

Ark Home Healthcare Limited

Ark Home Healthcare North Tyneside

Inspection report

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23 August 2017
15 September 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 August, 21 August, 23 August 2017 and 15 September 2017 and was unannounced.

This was the first comprehensive inspection of the service since it was registered. Ark Home Healthcare is an established service which had previously been registered at a different location.

Ark Home Healthcare North Tyneside is a domiciliary care agency providing care and support to people in their own homes. The agency provides 24 hour personal care and support to some people with complex support needs. It is registered to deliver personal care. At the time of inspection 165 people were being supported.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. They were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were sufficient staff employed to provide consistent and safe care to people. Risk assessments were in place that accurately identified current risks to the person. Appropriate vetting procedures were carried out for all staff before they began working with people. However, we have made a recommendation that the provider promote equal opportunities and follows best practice with regard to recruitment.

Communication was effective to ensure any changes in people's care and support needs were met. People's health needs were identified and staff worked with other professionals to ensure these were addressed. Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary. People received their medicines in a safe way.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest decision making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People and their relatives spoke positively about the care provided. They praised the kind and caring approach of staff. Staff were respectful and people's privacy and dignity were maintained. Records were up to date and contained some guidance for staff about people's needs. However, they required more detail to reflect the care provided by staff.

Staff and people told us the registered manager and management team were supportive and approachable. A complaints procedure was available and people said they knew how to complain, although most people said they had not needed to. Where a complaint had been received it had been satisfactorily resolved.

People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided.

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 possible abuse as systems were in place to protect people from abuse. Staff said they would be able to identify any instances of possible abuse and would report any that occurred.

People received their medicines in a safe and timely manner.

Staffing levels were sufficient to meet people's needs safely. Appropriate checks were carried out before new staff began working with people. We have made a recommendation about following best practice in the staff interview process.

Is the service effective?

Good ●

The service was effective.

Staff were supported to carry out their role and they were given a good level of training to help them care for people effectively.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met. People were provided with appropriate support to meet their nutritional needs.

Is the service caring?

Good ●

People experienced positive outcomes as a result of the service they received and gave us very good feedback about their care and support.

Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in

the day-to-day practice of the service.

People told us care workers always treated them with kindness and respect and sometimes went above and beyond their roles to support them.

Is the service responsive?

Good ●

The service was responsive.

Care plans clearly recorded people's abilities and preferences. However, they were not broken down to show what staff support was required and what the person could do to retain some independence as the care was delivered.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and expressed confidence in the process.

Is the service well-led?

Good ●

The service was well-led.

Staff told us the registered manager and management team were supportive and could be approached at any time for advice.

Staff said they were aware of their rights and their responsibility to share any concerns about the care provided by the service.

The registered manager monitored the quality of the service provided and introduced improvements when necessary to ensure that people received safe and individual care that met their needs.

Ark Home Healthcare North Tyneside

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 checked 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 14 August, 21 August, 23 August and 15 September 2017 and was unannounced.

It was carried out by an 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 a service for older people. During the inspection the inspector visited the provider's head office to look at records and speak with staff. After the site visit the inspector visited some people who used the service to speak with them and telephoned staff who were employed by the agency. An expert by experience carried out telephone interviews with some people who used the service and some relatives.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted local authority contracts teams, local authority safeguarding adults teams and other health and social care professionals who were involved with the service. We received no information of concern from these agencies.

We spoke on the telephone with ten people who used the service and five relatives. We also visited two people in their own homes to obtain their views on the care and support they received. We interviewed the registered manager, one team leader and two care co-ordinators for the service at the site visit. We carried out telephone interviews with five staff members.

We reviewed a range of documents and records including six care records for people who used the service,

two medicine records, five records of staff employed by the agency, complaints records, accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Is the service safe?

Our findings

People we visited and spoke with on the telephone told us they felt safe when receiving care. One person commented, "I'm very well looked after and feel very safe." Another person told us, "They [staff] always make sure I am safe when they are here, they look after me very well." A third person said, "The girls do a very good job and I definitely feel safe." Other comments included, "I feel safe with all of the staff" and "The best thing about the agency is that I don't feel as if I'm coping on my own." One relative told us, "I think [Name] is safe. They also have a call button if they need it to summon help." Another relative commented, "Staff look after [Name] very well. I believe [Name] is very safe with staff."

