London Care Limited

Comfort Call (Worksop)

Inspection report

115 Gateford Road, Worksop
Nottinghamshire S80 1UD
Tel: 01909 768196
Website: www.londoncare.co.uk

Date of inspection visit: 6th Janaury 2016
Date of publication: 24/03/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 6 January 2016 and was announced.

Comfort Call is a domiciliary care service which provides personal care and support to people in their own home in Bassetlaw and Doncaster areas. On the day of our inspection around 170 people were using the service each week. This included 40 people who were registered for an emergency response service which responded to emergency calls alarms that people had in their own homes

The service has 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

There were not always sufficient staff available to ensure that people could be sure that their support would arrive at the expected time. Where staff provided support for people to take their medicines, people could not be sure that they had received their medicines as prescribed as the records were not always completed. Potential

Summary of findings

hazards were identified and detailed plans were in place to enable staff to support people safely. Staff took the necessary steps to keep people safe and understood their responsibilities to protect people from the risk of abuse.

Staff were provided with the knowledge and skills to care for people effectively and received supervision of their work. People received the support they required to have enough to eat and drink. Staff made sure that people had access to their GP and other health care professionals when needed.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) The provider was aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People's care plans provided comprehensive information about their basic care needs and were regularly reviewed and updated. However, care plans did not always contain such detailed information about any specific medical conditions people may have and the implications of this for the support being provided. People felt able to make a complaint and knew how to do so.

The culture of the service was open. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered manager, both during and outside of office hours. The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

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 not always safe.

There was not always sufficient staff available to ensure that people could be sure that they would receive their care at the time they were expecting it.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to. Staff were also aware of the steps that they needed to take to protect people from avoidable harm.

People could not be sure that they were always receiving their medicines as prescribed.

Requires improvement

Is the service effective?
The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

People's consent was sought before care was provided.

Where people required support to eat and drink enough, this support was provided.

Staff reported any change to a person's presentation so that people were able to see their GP or healthcare professional when they needed to.

Good

Is the service caring?
The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were treated with kindness and compassion by staff who involved them in planning their care.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was not always responsive.

People did not always know when they would receive their support. Care plans did not provide detailed information about any medical history which may impact on the support they received.

People had confidence that they could make a complaint if they needed to and that the appropriate action would be taken

Requires improvement

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered manager was building an open, positive culture in the service.

People were supported by staff who were clear about what was expected of them and had confidence that they would get the support they needed.

A quality monitoring system was in place to check that the care met people's needs and people were asked for their views about the service

Comfort Call (Worksop)

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 6 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with ten people who used the service, three relatives, five members of care staff, the registered manager, regional manager, training manager and three staff who work at the office. We looked at the care plans of five people and any associated daily records such as the daily log and medicine administration records. We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records. During our inspection we also visited people in their own home and observed staff provide support.

Requires improvement

Is the service safe?

Our findings

There were not always sufficient numbers of staff available. This meant that people could not be assured they would receive their calls at the intended time. People told us that their carer would often arrive later or earlier than the planned time. One person told us, “The carers say, 'They’ve phoned me to see if I could fit you in.” It’s obvious they haven’t got the staff to meet their routine calls.” Although we heard that calls maybe late and the timings of the calls may change from week to week, it was rare that a call was missed completely and no-one expressed a concern that they would not receive a call.

We heard that changes to the timing of calls may put people at risk. One person we spoke to told us how, if staff were running late, they would begin to shower independently rather than wait for the staff. They told us how, “More often than not I manage to shower on my own and let them help dry me off, but if I don’t get the timing right they can’t do that either.” This meant that the person maybe at risk of falling in their bathroom. Another person told us how they felt that they could be at risk of infection as staff who had been in the presence of others who have been ill, or may have been ill themselves, came to work with them. They told us, “The carers come to my door and say ‘I’ve got such and such so I won’t come in unless you say it’s okay.”

The staff we spoke with told us how their planned work could depend on the demands of the service. They told us, “Our hours and days off can change, but [the registered manager] always checks that this is okay for us.” Wherever possible, people received support from a consistent group of staff to offer consistency in the support.

The registered manager told us how they endeavoured to ensure that there was always enough staff available and had identified a need for additional staff to be recruited. Staff recruitment had been made an on-going activity with applicants being processed in a timely fashion to enable newly appointed staff to receive a good Induction. Staff at the office told us how this ongoing staff recruitment prevented a situation whereby there was not enough competent staff available. We saw that there were induction sessions planned at regular intervals so that new staff could receive their induction. They then completed some shadow calls and were observed delivering care so that the registered manager could be confident that support was delivered safely when new staff began making calls on their own.

