BWA Health & Care Services Ltd

Blay Domiciliary Services

Inspection report

International House
124 Osmaston Road
Derby
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 11 April 2017. Blay Domiciliary Services provides support and personal care to people living in and around Derby. At the time of our inspection there were 85 people using the service, many of whom were living with complex health conditions or dementia.

We last inspected this service in March 2016 and rated the service as good overall.

There was a registered manager 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 were supported by staff who understood the risks people faced and knew how to make people feel safe. Risk assessment records required further development to ensure they were accurate and included measures to reduce the risk of harm. Staff had good knowledge of how to identify abuse and the action to take if abuse was suspected.

People were supported by a sufficient number of staff which helped to keep them safe and meet their needs. Staff were recruited using a thorough recruitment procedure which was consistently applied.

People who required support to take their medicines received assistance to do so when this was needed.

People were supported by staff who were suitably trained and supported to meet their needs. People's rights to give consent and make decisions for themselves were encouraged. Further work was needed to ensure records reflected people's legal rights were protected in line with the Mental Capacity Act 2005.

People were supported to have sufficient to eat and drink. Staff understood people's health conditions and provided appropriate care and support to enable people to maintain their health and well-being.

People were treated with compassion and respect. People were able to say how they wanted their care to be provided. Staff recognised and upheld people's right to privacy and dignity.

People's needs were assessed. Care plans were person centred and were regularly reviewed. Care plans were not always sufficiently detailed to provide staff with the information and guidance to meet people's needs.

Some people experienced late calls and which had an impact on their care which was not always provided in a timely way. The registered manager had identified appropriate action to resolve this.

The provider had a complaints procedure in place that supported people to share their concerns and make

complaints. People and their relatives confirmed they felt comfortable to raise concerns and complaints about the service.

There were comprehensive systems in place to monitor the quality of the service and identify where improvements were needed. People and staff were able to express their views about he service. The registered manager was committed to developing and improving the service to ensure people received quality care.

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.

There were processes in place to ensure people were protected from the risk of abuse. Assessments were undertaken of the risks people faced. Further development was needed to ensure all risk assessment records were accurate and included measures to reduce risks. Staff were recruited using a thorough recruitment process which was consistently applied. There were sufficient numbers of staff to keep people safe. People received support to ensure they took their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who were suitably trained and supported to meet their needs. People's rights to give consent and make decisions for themselves were encouraged. Further work was needed to ensure records reflected people's legal rights were protected in line with the Mental Capacity Act 2005. People were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

Staff were caring. People were treated with compassion and respect. People's privacy, dignity and values were respected. People felt able to express their views.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Assessments were undertaken and care plans developed to identify people's care and support needs. Some care plans were not always sufficiently detailed to provide staff with the information and guidance to meet people's needs. Some people experienced late calls and the registered manager had identified appropriate action to resolve this. There were appropriate arrangements in place to deal with complaints. People knew

how to make concerns or complaints about the care they received.

Is the service well-led?

Good

The service was well-led.

There was a clear management structure in place at the service which people and staff understood. Staff felt supported by the registered manager and senior managers. People had opportunities to share their views about the service. There were comprehensive systems in place to monitor and assess the quality of care people received and management used these to drive improvements within the service.

Blay Domiciliary Services

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 11 April 2017 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 to meet with us. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received through questionnaires sent out by Care Quality Commission. These asked people to comment against a range of questions about the care they received. Responses were received from fourteen people who used the service, five relatives and six care staff. We also looked at other information we held about the service, including notifications of incidents and events at the service. A notification is information about important events which the service is required to send us by law. We contacted local authority commissioners who funded some of the people using the service to gain their views about the service.

During our inspection we spoke with five people who used the service and one relative. We also spoke with the registered manager, the care manager, a team leader and four care staff.