Staffing levels were determined by the hours contracted for each individual care package. These were totalled and planned for by the provider on their computer planning system. This enabled senior staff to plan for each person's care and match this to available staff. Each person's dependency was assessed by the referring authority and where necessary people would be supported by two care workers at a time.

Staffing levels were sufficient to ensure people's needs were met by staff familiar to them, with staffing consistency maintained. At the time of inspection there were 165 people supported by 86 care workers. People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. One senior staff member told us, "When the office is closed the telephone calls divert to on-call person." Another member of the management commented, "I'm on-call after 4:30pm."

People told us there were enough staff employed by the agency. The majority of people stated that staff arrived on time, were not rushed and stayed the allocated amount of time. One person told us, "Staff are generally on time. They have never missed a call." Another person commented, "Staff are usually on time unless they are held up in traffic. They have never missed a call completely." Other peoples' comments included, "Usually staff are on time within a few minutes", "They [staff] usually arrive on time, they have never let me down", "Staff can be a little late but it's not a regular occurrence. It's usually at the weekend and bank holidays", "Occasionally they are held up for about 10 or 15 minutes. They don't let me know, but I don't mind" and "Generally they [staff] are on time unless they have been held up at a previous call." One staff member told us, "If I'm held up at a call I'll let the office know so they can inform the next call if it's a time specific call. If the call isn't time specific I'll phone the person myself as I'll have their contact details."

Staff were clear about the procedures they would follow should they suspect abuse. They expressed confidence to us that the management team would respond to and address any concerns appropriately. Staff had received training in relation to safeguarding. Staff understood the need to protect people who were potentially vulnerable and report any concerns to managers or the local authority safeguarding adults team. One staff member told us, "I'd let the office know straight away if I had any concerns." They were very clear about making sure homes were secure when they left and ensuring people were safe. All staff were aware the provider had a whistleblowing policy. Where incidents had been reported to the registered manager they had taken appropriate action in liaison with the local safeguarding adults team.

People using the service and staff were kept safe because suitable arrangements for identifying and

managing risk were in place. Risk assessments were carried out to identify risk. People's care plans highlighted any areas of risk to people's safety and wellbeing in areas such as pressure area care, falls or choking. Where a risk was identified, there was information included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and support individual lifestyle choices, such as medicines management. Staff were able to explain how they would help support individual people in a safe manner.

Staff were informed about and undertook on-going checks to identify and deal with potential hazards, such as those relating to people's home environment and equipment they needed, such as hoists. Records provided guidance for staff. For example, one care plan detailed, 'Staff to ensure there are no hazards left in areas where [Name] mobilises.' Staff were supplied with personal protective equipment, such as disposable gloves and aprons. One staff member told us, 'I get a supply of gloves and aprons from the office when I need them.' Another staff member said, 'I'm always asked if things are okay when I call in the office to collect protective clothing.' One relative told us, 'Care workers wear plastic gloves when working with [Name].'

People told us they received their medicines when they needed them. One person told us, 'The care workers give me my tablets, I've never had a problem. A relative commented, 'Staff give [Name] their tablets in the morning, it's been fine.' Another relative said, '[Name] occasionally gets eye drops and cream applied, if they've been prescribed.' Staff had completed medicines training and they told us periodic competency checks were carried out. One staff member told us, 'I have my medicine competency tested every year.' Another staff member told us, 'I did medicines training when I started and then I've had a competency check which happens every year, I think.'

Staff had access to a set of policies and procedures to guide their practice. Medicines were obtained on an individual basis, with some people managing these by themselves, or with the support of their relatives. All records seen were complete and up to date. The management team also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told all incidents were audited by the responsible person at the office and action was taken by the manager as required to help protect people.

People we visited or spoke with on the telephone did not have any of their money handled by the agency. We checked and procedures were in place to manage people's finances to safeguard against financial abuse. A policy for dealing with people's monies was in place and we were told risk assessments were completed around finances and support plans were agreed with the person and/or their representative. Each person who was supported with financial transactions had a ledger to record them. Receipts were obtained for all purchases. Regular checks of the records were carried out by management. These measures helped assure people that their money was being handled safely.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. Relevant references and a result was available from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions which makes them unsuitable to work with vulnerable people. The registered manager told us people were interviewed by telephone before they reached the stage of a face to face interview which took place with one member of staff. We advised at least two members of staff should be involved in face to face interviews to ensure a fair process was followed.