We looked at the recruitment files for four members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

Staff we spoke with told us, “We have risk assessments to follow to keep people safe.” Another staff member we spoke to said, “We have to make sure that any equipment we use is safe and make sure we report any faults so that a repair can be arranged.” Staff described how they made sure that people were safe by ensuring that their property was secure when they left. Staff also told us, “People need feel secure too,” and described how people must be able to reach their Lifeline call button if they had one, so that they could call for help if they needed it when staff were not there. The care records that we looked at showed that risks to people’s safety had been assessed and plans put in place for staff to follow to assist them in maintaining people’s safety.

A member of staff at the office explained to us how an electronic system was in place which logged calls. The system sent an automated alert in the event that a scheduled call was not made on time. Staff at the office could then check that staff were en-route or arrange for an alternative staff member to make the call. This reduced the risk of people missing a call and also enabled the registered manager to be sure that staff were travelling safely during their working day.

People could not always be assured that they would receive their medicines as prescribed. We spoke with a relative who told us how staff were supposed to ensure that their family member had taken their medicine. However, the medicine was found discarded later that day. Another relative had greater confidence and told us, “[Staff]

Requires improvement

Is the service safe?

know what [my family member's] medication is and everything." They went on to describe how the staff provided support to them to take their medicines so that they received them as prescribed.

The staff we spoke to told us how important it was that any medicines and creams that they administered were recorded correctly on the persons Medication Administration Record (MAR). They told us how important it was to remember to record if a prescribed cream or lotion had been applied so that they could be sure that people received all of the medicines that had been prescribed for them. The care plans we looked at contained information about what support, if any, people required with their medicines.

Medication administration records were completed to confirm whether or not people had taken their medicines. These were returned to the office at the end of each month and checked to ensure that people had been given their medicines as prescribed. The records we looked at showed that this sheet had not always been signed. This meant that the registered manager could not be sure if the person had taken their medicines as prescribed or not. The manager told us they had started to audit the administration records and was in the process of working with staff to improve practice.

We spoke with a person who told us how staff kept them safe and their property secure when they visited. A relative also told us, "Staff knock and then shout out who it is when they come in." They said they had asked staff to do this so that their family member knew this was a staff member arriving.

The staff we spoke with could describe the different forms abuse may take and told us they would act to protect people if they suspected any abuse had occurred. One member of staff said, "You get to know people, if they are acting differently, maybe marks on their skin or are jumpy, you think why might this be?" Another staff member said that if they had a concern they would, "Report it to the office." In turn, staff at the office we spoke with told us, "All our staff have training to be aware of abuse. If they see bruises or suspect anything is wrong they will ring and tell us so that we can report it to safeguarding." Staff we spoke with were also aware that they could notify CQC if they were concerned that someone was at risk of being harmed.

Information about safeguarding was available in the office and a safeguarding adults policy was in place. The registered manager ensured staff were provided with the required skills and development opportunities to understand their role in protecting people. For example, a safeguarding workshop was being held for staff during our inspection which was being facilitated by a Comfort Call regional trainer from outside of the service. We saw records which showed that staff had reported any concerns they had to the registered manager, who had in turn made referrals to the local safeguarding authority in order to protect people from harm.

Good

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. One person sad that the staff, "Are excellent". Another person told us, "The carers themselves, (they are) quite good, there's no-one I can say I don't like. Some of them are exceptionally good". Relatives we spoke to also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities effectively. One relative told us, "They look after [my family member] well."

The staff we spoke with told us they had excellent support and training. A staff member told us, "Yes, my training is up to date; a lot of it is updated every year, the same month each year so I know when it comes round." Another staff member told us how helpful they found the training in the use of some of the specialist equipment that people use in their home. They told us that staff at the office observed them providing care using the equipment to make sure that they were using it correctly.

We spoke with staff at the office who explained how new staff were supported when they began working for Comfort Call to ensure that they had the knowledge, skills and confidence they needed. They told us, "New staff always go out on shadow runs until they know everything they need to feel confident to visit someone on their own." We spoke with newer members of staff who told us that they found this helpful. The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. The registered manager ensured that periodic visits to people's homes were undertaken to observe staff practice. In turn the registered manager also told us that they felt well supported by their line manager and received regular supervision and appraisal

On the day of our inspection a training course was taking place at the office. Staff told us that the courses were interesting, the trainer explained the subject well and they felt able to ask any questions they wanted. The trainer explained to us that they had access to funds to purchase new equipment when needed to aid staff learning how to use specific pieces of equipment that they would be using in people's own homes. We saw that where staff required training that was very specific to a person's needs, they were able to come into the office and be involved in the training of their staff so that they would receive the support the required in the way that they wanted.