We reviewed a range of records about people's care and how the service was managed. These included care records for five people, four staff recruitment records, staff training records, records of concerns and complaints, quality assurance and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "They [staff] keep me safe. They are always there for me and I have never had staff not turn up." Another person told us, "I feel safe because they [staff] do the job properly." A relative told us, "[Name of family member] is safe because staff know what they are doing and they report back to Blay (the office) if they are concerned or need advice."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. The provider's policies and procedures gave staff information on what constituted abuse and guidance on how to report any concerns, including reporting concerns to external agencies. Staff had received training in protecting people from abuse. Staff who we spoke with demonstrated good knowledge on how to recognise abuse and how to report concerns. One staff member told us, "I am aware that I need to keep people safe. I would speak to my senior if I suspected someone was being abused and I know they would investigate. We are encouraged to express any concerns we have about people's welfare." Another staff member said, "If I was concerned about abuse I would report it to the office. For example, if I found a person with strange marks or bruises I would report it. If they [office] didn't respond, I would report it to social services. I would rather speak to someone and find there was nothing to worry about than say nothing." We saw confirmation that managers and staff had responded appropriately to concerns about people's safety and co-operated in local authority safeguarding investigations.

People had individual risk assessments and care plans which provided staff with information on the risks people faced and how to support them safely. The risk assessments we reviewed covered a range of activities and their associated risks, including providing personal care, assisting with mobility and use of equipment and medicine administration. For example, where one person was assessed as being at risk of scalding as they were unable to identify if water was too hot, their risk assessment guided staff to check the water temperature of the bath before the person got in. Another person was identified as being at risk of falling whilst getting in and out of the shower and staff were guided to provide extra support at these times. Risk assessments had also been undertaken to identify any risks associated with the person's own home, for example, the risk of fire. These provided staff with guidance on measures to take to reduce the risk of fire and how to support the person in the event of a fire. This helped to keep people safe in the event of unforeseen emergencies.

Staff told us they understood their responsibility to keep people safe and were encouraged to report any concerns to the office. One staff member told us, "We receive some key information from the office before we start supporting a person and this is supported by the care plan and risk assessments. This gives me a clue as to what I need to do to keep people safe." Another staff member said, "It's my job to keep people safe. I only leave after checking that they feel safe and I have done what they needed me to. If I have any concerns, I ring the office."

Although records showed the risks people faced had been assessed, we found that risk assessments were not always accurate and did not consistently include the measures staff needed to take to reduce risks. We found that, although social worker's pre-placement assessments were included in people's care records, the

information had not always been used to inform risk assessments. Pre-placement assessments are undertaken by a local authority social worker to identify the care needs of the person prior to using the service. They provide the service with an overview of the person's needs in order to make an informed decision as to whether or not the service is able to meet those needs. For example, one person's care plan stated they had no history of falls. However, the plan of care from the social worker's pre-placement assessment identified that the person had previously experienced falls which had led to a broken bone. This meant the person may have been at risk through not having the support they needed from staff. We discussed this with the registered manager who told us they would ensure risk assessments were reviewed to reflect information obtained during the initial assessment of need.

The provider took steps to ensure accidents and incidents involving people and staff were minimised. The registered manager told us that these occurrences were not frequent but when they did occur an analysis of the circumstances was carried out to see if there were any lessons which could be learned for future practice. We saw records which supported these findings. For example, following one person experiencing an accident during personal care, staff had contacted external health professionals to undertake a full assessment to ensure the person had the equipment they needed to reduce the risk of further accidents.

Staff assessed the number of staff required to support people and ensure their care was provided safely. The provider had systems in place to ensure the correct number of staff were allocated to each person and electronic records confirmed this. People told us they received care and support from the right number of staff.

The provider operated an effective recruitment process. Appropriate checks were undertaken before staff began to work with people. These included proof of identity and a check with the Disclosure and Barring Service (DBS). The DBS provides information about prospective staff to enable employers to make safer recruitment decisions. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. This helped to minimise the risk of people being cared for by staff who were unsuitable for the role.

The provider had procedures in place to help ensure people received medicines as they had been prescribed. People and their relatives felt staff supported them to manage their medicines safely. One person told us, "Staff help me with my medicines which are in a blister pack from the chemist. They [staff] make sure I am taking the right tablets." Another person told us, "They [staff] help me (with medicines). I have no complaints."

Where people needed support to take their medicines, medicine assessments were completed and included in people's care plans. Assessments detailed the location of medicines and the support the person needed. For instance, a verbal or physical prompt or, in the case of topical medicines such as creams, actual application. Staff completed medicine administration records (MARs) to show that people had received their medicines as prescribed. Records showed that staff had recorded if people had declined their medicines and if medicines that were prescribed as and when required (PRN) had been administered and why.

