Bridges Healthcare Limited

# Bridges Healthcare Limited

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Bridges Healthcare Limited is a domiciliary care service, which provides personal care to people in their own homes. At the time of the inspection there were about 45 people using the service.

The service was inspected on August 2016, where we found the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) 2010. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Bridges Healthcare Limited' on our website at www.cqc.org.uk.

We undertook a focused inspection in February 2017 in relation to the breaches of regulation we identified at our previous inspection of September 2016. We found that the service had followed their action plan and had made improvements. We could not however change the overall rating of the service because to do so required a record of consistent good practice.

We undertook an announced comprehensive inspection on 14 September 2017. We gave the registered manager 24 hours' notice as we needed to be sure they would be available for the inspection. At this inspection we found that the service had sustained the improvements put in place following our previous inspections of September 2016 and February 2017 and met the legal requirements.

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

Staff handled and administered people's medicines to them in a safe way. Staff had been trained and assessed in the safe administration of medicines and they understood and followed the organisation's medicines policy.

Risks to people were assessed and detailed risk management plans put in place for staff to follow to keep people safe from avoidable harm. Staff understood risks associated with people and knew what the actions to take to reduce such risks.

Thorough recruitment checks took place before staff were allowed to work with vulnerable people. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse. Staff also knew and were encouraged to whistle blow if necessary to keep people safe.

Sufficient staff were deployed that ensured people needs were met in a timely way. People told us staff had sufficient time to safely support them. Staff confirmed time allocated to them to support people was sufficient. People also told us and the call monitoring system confirmed people received their care visits as planned.

The registered manager and staff understood their responsibilities within the Mental Capacity Act 2005. Staff were supported through effective induction, supervision, appraisal and training to provide effective service to people. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. People were supported to arrange appointments to ensure their health needs were met. Relevant professionals were involved to ensure people received appropriate support and care that met their needs.

People were treated with kindness and their dignity respected by staff. People told us staff were caring and considerate towards them. Staff understood people's needs, preferences and cared for as they wanted. People and their relatives were involved in planning their care and in day-to-day decisions about their care. Care plans were reviewed and updated regularly to reflect people's changing needs. Staff told us they were updated with changes in people's care.

People received care tailored to meet their individual needs. Staff encouraged and enabled people to do what they can do for themselves to keep them active and maintain their independence.

People and their relatives were given opportunity to share their views about the service. People knew how to complain. The registered manager investigated and responded to complaints and concerns appropriately.

Regular spot checks and audits took place to assess and monitor the quality of the service provided. Where required, action plan developed to improve on areas of shortfall. The service ensured that lessons were learnt from incidents.

## 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 safeguarded from abuse. Staff were trained and understood the various forms of abuse that could occur and the signs to look for. They also knew how to report any concerns. They felt confident to raise issues with their line manager and believed they would take necessary actions. Staff knew how to whistleblow and were encouraged by their managers to do so if need be.

Risks to people were thoroughly assessed and management plans developed to reduce identified risks to people in order to keep them safe.

People received their medicines in line with their prescriptions. Medicines were managed safely. Medicine administration records were completed correctly..

Recruitment procedure was robust. Staff underwent checks to ensure they were suitable to work with people. There were sufficient staff deployed to meet people's needs and staff told us that that the time allocated to them to complete care visits were sufficient.

### Is the service effective?

Good

The service was effective. Staff were trained, supported and supervised to meet the needs of people.

People consented to their care, and where required, relatives and professionals were involved in the decisions. People had their care provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were given food and drinks to meet their nutritional needs. People told us they enjoyed the food provided at the service.

People had access to a range of healthcare services to maintain their well-being and health.

### Is the service caring?

Good

The service was caring. People told us staff were kind and friendly, and treated them with respect and dignity.

People were involved in planning their care and in day-to-day decisions about their care.

Staff understood the needs of people and how to support them accordingly.

Staff knew people well and cared for them in line with their wishes and preferences.

## Is the service responsive?

Good

The service was responsive. Care plans detailed people's preferences. Care and support was delivered to people in the way and manner they wanted.

People were supported to maintain their independence.

People and their relatives knew how to raise concerns and complaints and these were investigated and responded to in line with the provider's policy.