The people we spoke with confirmed staff always asked for their consent before providing care and support. One person told us "They always ask before they start and check with me it is OK to go into another room if they need to fetch something for me." Another person we spoke with told us how they had discussed with staff how they wanted to be cared for and was happy with everything that was in their care plan. We saw that documents had been signed as confirmation of this and they told us, "I know all about it and have it in front of me."

Staff at the office explained how important it was to visit people before they started to receive a service and ensure that they understood how the service would be provided to them. They explained to us how they gained each person's consent and showed us the forms they used to record each person's consent.

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.

Whilst people did have the capacity to make their own decisions, the registered manager ensured that procedures were in place to follow the principles of the MCA and ensure people's best interests would be considered. The staff we spoke with described how they supported people to make decisions where possible and understood the importance of gaining consent. Staff we spoke with told us that they always ensured that the asked for consent each time they supported a person. They told us, "You have to talk to people, ask them, and check that they want you to do what the care plan says each time you visit."

Where required, people received support from staff to prepare their food and drink. People and their relatives told

Good

Is the service effective?

us how difficult it could be if a call which was intended to help them prepare a meal was early or late. One person we spoke with said, "If my breakfast call is late, it can be more like getting lunch!" A relative also told us how their family member's lunch call could sometimes be early, which might mean it was too close to breakfast on that day.

We spoke with one person who told us, "Staff always help me to make my breakfast." Staff told us how important it was to get people's food right. We spoke to one staff member who told us, "We need to know the smallest things like just how people like their toast. That is what matters to people, but it is hard to get that detail into the care plans. Everyone likes toast different for example!"

The records we looked at showed that staff recorded what food they had prepared for people. This was recorded among the daily notes of the care provided. No records were kept of how much food had been eaten which might alert staff to people who were not eating enough. However, staff we spoke with described the method they used to monitor people's weight by measuring their upper arm circumference so that they would be aware if a person was gaining or losing weight.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor's appointment. One person told us, "The staff found a mark and suggested I had it checked by the doctor, which I did." A relative we spoke with agreed, saying, "Staff will tell me if they think [my family member] needs to see a doctor or nurse." Another relative told us how staff had responded when they arrived and found someone unwell. They told us, "When staff arrived, they saw [my family member] was not well and called for an ambulance. They were worried about them and stayed until the ambulance came."

Good

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person said, "My carer is lovely." Another person told us, "They (the staff) are alright, they call us [by our first names]). We have a bit of banter!" Relatives we spoke to also told us about the positive relationships that people enjoyed with the staff that supported them. One relative told us, "Staff talk to [my family member] kindly and have a bit of fun." Another relative told us, "My [family member] says, "If any of my carers leave I'm going with them!"

Staff described to us how they formed positive and caring relationships. One staff member told us, "It starts with arriving with a smile on your face at every call." Another staff member we spoke with said, "It is not just about doing what the care plan says; it is also about companionship, I might be the only face someone sees in their day." We spoke with a staff member who told us how they enjoyed working with the people from different backgrounds that they came into contact with and hearing their experiences.

People and staff told us there was sufficient time available during each call for staff to develop positive relationships and carry out any tasks in an unhurried manner. People's care plans described their needs in a concise and personalised way and gave staff clear guidance about the preferred way to care for each person and minimise risk. We saw people's care plans contained details of their life history to support staff in conversations with them. There was also information about people's likes and dislikes and how this impacted on the way they preferred to be cared for.

People were involved in making decisions and planning the care to be provided. A relative spoke about a change made to her family member's care plan, saying, "[Staff] has been here and spoke about it. They wrote up about carers taking over [my family member's] tablets". Relatives were also clear that staff engaged with people while they were supporting them. One relative said, "Staff spend time talking with [my family member]. They draw them out of themselves so they can find out how they are." Another relative told us about the care their family member was given and told us, "All the time they are showering them they are talking and asking if they are alright".

Staff we spoke with told us how important it was for people to be encouraged to do as much as possible for themselves saying, "It is about making sure they maintain their independence." Another staff member told us, "The care plan is important, but you have to ask the person each time as well – involve them." We were also told about how people might want to use staff as a 'sounding board' to solve problems and talk about things that were on their minds, for example if they were concerned about a member of their family.