We recommend the provider promotes equal opportunities and follows best practice with regard to

recruitment.

Is the service effective?

Our findings

People made positive remarks about the staff team and their ability to do their job effectively. People we spoke with and their relatives praised the staff team. One person told us, "They [staff] are all very well trained and professional." Another person commented, "I think they [staff] are trained." A relative said, "Some of them [staff] are trained and some are not." Another relative commented, "The care workers know what they are doing." A third relative told us, "We think the staff are trained and we have no concerns about them at all." Another relative said, "The care workers are very good and understand about dementia."

People were supported by skilled, knowledgeable and suitably supported staff. Staff training records showed staff were kept up-to-date with safe working practices. One staff member told us, "We get training from the team leader at the person's house if any equipment is to be used." Another staff member commented, "We get lots of training." A third staff member told us, "We get practical moving and assisting training, it's face to face." Other staff comments included, "There is plenty of training", "The trainer is very good, all our training is face to face and not on the computer", "We go into the office for training" and "At supervision we can say if there is any extra training we want."

There was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as, dementia care awareness, vision awareness, principles of person centred care, mental capacity and end of life care.

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. One staff member told us, "I did an induction for a week." This ensured they had the basic knowledge needed to begin work. They told us induction included information about the agency and training for their role. New staff undertook the Skills for Care 'Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was designed to provide a standardised approach to training for new staff working in health and social care. Staff were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them.

Staff were supported with regular supervisions and appraisals. They told us they received supervision from the management team, to discuss their work performance and training needs. One staff member told us, "Supervision is a two way process with staff every three months." Another staff member said, "I've had an appraisal and I have supervision with my line manager." A third staff member told us, "I have a regular supervision but whenever you go into the office staff always ask if you've any problems, is everything okay." Staff told us they found the supervision meetings useful and records confirmed they were encouraged to raise any support needs or issues they had. Staff told us they could also approach the registered manager and co-ordinators in the service at any time to discuss any issues.

People told us they could contact the office if they needed to. They said communication with the office was good. One person told us, "I always get through to the office straight away and the staff are always helpful."

Another person said, "If I leave a message they always get back to me." A third person told us, "I have had no reason to call the office." Other comments included, "Office staff, if they can't help, they'll find out and telephone back", "Communication is good between us" and "The people in the office are very helpful and a good support for me." People also told us carers would communicate with their relatives if needed. One person commented, "Carers will let my relative know if I'm feeling unwell." Staff also confirmed communication with the office was effective and messages were passed on. One staff member told us, "I find the office staff are very organised."

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.

We checked whether the service was working within the principles of the MCA. We discussed the requirements of the MCA with the registered manager. They were aware of their responsibilities regarding this legislation and were clear about the principles of the MCA and the actions to be taken where people lacked capacity. The registered manager was aware of where relatives were lawfully acting on behalf of people using the service. Such as where they had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances when the person no longer had mental capacity.

People were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. People told us care workers always asked their permission before acting and checked they were happy with the care that was provided. Staff confirmed they had received training about mental capacity and 'best interest' decision making.

People were supported by staff to have their healthcare needs met. Staff told us they would contact the person's General Practitioner (GP) if they were worried about them. People had access to other professionals and staff worked closely with them to ensure they received the required care and support. One palliative health care professional told us, "The agency offer great support to our services and are very reactive and responsive in picking up packages of care from us at very short notice." People's care records showed that staff liaised with GPs, occupational therapists, nurses, and other professionals. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met.

People were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. They said staff would prepare or heat meals for them, or they would support people to make their own meal. One person commented, "They [staff] get my lunch ready, but if they are very late I will do it myself." Another person said, "Staff get my breakfast and lunch ready and I choose what I want to eat." One relative told us, "Staff put [Name]'s breakfast out for them before they leave."

Is the service caring?