## Is the service well-led?

Good

The service was well led. There was clear management structure in place. Staff were provided with the leadership and direction they needed.

People and staff told us the registered manager and members of the management team listened and were open to feedbacks which were used to improve the service.

There were systems for monitoring the quality of service provided. There was a registered manager who complied with the terms of the registration with CQC.

# Bridges Healthcare Limited

**Detailed findings**

## Background to this inspection

We carried out this comprehensive 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 announced inspection took place on 14 September 2017. The inspection carried out by two inspectors and an expert by experience (ExE) who contacted people over the phone to obtain their feedback about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service which included notifications of events and incidents at the service. We also studied the Provider Information Return (PIR) we received from the provider. The PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with the registered manager, service director, human resources officer, one care worker and two administrative staff who are responsible for allocating and monitoring care visits. We looked at 10 people's care records to see how people's care was planned, 10 people's medicine administration records (MAR), nine staff files including their recruitment and supervision records. We also checked others records relating to the management of the service including complaints and quality assurance systems.

After the inspection we spoke with 10 people using the service and two relatives. We received feedback from one local authority service commissioner about their views of the service.

Good

# Is the service safe?

## Our findings

People felt safe using the service and in the way their care was delivered. One person told us, "Very safe, no problems, I can always ring the office if there are any difficulties." Another person said, "I feel quite safe with the girls. They are lovely." One relative said, 'Perfectly safe, we've never had any trouble from them at all in that respect." A second relative told us, "Oh yes, we are safe. There is nothing to make me question that."

The service ensured effective systems and procedures were maintained to protect people from abuse and discrimination. All care staff had completed safeguarding training and understood the different types of abuse and the signs to identify them. They also knew how to report any concerns they may have about people's safety to the registered manager in line with the provider's safeguarding procedure. One member of staff told us, "Abuse is an important area to be watchful of in this job. It could be anyone abusing the vulnerable patients' even relatives. As a care staff you need to observe. If I suspect something is not right, I will let my manager know immediately so they can investigate. I don't have to be sure before I report my concerns." When we asked if they felt confident that their concerns will be taken seriously, the staff member told us, "They [management] are very proactive in dealing with issues. I am confident that any concerns they raised would be investigated." Another member of staff said, "I have done the training. I know the various forms of abuse. If I suspect or see anything it doesn't matter who is doing it, I must report immediately. It is my responsibility to report it." Staff also knew how to whistleblow to external agencies if necessary to protect people. The registered manager understood their responsibility to ensure people were safeguarded from abuse. There had not been any allegation of abuse since our last inspection.

Avoidable harm to people were minimised by the service as they carried out risk assessments and put management plans in place to reduce risk of harm to people. This covered risks to people's physical and mental health, behaviour, pressure sores, eating and drinking, medicine management, environment; and moving and handling. Risk management plans were devised to reduce the chances of the risks from occurring. We saw management plan in place for one person as risk of choking. The speech and language therapist (SALT) was involved in caring for this person and had developed management plan for staff to follow. The plan stated that the person could only have pureed or soft food and thickened fluid. There was clear guideline for staff to follow in preparing the person's food and when feeding this person to make sure they were safe. It included how to position the person and how to ensure they did not have excessive food or fluid in their mouth. There was also equipment provided and guideline for staff to remove excessive food in the person's mouth in order to reduce risk of choking. We also saw that two members of staff carried out moving and handling tasks where it has been assessed as a way to reduce risk and ensure safe transfers. There was also clear procedure in place for staff to follow to undertake this task safely. People at risk of developing pressure sores also had plan devised to prevent and manage this. Appropriate equipment had been provided such as pressure relieving mattresses and cushions. Staff understood risks associated with people and the management plans in place to reduce such risks. Risks were reviewed regularly to ensure they were up to date and current. This meant that people's risks were safely managed.