Although people told us they received their medicines as prescribed, we found a number of medicine errors had been reported by staff. These included missed medicines. The registered manager had ensured that all errors had been reported to the local authority as an alert. The registered manager told us they had reviewed staff training in response to these errors and supported all staff to attend more detailed refresher training to develop their knowledge and awareness. This was confirmed by staff who we spoke with and records we saw. One staff member told us, "I have recently undertaken medicine training. This included practical demonstration of blister packs and how they work and how to complete medicine records

correctly." We saw there were regular medicine audits undertaken by managers and senior staff to ensure administration had taken place as planned. This would help to ensure people were supported to take their medicines safely.

Good

Is the service effective?

Our findings

People we spoke with were mostly confident in the care and support they received from staff. One person told us, "I am happy with the help I get. They [staff] are trained. They are very good." Another person described how staff had undertaken specialist training to enable them to support the person with their health needs. The person told us, "Staff are well trained, they are very good. They help me to do the things that I can't." One person felt that staff who were new to the service took a while to get to know what they wanted and how they liked things to be done which they found frustrating.

The provider informed us in their PIR that they had developed staff training to ensure staff had the knowledge and skills they needed to provide effective care. The registered manager described the induction staff who were new to the service underwent, including e-learning and face-to-face training. This included completing the Care Certificate. This is a set of national standards for staff working in health and social care to provide them with the knowledge and skills to provide safe care and support. Records showed new staff had opportunity to work alongside experienced staff to get to know about people's needs before they began to support them. The registered manager told us new staff were only able to work double-up calls (calls that require two staff to provide care) until they were confident to work alone and had been assessed as competent through observations undertaken by senior staff.

Staff told us they were effective because they had "Really good training," and felt supported by managers and senior staff who they could go to if they needed help and advice. One staff member told us, "I had time to read care plans and spent time in the office and shadowing (working alongside) experienced staff before I began providing care. I have completed quite a few courses, for example, dementia and health and safety which have helped me a lot. I feel I have done enough training." Another staff member said, "The training is really good, I am given a lot of information and courses to work on at home. It gives me the knowledge I need to support people." Staff explained that although some staff were regularly allocated to people, other staff worked as an area team. Therefore some people received care from a team of staff rather than one or two care staff. The manager explained that this was to ensure staff were deployed effectively across the service. Although some people preferred a single, regular care staff this was not always possible and therefore staff were trained to enable them to support a wide range of needs.

We looked at records which showed staff had undertaken wide ranging training. This included essential training, such as manual handling and food hygiene, in addition to specialist courses such as stoma care. The registered manager maintained records of the training each staff member had completed and when this needed to be refreshed. The registered manager told us staff were removed from rotas if they had not completed the training they needed to. This helped to ensure staff gained and sustained the skills and knowledge they needed to meet the needs of people they supported.

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 told us they had consented to their care. One person told us, "I told them [staff] how I wanted my care and they do what I want." Another person told us, "They [staff] always check if I am happy with what they are doing. They only do what I want them to."

We asked staff about issues of consent and about their understanding of the MCA. The staff we spoke with told us they had undertaken training in this area and this was confirmed in records we saw. One staff member told us, "I always seek consent before supporting a person. If the person cannot verbally consent, I look for a clear sign that they are happy for me to proceed, for example, positive facial expressions and reactions which can all indicate consent." Another staff member told us, "I have completed training in mental capacity and understand people need to consent to their care. If someone declines their care, for example refuses their medicines or personal care, I record this and report it to the office who will review this and let the family know."

Records showed that where people had mental capacity to make their own decisions, this was clearly recorded in their care plans. For example, people had signed consent to their care and to how their information was stored and, if necessary, shared with other agencies. However, where people did not have mental capacity or where people's mental capacity was variable, the provider had not undertaken mental capacity assessments. Staff relied on information in the person's pre-placement assessment undertaken by a local authority social worker. For example, one pre-placement assessment stated, 'person can make straight forward decisions about day to day matter,' Staff had not undertaken a mental capacity assessment to determine what support the person needed to make decisions and the procedure to be followed in the event that more complex decisions were needed. This is important to ensure decisions were not made for people when they have the mental capacity to do for themselves.

