helped people make clear in advance how they wished to be treated, or not treated, in their last days; what was important to them; and practical arrangements such as funeral preferences. If a person had made a 'living will' or other formal advanced decision, this would be clear on their care file and their wishes incorporated into their care plan. An assessment was undertaken of areas such as pain relief, nutritional needs, environmental factors and the use of complimentary therapies. A number of support workers had been given training in end of life care. The provider gave us an example of support workers working alongside the spouse of a person with a terminal illness, assisting the spouse, and helping them to access extra hours' support from the service commissioner, to ease their burden.

Good

Is the service responsive?

Our findings

People told us they felt their service was flexible and responsive to their changing needs. One person told us, "They do anything I want, shopping, meals, nothing's too much bother." A second person said, "They do what I want." Other comments included, "You can phone up about anything. They are always accommodating" and, I've rung out of hours and got a really good response." and "They take me out every week, anywhere I want to go." In the most recent provider survey of people's views we noted one person's comment, "Exceptional, rapid response to queries, polite, truly marvellous."

An assessment of the person's needs was carried out when they were first referred for a service. Assessments were comprehensive, covering areas such as health, mobility, self-care, nutrition, socialising, 'daily challenges' and control of own life issues. People told us they were fully consulted in their assessments, and the views of relatives and involved professionals were included, where relevant. One person told us, "I have been fully involved in my assessments. They asked me how I wanted to be helped."

The information gathered from the assessment process was used to draw up detailed, person-centred care plans, to guide support workers in giving people their support in the ways they preferred. As well as including the person's wishes regarding their care, care plans clearly set out the areas where the person was able to self-care. This meant people's independence was not unnecessarily compromised. People we spoke with said they were aware of the contents of their care plans. They told us they were asked to sign the plans to show they agreed with them. Workers confirmed to us the care plans gave them the information they needed to meet people's needs. One told us, "The first thing I do when I get to a call is read the care plans." We noted staff received an introduction to person-centred care in their induction and Care Certificate training.

We saw complimentary letters and cards from people using the service and from relatives. A typical comment from a relative stated, "Thank you for your absolutely excellent attention to X's needs. You responded quickly and positively whenever needed."

The provider told us every effort was made to be flexible with regard to care delivery. For example, people could request changes to days, times and workers, and this would be responded to, if at all possible. Requests from people for extra care support hours were passed onto the professional who commissioned their care. One person said, "I'm happy with my care plans. I know I can change my mind about them, I just ring up."

Formal reviews of people's care took place four weeks after a service was started and six monthly, thereafter. Evidence in review minutes indicated they were effective in responding to people's changing needs. We saw examples of care plans being updated to better meet people's needs; referrals to specialist services agreed; and extra staff hours being allocated to a person's care.

Risks to people around social isolation were assessed. Some people's care packages included social support in the community. We saw examples of people being accompanied to attend cookery classes, a music group, swimming, shopping and trips to places of interest. Workers also supported people in researching their own leisure opportunities. For example, one person who enjoyed gardening was helped to find and access a suitable community group, which they were then able to attend independently.

People said they were treated as individuals and were given choice in how their care was delivered. The summary section of each person's care plan detailed their choice of gender of support worker, choice for bath or shower and preferred days and times, choices of food and drink and how their personal care was to be given. For example, one person's care plan stated, "Y prefers a long shower and to dry themselves. Likes a shave on a Wednesday." People told us they were happy with the degree of choice they felt they had. "I like the fact I get choice", one person told us.

Records were kept of all complaints received. Records were detailed, included the findings and outcomes of investigations, and were kept updated. Appropriate actions were taken in relation to complaints. Examples included the raising of safeguarding alerts, contact with family members and written acknowledgements of complaints. Where the service found itself to be at fault, clear apologies were offered to the complainant. People we spoke with told us they were aware of the complaints procedure, but had never had to use it. People's comments included, "I have no complaints whatsoever about the service" and, "If there was ever a problem we'd go direct to the office, but there's never been a problem that I've needed to." A relative

Good

Is the service responsive?

commented, “We have no complaints at all.” People also said they got a good response to informal complaints or concerns. One person said, “If there ever was a problem I’d call the office – they are really helpful in sorting out anything.”