People received their medicines as prescribed. People's care records detailed the level of support they required to manage their medicines safely. For example, some people needed staff to remind them to take

their medicines and some needed support to dispense the medicines. One person told us, "They [care staff] give me my medications. The pharmacy provides a dossett box. They [care staff] give this to me each morning and they do document it." Another person said, "[Care staff] give us our medicines every time. They've got it all documented in the folders." A third person said, "I do that myself, they [care staff] put it in a glass, I medicate myself. There's a book which they fill up We saw that there was medicine management procedure in place for staff to follow. Record also showed staff had all completed safe management of medicine training and had their competency assessed before started administering medicines. Staff we spoke with understood their procedures and actions to take if they had concerns regarding people's medicines. Medicines administration records [MAR] sheets we checked were legibly signed. The registered manager audited MAR sheets monthly to ensure they were accurate.

The service had followed safe recruitment practices to ensure people were safe and received support from staff who were suitable. We saw that potential staff members completed application forms which confirmed their employment history, experience and skills. References and criminal record databases were checked to ensure the applicant was not barred from working with vulnerable adults. Applicants also provided proof of identify, and their eligibility to work in the UK. The human resource officer told us they completed and obtained satisfactory checks before applicants were allowed to commence work with people. Staff we spoke with confirmed what the human resource officer told us. This indicated that people were cared for by staff who had been properly vetted for the job.

People received the care they needed when they required it. The service scheduled visits to people in line with their care needs and requirements. One person told us, "... Usually the same carer in the morning and lunchtime. Sometimes I get different staff in the evening but this is not a problem to me. What they [care staff] get through in half an hour in the morning is absolutely amazing." Another person said, "They [care staff] are most punctual, if anything was wrong I would contact the office and they follow it through all the time." And a third person told us, "They [care staff] are quite regular no problem. Sometimes they get held up with the traffic. They let you know by phone if going to be late."

The office staff who organized staff rotas explained that they matched staff to people looking at travel time. They said this reduced the risk of lateness as staff work within their locality as much as possible. Staff told us they received their rotas in advance and summary of person's needs. When we asked if time allocated to them to care for people was sufficient they told us, "Definitely enough for me. If it's not enough the [registered manager] will increase it." Another care staff said, "The time we get is sufficient to complete the tasks. We know how to work with people so it helps us too." Staff told us and the rota confirmed that visits which required two members of staff were undertaken by two staff members.

The service had contingency plan to manage unplanned staff absence and shortfall of staff. There was an electronic call monitoring system used to manage care visits. The system showed when staff arrived and left their care visits. It also flags up when there was a staff was running late or potential missed visit. The service director, registered manager and care coordinators were hands-on so were able to provide cover in emergency situations to ensure people's needs were met. The service had a company car used to transport staff quickly to attend to care visits if they system flags up that a visit had not been completed and a potential missed visit. We reviewed record of the electronic call monitoring system and it showed people received their care visits as planned. This meant people received care from staff to meet their needs.

People were supported by staff who knew how to respond appropriately to emergency situations. The service had procedures in place for staff to follow in the event of unplanned events. There was an out-of-hours manager who supported staff when required to manage situations that may arise. Staff we spoke with knew the procedure to follow. Staff told us they would assess the situation and seek the advice of their

manager if needed. They said they if a person required non-urgent medical care they would contact the person's GP and if it was a medical emergency, they would call the ambulance service immediately. Care records provided details of who to contact and what actions to take in the event of emergency.

Good

# Is the service effective?

## Our findings

People told us they were supported by staff who had the experience, skills and knowledge to deliver care effectively. One person said, "They [care staff] know what they are doing. If there is a new member of staff starts, they come with a staff member who is experienced first to show them how to do things." Another person told us, "Yes, I think they [care staff] are good at the job. They are good quality of staff." And a third person confirmed, "Yes, by and large they are pretty much on the ball. They know what they are doing. I've had other agencies but Bridges healthcare are more professional. Staff turned out with a uniform on." One relative told us, "I have total and utter confidence in them [care staff]. They are good."

Staff told us and records confirmed that staff received relevant trainings to do their jobs effectively. New members of staff received an induction and training when they started and staff we spoke with told us their induction period helped them understand and learn the job better. They said this included classroom based training and a period they spent shadowing experienced staff members. Records showed that all staff had completed training in core areas such as safeguarding, medicine administration, infection control, moving and handling and other areas in care delivery. We saw from records too and staff confirmed that they received training in specific areas relevant to the needs of people they supported such as dementia, catheter, nutrition, falls prevention, epilepsy, basic life support, diabetes and PEG feeding. Staff completed refresher courses to keep their knowledge and skills relevant.