The staff involved in writing and reviewing the care plans told us how they involved people in creating their care plan. People were visited in their own home for an assessment of their needs prior to the service commencing. This was reviewed after six weeks to check that the person was happy with the support they were receiving and that the care was meeting their needs. After this initial period, each person's care planning information was reviewed annually or whenever their needs changed, whichever was sooner. This meant that up to date information was available for staff.

People were provided with information about how to access an independent advocacy service. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. However, no-one was using the service at the time of our inspection.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, "They are very efficient, cheerful, definitely maintain my dignity." Another person recounted how they asked staff to use the kitchen table to write their notes, "They have respected that," they told us. One relative we spoke to told us, "They knock and shout who it is. We've told them to do that". Another relative said "They are always polite, say hello and are friendly".

We spoke with staff who said how important it was to 'be a professional' and never treat people in a way that made them feel belittled. Staff could describe how they ensured a person's dignity was maintained while they supported them, for instance by holding up a towel to maintain their modesty while they washed themselves. Another staff member told us, "We make sure that the curtains are shut if the light is on and that family are not in the room if we are providing personal care."

Good

Is the service caring?

At the office, we saw that personal details for people were kept in their files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

Requires improvement

Is the service responsive?

Our findings

Some people told us that they felt the service was not person centred. They told us how there was very little flexibility with the timing of their service and that the allocated times did not always suit them. One person felt, "There is no flexibility," another agreed, saying, "They don't give me a fixed time for every day. They give me my times, which suit their schedule a week in advance, or they should do." They went on to say how the details of their calls for the week might not arrive with them until part way through the week. We spoke with another person who said, "We don't know who's turning up when. They started coming a lot later than my time and after a week I asked… and the carer said 'No, your time's been changed'. No-one had told me, it was over an hour different".

We spoke with the registered manager about the timings of calls. They told us how the specific times that people initially requested may not be available at the start of their care package. The registered manager told us how they tried to accommodate people's requests wherever possible so that they received their call as close to the time they preferred as possible. This was often dependent on being able to source competent staff to meet the request at the time requested and could be difficult as the service provided support to people across a large, and in parts rural, area.

We spoke with relatives about how their suggestions as to how the service was delivered were responded to and they responded positively. One relative recounted how staff took their family member out to planned social events each week. They told us, "We spoke to [the office] as we didn't want them coming in uniform to do this. Now they take their tabards or jackets off and that's ok." We also heard from a relative who described the support that staff had given recently when they arrived at their home and the chip pan had accidentally been left on. They told us, "They stopped with me because there was smoke all over the place, they rang (the office) and told them why they were stopping. They didn't panic they took [my relative] outside, they just put blankets round them, wrapped them up."

We spoke with staff who told us how important the care plans were. They told us, "When we arrive at someone's home it is really important we check the care plan so we know how the person has to be supported." Another member of staff said, "[The person who updates the care plans] is brilliant, they are always up to date, so it is important we check them to make sure we are supporting people in the right way." We spoke to staff at the office who told us how important it was to meet those that received support from Comfort Care, "That is when the name and a call time we have to cover, becomes a person," they told us. Staff who provided the on-call emergency cover out of hours told us that they found the information in people's care plans essential when visiting someone maybe for the first time, if they had pressed their emergency call alarm. They told us, "We know where to find the information we need, but we also speak to the person too, to find out what they want or how they want us to do something."

The care records we looked at showed sufficient information to meet peoples basic care needs. Information around people's clinical conditions, however, was not always fully identified and recorded. We saw information about people's medical history noted in their care records, but there was no following information with regards to whether staff might need to support them in a particular way because of this. For example, we saw entries made by staff in care records, for example around people's changing skin condition or tissue viability, which were not recorded as having been followed up during subsequent visits. This meant that people could not be sure that staff knew of any changes in their needs.

The people we spoke with felt they could raise concerns or make a complaint and knew how to do so. We spoke with someone who told us, "I've had to ring in and say, 'I didn't want her (carer) any more' – they respected my wishes." Another person we spoke to said that if they had a complaint, "(I would) rather take it up with the girls… I don't like calling the office." Relatives we spoke with also felt that they could raise concerns. One relative said, "Straight away I'd phone (office staff), they are pretty good". Another relative said they had, "No issues, no complaints," but were confident that they could speak with staff at the office if they had a concern and this would be acted upon. Those who told us that they had raised a concern about the timing of a call did not always have their concern resolved, whereas people who told us about other issues they had raised were confident that actions were taken.