The provider told us that, where there was a need for a person to move between services, this was planned. The registered manager would communicate with the other service(s) and involved professionals to ensure all relevant information was shared. Where entering into a package of care that was to be shared with another provider, meetings would be held to clearly define areas of responsibility and training needs in order to ensure consistent joint care. The provider told us that people were provided with a ‘hospital passport’ which summarised their care needs and preferences, in case of admission to hospital.

Good

Is the service well-led?

Our findings

People told us they were happy with the way their service was managed. One person said, "I've been with the company for over eight years and I think they're great." A second person commented, "(The provider) is very good, and regularly rings me up and checks that everything is okay." A third person told us, "I've recommended this company to other people, I think they do such a great job." Other comments received included, "I've used other companies in the past, but this one is exceptional", "They do a very good job", "Very well managed", and, "I think the service they provide is high quality, and (the registered manager) is always there to ensure things go well."

Support workers told us they felt the service was well-led. One worker told us, "It's very well-managed: very efficient and well-organised." A second worker said, "All very professional and responsive. They all know what they are doing." Other comments included, "The registered manager is brilliant", and (in staff surveys),"The company is really good: it is doing a great job."

People and staff described an open, listening culture within the service, with good communication with the management and office staff. One person said, "We have regular visits from staff in the office and we talk with them quite often. We get a regular newsletter telling us of changes going on, which is good." Staff told us they felt relaxed about raising issues with the management team because they were always taken seriously and responded to appropriately. One commented, "We can speak freely – we don't have to wait for supervision if we have any concerns." Another worker told us, "We have excellent working relationships at Lincoln." A third worker said, "We can challenge practice issues. We feel confident to do that."

Support workers were able to articulate the organisation's values of person-centred care and respect for the individual clearly, and told us all the staff team held the same values. "That's why I'm still working for them, after so many years", one worker told us.

The service was meeting its registration requirements. A registered manager was in post. The service was aware of the issues which needed to be formally notified to the Care Quality Commission. Our records showed the notifications received from the service were detailed and timely.

The views of people who used the service were sought in a range of ways. People new to the service were contacted by phone the day after their care package started, to check everything had gone as planned and that the person was happy with the service. Support workers were also consulted at the same time, to gather their views on the effectiveness of the new service. After this

initial contact, office staff rang each person using the service every month to gain their views on the quality of the service, and whether any changes were needed. People told us, "(The registered manager) calls me and comes to see me to check everything is okay, and we have a nice chat – she always has time to talk with me, which is really nice, isn't it?" and, "The manager has been to see me a few times to check on the service I'm getting, which is good."

An annual satisfaction survey was sent out to people using the service. In the most recent survey, high levels of satisfaction were recorded in all areas on which people were consulted. For example, 75% of the people who responded rated their personal care as "very good", and 25% as "good". There were no responses of less than "satisfactory" in any area. The few negative comments received had been followed up. For example, one support worker was reminded not to use their personal mobile whilst at work, and information regarding the assessment process was forwarded to a person who had queries about it.

An annual survey of the views of support workers was carried out. The large majority of staff responses were very positive. Overall, the survey indicated a well-trained, well-supported and highly motivated staff group, and that workers both enjoyed and took a pride in their work. Again, there was evidence that less than positive comments were taken seriously. For example, one worker had concerns about working alone at night: the provider sent a memo to all staff saying personal alarms would be available to all staff on request. Workers told us they also had the opportunity of a three monthly question and answer session with the registered manager, to discuss issues and raise any queries.

The provider had a range of systems in place for checking the quality of the service. The provider subscribed to the International Organisation for Standardisation (ISO) 9001:2008 for the development, implementation and improvement of its quality management system. The aim of this was to improve people's satisfaction with their

Good

Is the service well-led?

service by meeting their requirements. External monitoring of quality systems to this ISO standard was conducted by an independent contractor who reviewed the effectiveness of the quality systems annually. We saw the most recent review had taken place in April 2015, when the service passed in all the areas assessed.

Internal audits took place on a monthly basis. Areas covered included employment issues, staff files, staff training, supervision and appraisal. Any shortfalls found were clearly identified and appropriate actions taken to rectify the deficits. Action plans identified the person responsible and these were monitored by senior staff to make sure there were no outstanding issues.

A sample of people's care records, including assessments, care plans, reviews and workers' daily recordings, were also audited monthly. Clear actions were taken to bring people's care records up to the standards required by the provider.

We found the standard of record keeping within the service to be consistently good. Records were detailed, informative and kept up to date. They were accessible, but stored securely. People's rights to access their records were made known to them.