Our findings

People we spoke with were appreciative and spoke well of the care provided by staff. They told us staff were kind, caring and respectful. One person commented, "The staff are kind and caring people." Another person said, "They are all good girls, very pleasant." A relative told us, "They [staff] are very kind and patient with [Name]." Other comments included, "The staff are all kind and patient and they have a laugh and a joke which I like", "As far as I know they are all very caring ladies" and "Staff are very kind indeed."

People and relatives spoke highly of the caring nature of staff. The agency created a staff team to work with people who received 24 hour care to help ensure continuity of care. Most people commented positively about the consistency of the care workers as they had the same staff to provide care and support. One person told us, "I usually have the same care workers." Another person said, "I usually have the same girl." A relative commented, "[Name] has the same care workers, which is important to them." Other people's comments included, "We have regular care workers, they don't seem to have a high turnover of staff", "I have two main care workers and one covers when the other is off" and "We usually have the same one [care worker], unless they are off."

However, we received some comments where people told us they had different care workers to provide their support and they were not informed about the change in care worker. One person told us, "The staff are very good but they [agency] should employ more so we could have the same care workers all the time." Another person commented, "They [staff] look after me well but they could improve by sending the same care workers." A third person said, "Sometimes I'm expecting one care worker and another arrives." Another person told us, "I have the same ones [staff] most of the time but the office sometimes don't let me know of changes and send strangers whom I don't know." A care co-ordinator told us, "It is the responsibility of the care co-ordinator to inform people if staff members are running late. Care workers contact the office. If a care worker is unable to make the call at the required time another care worker will be allocated to the call."

Staff teams supported and provided 24 hour care to some people who were receiving end of life care. The same regular staff team provided care and support to the person so it helped ensure consistency of care. The registered manager told us staff teams received "client specific training" according to the needs of the person they were supporting. Records documented how people's needs were to be met and included their wishes at this important time. The registered manager told us they worked with a local hospice and shared appropriate information to ensure people's changing needs were met in a sensitive and timely manner.

Staff had developed a good understanding of people and their needs. People told us and records showed they promoted positive, caring relationships and respected people's individuality and diversity. One person commented, "Staff will have a joke with me but are always respectful and don't talk down to me."

The need to maintain confidentiality was described in guidance to staff. Staff also told us about the practical measures they took to ensure privacy and dignity were maintained. One person told us, "Staff are all very respectful." A relative also commented, "Staff are respectful toward [Name] and respect their privacy when helping [Name] wash and dress."

Staff were clear about their roles in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained and records showed how people were involved in making decisions in areas such as personal care and food.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support. People were provided with information about the provider, including telephone numbers for the service and also telephone numbers for relevant agencies and who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service and informed us they were involved in reviews of their care.

Arrangements were in place to monitor the approach of staff. The senior staff carried out three monthly spot checks to monitor people's care experiences, care practices and the ways staff communicated and interacted. One relative told us, "A person comes from the office to check and they look in the book that staff write in."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the agency any issues or concerns. This sometimes led to a more formal advocacy arrangement being put in place with external advocacy services. Advocates can present the views for people who are not able to express their wishes.

Is the service responsive?

Our findings

People told us the care they received care that met their needs. One person told us, "The staff help me and they are very good." Another person commented, "I have a care plan and my care workers do everything I need doing."

Before people started to use the service a care needs assessment was received from the local council's social work or health authority staff. Depending upon the needs of people assessments were referred to the agency's complex placement team if a more specialist need required care and support. For example, some end of life care, spinal care, health care and specialist nutritional needs. From the information outlined in the assessments individual care plans were developed and put in place to ensure staff had the correct information to help them maintain people's health, well-being and individual identity. One person told us, "Staff did an initial assessment and I have a care plan in my house." A staff member commented, "A senior always does a visit to collect information and do the paperwork before we go out to provide care."

Care plans covered a range of areas including, diet and nutrition, psychological health, personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. The input of other care professionals had also been reflected in individual care plans. For example, the speech and language therapy team and palliative care team. Care plans provided some information to guide staff's care practice. For example, a personal hygiene care plan stated, '[Name] requires full support with washing, drying and dressing.' However, they did not give instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They did not detail what the person was able to do to take part in their care and to maintain some independence. The registered manager told us that this would be addressed. Staff however, were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Staff told us they kept up to date with people's care needs by reading through care records. They also told us changes in people's care were passed on to them through the agency's office. One staff member told us, "I'll phone the office if I have a new person, just to check all the information about their support needs." Another staff member commented, "The office will always let us know if there are any changes."