We spoke with staff about how they listened and learned from people's feedback. One staff member told us, "I ask myself, 'does the person seem happy and thankful at the end of my call?' If not, I ask myself why?" Another staff

Requires improvement

Is the service responsive?

member told us that they felt able to speak to the registered manager if they had a concern, and were confident that they would take the appropriate action. They told us, "They put the wheels in motion fast. If you speak to the office by, say 10am, you will know what they have done about it by maybe 1pm." The regional manager told us that they felt complaints at the service were dealt with in an open and transparent way.

No one we spoke to had made any formal complaints. The records we looked at showed that complaints about the service were routinely picked up during the quality assurance visits that the service undertook to ensure that people were happy with the service they were receiving. Where a complaint had been recorded, the complaint had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent.

Good

Is the service well-led?

Our findings

The people we spoke with told us they felt able to approach the staff or registered manager if they wished to discuss anything. People felt that the new registered manager was building an open and honest culture within the service. They listened to what staff had to say and took action if required. The records we looked at showed that where a deficiency in the service had been identified, the registered manager took action to minimise the risk of the same thing happening again. For example, the registered manager had made arrangements to recruit more staff to reduce the incidence of calls being late. However, we did not see the recording systems being used to monitor how effective this recruitment of staff was being in ensuring that people received their calls on time.

The staff we spoke with during our visit were friendly and approachable. They understood their roles and responsibilities and told us that they felt well supported by the registered manager. Staff at the office were enthusiastic about their roles and told us about initiatives that they had been trying to introduce to build networks and prevent social isolation among those that used the service. "We have tried things like 'get-togethers' trips out and a Christmas meal, but there is not the funding and it is hard to put it together. The registered manager and regional manager were supportive of such initiatives and keen to support them into fruition.

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. We saw the results from a recent customer survey. This survey was undertaken independently of the service by the provider and actions had been set to resolve the areas identified as needing improvement by those using the service.

There was good management and leadership at the service. A staff member said, "The management here are great. I have every confidence in them." Another staff member told us, "The manager will always listen to our concerns." Staff at the office told us that they felt that they were a good team, "We get on well and help each other out when it gets stressful." The regional manager told us that they had confidence in the leadership at the service saying, "They are a strong team here."

The conditions of registration with CQC were met. The service had a registered manager who understood their responsibilities. They had been in place since October 2015. They came to the role, transferring from another branch. This meant that they had good local links as well as a sound understanding of their responsibilities. The registered manager received support from a regional manager who made regular visits to monitor the service. There was good delegation of tasks. For example, the service was split into two teams, geographically based, to ensure that the needs of those being supported in each of location could be understood and met.

Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way, and that actions had been taken where the service might be able to learn from the report being made. For example we saw that some specific training had been arranged for staff. We saw that where the registered manager had been concerned about another provider they had also raised this with CQC appropriately.

There were systems in place to check on the quality of the service and that the care provided met people's needs. People we spoke with told us that they were asked for feedback about the quality of the service. One person told us, "I can't say how often but they do phone and occasionally one of them will come out with a questionnaire." Another person told us, "Occasionally they come out and just ask me what I think and how it's going."

Staff told us about the quality assurance visits that were undertaken within the service. They found it supportive to have independent feedback on the support they gave people, saying, "Quality assurance visits give people an opportunity to give their opinion on their service." A staff member who undertook the visits told us how they carried out the visits and confirmed, "I pass on the feedback to [the registered manager]. They make the changes that are needed." We also saw that where the registered manager had received positive feedback, or compliments about staff, this was acknowledged to them by letter. Staff told us that they appreciated this.

The registered manager ensured that people's care planning records and other records relevant to the running of the service were well maintained. Staff we spoke with told us how the registered manager made sure that regular spot checks were undertaken to ensure that staff were

Good

Is the service well-led?

delivering care in the correct way. We spoke with one of the staff who undertook the spot checks. They told us how important it was to speak to people to make sure that they were getting the care they needed, "It's not just about people getting their care, but making sure people are happy with the care they are getting." They told us how they fed back to the registered manager so that any changes that were needed could be made.

The provider undertook regular monitoring of key performance data from the service. This ensured that any potential areas of shortfall or concern could be identified at an early stage to minimise impact on those using the service. The service also had regular monitoring visits from the local authorities that provided funding to ensure that the service was of a satisfactory standard. Reports from theses visits were available at the office which we reviewed during our inspection. We saw that where suggestions for improvement had been made, there was an action plan to ensure that the work was undertaken.

Clear communication structures were in place within the service. Staff we spoke with told us, "We have regular team meetings where we can discuss any changes, or got some training in something." This gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.