People received care from staff who were supported to be effective in their roles. The service used methods such as one-to-one supervision sessions, annual appraisals and observations to support staff to improve on practice and gain confidence to do the job better. Staff told us that they gave them opportunity to address concerns about people and team work. Notes of these meetings confirmed this and showed that training needs and performance issues were also discussed.
We saw that a staff member's performance relating to compliance with procedure and attitude had been addressed through this medium. A refresher course was also conducted for the staff member to improve their practice. This meant people had their care and support delivered by staff who were supported in their roles.

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. Staff had received the MCA training and understood people's rights under this legislation. Staff were aware that they cannot impose decisions on people. One member of staff told us, "We involve family members and our managers if we are having difficulty with a person allowing us provide care. Whatever, the case we cannot force them. We can only encourage them." Another staff member said, "You have to respect people's choices even when you

think it is not a good choice. I let me manager know about my concerns and they sort it out." Staff gave us examples of where they had doubted people's capacity to make decisions and the actions the registered manager had taken which included involving people's family and appropriate professionals for best interest decisions. We saw record of best interest decisions made in specific area such as medicines management. This meant people's rights were promoted.

People consented to their care and support before it was delivered. People told us that staff checked with them before they undertook any task. They also confirmed that they agreed for the care agency to deliver their service before they started delivering care to them. We saw consent forms and care agreements signed by people or their relatives or representatives in management of various aspects of their care and support. For example, support with medicine management and use of bedrails. The risks associated with these activities were also assessed.

People received the support they required to meet their assessed nutritional requirements. Care records detailed people's nutritional needs and the support they require with eating and drinking. One person's care plan stated, "[person name] need support to prepare meals and feed.  Cut food up in small bites and feed slowly ensuring they swallow before the next mouthful." Another person's plan read, "Prepare meals and drink on each visit. Leave them on the dining table. [Person name] can help themselves." People told us staff supported them in line with their requirement. One person said, "They [care staff] get breakfast for me, it's all very good." Another person told us, "They [care staff] prepare my meals or me. Quite honestly I can't find fault with any of it."

People continued to be supported by a range of health and social care professionals to maintain their health and welfare.  We saw notes which confirmed that staff supported people to arrange health appointments with their GPs and district nurses as required. We also saw that the service had made referrals to where needed or liaised with relatives of people to do. For example, we saw occupational therapist was involved for people mobility difficulties, SALT involved for people with speech and swallowing difficulties and district nurses involved to manage people's pressure sores and diabetes. Care records showed staff followed recommendations made by professionals. For example, staff supported one person to do urine test regularly in line with advice from the person's GP.

Good

# Is the service caring?

## Our findings

People were cared for by staff who were kind and compassionate towards them. One person told us, "I get on very well with them [care staff]…We chat a lot. They [care staff] are very kind to me and have a lovely attitude. They do everything properly." Another person said, "They [care staff] are good, perfect you couldn't wish for a nicer pair." A third person told us, "When washing me they are very careful' 'When hoisting me into bed they don't just shove me into bed, they make sure I'm in the right position and comfortable." A relative told us, "They are always very nice, caring and chatty." A second relative commented too that, "The girls are absolutely first class, we have a good giggle."

Staff told us they have developed working relationship with people. One member of staff told us, "They [management try to match people to staff. They encourage continuity and consistency so we have a lead care staff working with people. Of course staff take leave so this may change but they try." People confirmed they had regular care staff who supported them. They also confirmed that the staff understood how to work with them.