Staff completed a daily comment log which was kept in a book in people's houses that evidenced what support was provided. One staff member said, "We write in the daily log how the person has been and if we've been able to give the care. I'm supposed to help someone get up but they didn't want to. I went away and then tried again but they still didn't want to." The language used within care plans and associated documents, such as reviews and the comment log, was factual and respectful. This was reflected in the language used by the staff we interviewed, who demonstrated a professional and compassionate approach.

We considered, the space limited template, eight lines per visit, to document the care provided by a staff member at each visit did not allow a sufficiently detailed account of people's wellbeing. A tick box was also completed to show part of the care provided. This was also used as a prompt, which we recognised the

value of as the prompts were to remind staff about other paperwork that may require completion. We discussed the 'customer log' with the registered manager who told us CQC feedback about the log would be passed to head office.

People's care records were up to date and contained some information that was personal to the individual. They contained information about people's likes, dislikes and preferred routines. This is important if a person is unable to tell staff themselves. For example, one record stated, 'I enjoy talking to my friends on the telephone' and 'I used to like going dancing, holidays and swimming.'

People said they were involved in discussions about their care and support needs. They told us their care was reviewed on a regular basis and could be changed if they needed it to be. Relatives told us they were involved in meetings to discuss their relative's care needs and their relative's care was discussed on an on-going basis. One relative told us, "We have just had a review about [Name]'s care and everything is fine." Records showed that reviews or meetings took place for people to discuss their care and to ensure their care and support needs were still being met.

People told us they knew how to complain. One person told us, "I've never needed to complain but there is a book with telephone numbers if I needed to contact the office." Another person commented, "We have no complaints." A third person said, "I would know how to complain if I needed to." Other peoples' comments included, "I'd ring the office" and "I ring the office if I've got any problems. There've been no serious complaints." Several compliments had been received by the service. One relative had commented, 'It made a difficult time easier to deal with as we knew [Name] was in safe hands.' Another relative had documented, 'Staff who looked after [Name] did a wonderful job.'

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission (CQC) since July 2017, they had previously been registered for the agency before it moved to the current location. The registered manager was fully aware of their registration requirements and had ensured that CQC was notified of any events which affected the service.

The service had a defined management and staffing structure with field supervisors responsible for different staff teams assigned to geographical areas.

The registered manager and management team assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager and team leaders were able to highlight the priorities for the future of the service and were open to working with us in a co-operative and transparent way.

People and their relatives told us they were happy with the service and the leadership provided. One person told us, "Management are definitely approachable." Another person commented, "The registered manager is very helpful." A third person said, "Management answer all my questions quickly." Relatives also made positive comments about the way the service was run, the positive impact it had and also stated they would recommend the agency. A relative told us, "They [staff] provide good care and could not improve." Another relative said, "Nothing could be improved, the staff do all that's needed with a smile." A third relative commented, "Nothing needs improving, we're very happy with the agency."

Most staff commented the management team and registered manager were approachable. One staff member said, "The management are approachable." Another staff member told us, "The manager's door is always open and they're approachable." A third staff member told us, "The management are definitely approachable." Staff stated they enjoyed their job and liked working for the agency. One staff member commented, "I'd definitely recommend working for Ark." Another staff member said, "I'm quite happy working for the agency." A third member of staff told us, "The agency is more organised than other places I've worked."

Office staff had a regular meetings with the registered manager and monthly staff meetings also took place with care workers and care co-ordinators to assist with communication and help ensure the smooth running of the agency. Staff meeting minutes showed topics discussed included staff training, staff performance, documentation, health and safety, care and support and medicines management. One staff member told us, "If I can't get to a meeting, minutes are available to find out what was discussed."

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included, health and safety, complaints, safeguarding, infection control, training, care provision, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken.

A weekly risk monitoring report that included areas of care such as safeguarding, complaints, compliments, medicines, CQC notifications was completed by the registered manager for analysis by head office

The provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were completed by staff and people who used the service. The survey results from 2016 showed results were predominantly positive.