We spoke with the registered manager who told us staff assessed capacity regularly and encouraged people to make choices. In the event that staff had concerns regarding people lacking mental capacity to make decisions, they contacted the office who contacted relevant external agencies, for instance social services. The registered manager told us they would develop mental capacity assessments to ensure people's legal rights were protected in line with the MCA.

People who required support to ensure they had sufficient to eat to maintain their health and wellbeing were provided with this. One person told us, "I can do some cooking. The staff make sandwiches for tea. They always ask me what I want and put it in the fridge for later." Another person said, "The staff help me with my meals. They do my meals how I want them to and make sure I have a drink as well, a cup of tea. They [staff] always clean up after themselves." In one CQC survey response, a relative had recorded that they thought some staff had "Limited food preparation skills and didn't always tidy up after themselves."

People's specific dietary preferences and needs were detailed within care plans. For example, one person's care plan detailed their cultural preferences and favourite drinks. Another person required specific dietary support and staff were instructed to follow the person's dietetic plan to ensure the person's nutritional needs were met. Records showed this plan had been reviewed, although other records, such as hospital grab sheet (a form which summarises essential information in the event of a hospital admission) had not been updated to reflect changes. The manager told us they would ensure records were updated. Staff who we spoke with demonstrated detailed knowledge of the dietary needs of the people they supported, including their preferences in terms of meals and drinks.

The provider informed us in their PIR that the service placed a strong emphasis on good health and well-

being. Most people told us they had family based arrangements in place to attend any healthcare appointments. Where people required support, they told us staff were quick to respond. For example, one person was able to describe how staff supported them to maintain their health condition as they were no longer able to do this. They also described how their care staff supported them to attend essential hospital appointments to ensure they maintained good health. Staff gave examples of how they notified the office or relatives if a person appeared unwell. Records reflected this and showed staff had referred to external medical agencies where they had concerns about people's health. These were examples of staff providing effective care to support people's health and well-being.

Good

Is the service caring?

Our findings

We spoke with people about the support they received from the provider. One person told us, "I am happy with the staff, they are very good. They respect me and speak nicely to me." Another person said, "I am happy with how they [staff] help me. Some of our carers are fantastic, really good. Overall staff are very, very good and I have no complaints." A relative had recorded in the CQC survey, 'The carers themselves are always polite and friendly and appear to treat [name of family member] with respect and dignity.'

Staff spoke about their job as being "Rewarding." One staff member told us, "I visit the same people who ask for me. I have a relative with the same health needs so I understand what they want." The staff member told us the office ensured they were allocated this call because of their specific understanding. Another staff member told us, "I enjoy my job, meeting different people with differing personalities. It has given me confidence as a person and as a carer." A third staff member told us, "The aim of the service is to provide people with good care so they can stay in their own homes. I think we do that and this makes me happy."

People's care records showed how they wished to be care for. Their individual choices, preferences and decisions about their care was recorded and used to inform their care. People told us they had limited involvement in their initial assessment of care as this was usually undertaken whilst they were in hospital or through a social-worker assessment. However, they told us they had a say in how they wanted their care to be provided by the service and could make any changes to the care they received. One person told us, "They [staff] brought a lot of information with them when they first came to meet me and I told them what I wanted. It was all arranged." The person told us the information included how the service was to be provided and people they could contact. People told us they knew who to speak to at the service's office if they wanted to discuss their care plan or make changes to it.

People told us staff supported them to maintain their independence. One person told us, "Thanks to Blay, I am no longer bedridden. I am more independent thanks to them [staff], they encourage me to do things. They help me but also know I try to do a lot myself." Another person told us that staff supported them to do the things they were no longer able to do but encouraged them to do the things they still could do independently.

People told us staff were respectful to them and treated them with dignity. Comments included, "They [staff] respect my home," and "They [staff] come into our house and they feel like family. They always respect us," and "Staff are always polite and respectful." Staff demonstrated an understanding of the needs of people they supported and spoke about people respectfully. One staff member told us, "I treat people how I would want someone to treat me. People have a right to say what they want." Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in April 2016, some people had concerns regarding the timing of their visits. At this inspection, we received mixed feedback as to whether this had improved. People's comments included, "On occasions they [staff] have been late but they have turned up. I have never been without (care)," and "Staff are frequently late. I get rotas each week but this doesn't match what time they actually come. There are never any excuses given for being late. One carer always rings me to let me know but other's don't. I have to ring the office most weeks," and "Staff are always on time, there are no problems with timekeeping," and "Staff are normally on time, I have no complaints,"