People were cared for by staff who knew them well and delivered their care in a way that met their requirements. Care records had a description of people's histories, backgrounds, likes and dislikes, their preferred name and their communication needs. One person's care record detailed their communication need as, "[person name] can express themselves using facial expression. Speak to [person name] slowly and softly and in a positive way. Give them time to respond too." Another person's plan stated, "[person name] is unable to communicate verbally but able to make groaning sound when in pain and discomfort. Always explain to them what you are doing and provide them reassurance." Staff told us they found the information on the care record useful in caring for people as they wished. One member of staff said, "We have personal passport which tells you about the person. For example what they like and don't. It could just be one small thing like many sugars they like in their cup of tea." One person confirmed to us that staff respected their wishes when they said, "They [care staff] always use my name and always ask if I've had a good night or not. They ask if they have got breakfast and tea right. They do things as I want it and are very careful." Another said, "Most have been coming here for 2 years, they know everything about me. They go out of their way to help me."

People were involved in day to day decisions about their care. People told us staff followed their wishes. One person said, "They [care staff] always ask what I want. They chat with me about what they are doing. I am informed of what is going on." Another person said, "They [care staff] inform me of what is happening every time. As soon as anything is wrong they notify my [spouse]. They involve us in every aspect." A relative told us, "I am kept informed of things I need to know. I have not had any problem with that." Staff gave various examples of how they involved people and their relatives in their care. Examples ranged from decisions about how they want their personal care done, times of visits to what to eat and wear. Staff showed they understood the importance of allowing people decide their day-to-day care delivery.

People's privacy and dignity were respected. People told us staff treated them in a dignified manner. One

person said, "They [care staff] are very good with that. I'm washed in bed, they don't make an issue. They cover me with towels." Another person said, "Never had any problem. All the usual things, they cover me up when giving me a wash. They're very good." A relative told us, "They [care staff] get [loved one] onto the commode and into the bathroom, they close the door." Another relative said, "They [care staff] always draw the curtains. They [care staff] leave them [person] on their on their own while using the commode." Staff had been trained in dignity in care as part of their induction. Staff demonstrated they understood why this subject was important. They used examples to explain this to us.

Good

# Is the service responsive?

## Our findings

People received care that was tailored to meet their individual needs. Records showed that the service carried out an initial assessment of needs where they discussed with people, and where possible with their relatives what people's needs were and how these would be met by the service. They gathered information about people's goals, requirements in terms of preferred times of visits. How they want their care delivered and choice of staff.

Care plans were developed based on the information gathered. Care plan covered various areas of people's need including nutrition, personal care, incontinent care, emotion well-being, physical health and skin integrity. These provided detailed guidelines for staff to follow to care for people in a way that met their needs. Staff told us the care plans were comprehensive and provided them information they needed to care for people in line with their needs. People also confirmed staff worked with them in accordance to their needs. One person said, "I'm a bit stiff in the mornings with arthritis, and with showering. Care staff understand and are careful." Another said, "I'm washed and cared for in bed. They [care staff] don't make an issue about it. They understand. Another told us, "They [care staff] need to apply cream and massage my legs. They do it properly." Care plans were reviewed regularly to reflect people's current needs.

The service was flexible and adjusted to meet people's needs. People were able to request for change of time and care staff if they wished. The registered manager told us they always considered people's request and where possible acted on them. People told us staff accommodated their request. One person told us about how they had requested for a change of care staff and it was acted on. One relative told us, "They [care staff] are flexible. If I wanted anything specific, they do it or if there was a problem I would tell the staff and they deal with it." Staff told us and records confirmed that duration of people's care visits were increased or decreased as appropriate to their needs. For example, if people were slow due to their conditions or unwell.

People were encouraged to do as much as possible for themselves. Care records detailed what people were able to do. One person was able to wash and dress themselves but needed help to have a shower. Another person could dress themselves but needed assistance to wash and apply cream on their legs. Staff told us they enabled people maintain their independence no matter how little it was. One staff said, "Independence matters. Even if it is just combing their hair or brushing their teeth."

People knew how to complain about the service if they were unhappy. One person said, "Oh yes certainly, I've got their number. Although I have not had any reason to use it." Another said, "I believe the phone number is on the file'. 'I did make a complaint once about one carer. They [management] took my complaint on board and took action. I was satisfied with the outcome." Information about how to complain was given to people when they started using the service. Complaints record we reviewed showed that the service had followed their procedure in responding to complaints raised about the service. One was about a staff member. It was investigated and outcome communicated to the complainant and commissioner. The outcome was acceptable. The service used the outcome to inform staff training.

Good

# Is the service well-led?

## Our findings

The service was well managed and run effectively. Comments from people included, "I think the service is excellent, that's all I can say", "Excellent organisation", and "As far as I can tell, the service is good and professional." The service operated a clear management structure and leadership was visible. There was a registered manager in post who had worked in the service for several years. They demonstrated adequate knowledge of their role and responsibilities. The service director was also involved in the day to day running of the service and provided support to the registered manager. There were care managers and team leaders who contributed in ensuring people received the support they required and care staff had the direction and guidance needed. Members of the management team we spoke with showed they understood their responsibilities.

The service operated an open and transparent culture. People and their relatives told us the management listened to them and acted on their feedback. One person said, "If I have a problem they sort it out or they explain what the problem is." Another said, "They always answer any questions I have and resolve issues quickly. They are pretty good that way." A relative said, "I have not had any problems with the service. They listen to us and deal with our concerns and we move on." One local authority service commissioner who gave us feedback commented positively about the way the service operated. We saw examples of how the service had responded to concerns in an open way. In one case they had reported an incident a staff member's conduct to the commissioners and raised a safeguarding alert. The matter was thoroughly investigated and resolved.

Staff also told us that they felt safe and able to discuss their concerns with the management team and they felt listened to. One member of staff said, "[management] listen to what we have to say. They take our views seriously because they know we work with the people and understand their needs." The staff member gave an example that the management had increased the duration of a care visit for one person following staff feedback. Another staff member gave us two examples of how the management staff had acted on their feedback to improve the service. They told us that management had developed monthly newsletters so staff can be up to date with general issues in the organisation and health and social care industry. Another example was the implementing of collection points at strategic locations where staff can easily go and collect items such as gloves and paperwork they need for their work. This system was put in place after staff discussed with management about the difficulty they experience travelling to the office to pick up items. This showed the registered manager and the management team listened to staff and used their feedback to improve the service.

The management staff held regular meetings with staff to listen to their concerns, discuss issues and update them with policies and procedures. Notes of team meeting meetings showed discussions with staff about various matters such as rotas, team work and attendance and time keeping. Monthly newsletters were produced and circulated to staff to update staff on policies and procedures and changes in health and social care legislation. One newsletter we looked at reminded staff of their rights to whistleblow if they wished to keep people safe.

The service checked the quality of service provided to people through spot checks visits and phone calls. People confirmed that the members of the management team made contacts with them regularly to check of they were happy with the service and to gather their comments for improvement purposes. One person said, "Absolutely, [management] have visited a couple of times for spot checks. It seems very good as it makes things better each time." Another said, "Somebody pops in every now and again. They go through the log book and ask me questions. I believe it makes a difference." Record showed that staff attendance had been addressed as a result from spot check visits.

The service had a robust system in place to monitor missed and late call visits. The service used an electronic monitoring system that required staff to 'log' in and out at the beginning and end of all calls. We reviewed record generated by the system and found that there had not been any missed visit noted in the period we looked at. We saw that the management staff took action to address late visits which happened occasionally. For example, they called the care staff to find out reason for the lateness.

People and their relatives' views about services were also obtained through surveys. Surveys looked at the effectiveness of the service, quality of care, staff conduct and professionalism and attendance. The most recent survey was conducted in August 2017. There was high level of satisfaction across all areas surveyed. However, two people commented about lateness of staff and one person commented about some staff not having name badge on. We saw that these issues were discussed at staff meeting and their importance emphasised. The registered manager told us they were always looking at ways to make the rota system work better so as to reduce lateness.

The service conducted regular checks of their systems to assess and monitor quality. Areas audited included medication administration record, care records, staff records including training and supervision. We saw that the staff recruitment system had been updated and application forms made more detail as a result. We saw that paperwork for completing care plans and risk assessments had been improved too allowing a thorough and comprehensive documentation of people's needs and support required.

The service ensured that lessons were learnt from incidents. The service kept a record of incidents and accidents such as falls, and missed visits. These were reviewed by the registered manager and appropriate action put in place. For example, one person's risk assessment was updated following a fall.

The registered manager continued to comply with the conditions of its registration and continued to send notifications to CQC, as required.