Responses received through the CQC quality surveys from people and relatives included, "They [staff] mostly arrive within 15 minutes of the rota time, very occasionally are they late," and "If the carer is going to be late, the office doesn't ring my family member to let her know even if they are an hour late." People and relatives commented that the office rarely let them know if staff were running late. Where people were informed, this was usually due to the diligence of the staff member allocated to the visit. One relative expressed concern that poor timekeeping had an impact on their family member's care as some of their care needs were time critical, such as medicines and meals. This meant that although some people were happy with the timing of their calls, other people felt that the lateness of their calls meant they did not always receive their care in a timely way.

Staff who we spoke with told us they felt they mostly had enough time to meet people needs. One staff member told us, "There is enough time. The call lengths are pretty good. I don't like to be late but can be sometimes due to traffic. Managers encourage good timekeeping." Another staff member told us, "The only calls I am concerned about are the 15 minutes calls. There is not much time to do things and you can't rush people."

The registered manager and senior staff were aware of people's concerns regarding timekeeping and poor communication when staff were running late. The provider informed us in their PIR that they had purchased a new electronic system which would enable office staff to monitor and respond quickly if staff did not attend visits at the allocated time. The registered manager told us the system was digital and involved staff logging in to confirm their attendance at the visit. They explained they were in the process of installing this system and training staff in the use of it. This would enable office staff to monitor the timekeeping of staff and respond quickly if staff were delayed on a visit by re-allocating the visit and letting people know in a timely way. When we spoke with people about the proposed improvements, they felt this would help to resolve many of their concerns regarding the time of calls and lack of communication.

People's needs were assessed before they began to use the service. The service was provided with a copy of an assessment of the person's needs (pre-placement assessment) completed by a health or social care professional external to the service. Managers reviewed this information to make a decision as to whether or not they were able to meet the person's needs. Senior staff then undertook a visit to the person to provide them with information and review the information in the pre-placement assessment. This was used to form the basis of the person's care plan. Records showed that plans were reviewed regularly. When we spoke with

people, many could not recall formal reviews of their care but told us they had the opportunity to make any changes to their care by contacting the office or when senior staff undertook spot checks on care staff. Records showed that people were consulted about their care on a regular basis through spot checks and through telephone reviews.

All the people who used the service had a care plan in place. People told us they had been involved in deciding how they wanted their care to be provided. We looked at the care records of five people to see how their needs were being met. Care plans provided information about people's preferences, life and work history and needs. For example, one person required staff to follow specific routines when entering the person's home. These were clearly detailed as a requirement for staff to follow. Another person required any items moved, such as kitchen equipment and personal item, to be returned to the same place they were taken from to assist them to manage their sensory loss. This was clearly recorded in the person's care plan with guidelines for staff to follow. The person told us, "Staff are aware I need things put back where they got it from so I can find it again. They always do this." This helped staff to provide people with care that was personalised.

Although some care plans were detailed, we found others did not include the detailed guidance and information as to how people's needs should be met. For example, one person was identified as requiring assistance with personal care. However, the care plan did not detail how staff should provide this support. Another person was described as requiring support to take their medicines. Records did not detail how staff should support the person. This meant people were at risk of not being supported in line with their preferences or needs. The registered manager told us they would review care plans to ensure staff had the information they needed in records.

People were provided with information on what to do if they had any concerns or complaints with the service. People and a relative we spoke with told us they felt confident to raise concerns and complaints. One person told us, "I have had to complain about a care staff. I telephoned the office and made a complaint. They investigated and took action straight away and the member of staff doesn't come to us anymore." Staff were supported to value and report people's concerns through the service value, "See, Say, Sort." These values supported staff to observe and listen to any concerns, report them and ensure appropriate action was taken.

We looked at complaint records held by the service. The provider had procedures in place which could be followed if complaints were made. These included contact details of external agencies should people feel their complaint was not resolved to their satisfaction. The service had received five formal complaints since our last inspection. Complaints records provided details of the complaint, the investigation, the outcome together with any remedial action and the date feedback was given to the complainant. Concerns included late calls and performance of care staff. Records showed the service had taken action to resolve people's concerns. For instance, the introduction of a new monitoring system to improve staff timekeeping and re-allocation of care staff. The registered manager told us they saw concerns and complaints as positive as part of driving improvement.

Good

Is the service well-led?

Our findings

People, relatives and staff were mostly positive about how the service was managed. One person told us, "I think it is well managed, all the staff seem happy. I have no complaints." Another person said, "It is a very good management/set-up. Staff have to report back to the office. There are some problems but these are sorted out." A relative told us, "They do ring me up with information. They [staff] keep me informed about my family member's care."

Staff were positive about the leadership of the service. Comments included, "I feel supported in my role. The registered manager is brilliant, supportive in work and with any personal issues," and, "I get regular supervision and I can go to the team leader for support at any time. I can always get hold of them and they deal with any issues quickly. I think it is well-managed," and "I feel supported. If I have a problem I can go to my team leader or manager. Everything I say is taken on board and changes made. I think the service is very well-led and this reflects in most people's feedback."

During the course of the inspection we were informed the registered manager did not attend the office on a daily basis. However, they told us they were in constant telephone and email contact with the care manager who was responsible for the day-to-day management of the service. The care manager confirmed they were in daily contact with the registered manager and were also supported by a management team consisting of team leaders and administration staff. The management team met regularly to discuss key issues and identify where improvements were required. Wherever possible, the registered manager attended these meetings to support the team and provide guidance and advice. The registered manager was confident there were suitable communication systems in place to keep them up to date.

People and their relatives had opportunities to share their views about the service, through telephone reviews about their care, spot checks on care staff by senior staff and through satisfaction surveys. Where people had made comments or suggestions to improve the service, for example, timing of calls, allocation of carers, these had been noted and action was being taken to make the necessary improvements. We saw people were generally positive about the care they received, with one relative stating that the 'attributes and values of carers had a very positive impact' on their family member.

The service had developed a newsletter to share information with people about developments within the service. This included details of staff changes and links to other agencies to provide help and advice, such as Age Concern.

Staff had opportunity to share their views about people's care through team meetings with their team leader. We looked at records for a staff meeting held in March 2017 and saw this was well-attended. Staff had been provided with information about changes and improvements required within the service. The meeting had also been used to refresh staff awareness about best practice, for example, completion of care records. Staff who we spoke with confirmed they were kept informed of changes and had opportunities to share their views through a variety of forums.

The service conducted a variety of internal audits, such as a medicines audit, health and safety, staff training and policies, procedures and processes. The registered manager also arranged for an external auditor to undertake random audits to check the quality of the service people received. "Spot-checks" were carried out by senior staff where they observed care staff providing care. They checked that staff were providing care in accordance with people's care plans, followed the provider's procedures and gained feedback from staff and people about the care provided. The registered manager used the information gathered from internal and external audits and recommendations made by external authorities, such as local authorities, to make improvements to policies and procedures and improve the quality of care people received. For example, we saw a check on medicines identified an unacceptable amount of errors. Records showed as a result all staff had been re-trained in the safe administration of medicines.

We contacted local authority commissioners, responsible for funding some of the people who used their service and asked for their views of the service. They told us there had been minor concerns surrounding timing of calls and poor care. They told us the service had co-operated fully with investigations and produced action plans detailing improvements they had made to reduce the risk of further incidents.

The provider informed us on their PIR of improvements planned, such as electronic call monitoring to improve the timing of calls and plans to involve people in the development of the service through service user focus groups. The registered manager explained they had begun to organise coffee mornings for people to attend with their relatives and planned to increase these to include events such as fish an chip suppers. This would help to bring people together and reduce the risk of social isolation. During our inspection, the registered manager showed us flow charts that they had developed to enable staff to understand key policies at a glance, for example complaints and safeguarding. These had been shared with office staff to help improve their understanding of processes and communication skills. The registered manager told us she intended to develop further flow charts to support care staff understanding of key processes and procedures. The registered manager and senior staff demonstrated a good understanding of where the service needed to improve and how they intended to develop the service to ensure people received quality care.

The registered manager was aware of their legal responsibilities which included notifying us of certain events that may occur within the service. The provider had ensured the current CQC ratings for the service was clearly displayed at the registered location and on the website. People were able to view a copy of the latest inspection report via the website or at the office.