Coastal Homecare (Hove) Limited

Coastal Homecare (Worthing)

Inspection report

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Date of inspection visit:
14 November 2016

Date of publication:
13 January 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Coastal Homecare (Worthing) was inspected on 14 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Coastal Homecare (Worthing) is a domiciliary care service providing support to people in their own homes living in Worthing and surrounding areas such as Shoreham-by-sea in West Sussex. Staff were deployed into two geographical areas and named the Adur team and the Worthing team. The service supported older people, people living with dementia and people with a physical disability. At the time of our visit, they were supporting 43 people with personal care.

The service had a registered manager in post who had been registered since the service opened in 2014; therefore the service had not been inspected by the Commission. 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.

Accidents and incidents were responded to by staff without delay and the appropriate medical professionals were contacted for advice and support when required. Staff were able to speak about what action they would take if they had a concern or felt a person was at risk of potential abuse or neglect. However, we found one incident of potential abuse was not escalated and reported to the local West Sussex safeguarding team by the office. We made a recommendation to the provider so the appropriate action is taken to ensure the local safeguarding authority and the commission are informed about any incidents of potential abuse to people. People and their relatives told us they felt Coastal Homecare (Worthing) provided a safe service.

All people had care records and when risks had been identified for people a risk assessment was put in place. However, risk assessments did not always provide the level of guidance required for staff supporting people in their own homes. The registered manager and team made changes to risk assessments during our inspection.

People, staff and records checked there were sufficient staff to meet the needs of people. Some people told us improvements could be made with regard to the timings of some calls. The service followed safe recruitment practices. People's medicines were managed safely.

Staff felt confident with the support and guidance they had been given during their induction and subsequent training. Supervisions, appraisals, spot checks and competency assessments were consistently carried out for all staff supporting people. People's consent to care and treatment was considered. Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. Some people received support with food and drink and they made positive comments about

staff and the way they met this need. Changes in people's health care needs and their support was reviewed when required. If people required input from other healthcare professionals, this was arranged.

Staff spoke kindly to people and had a caring approach. People spoke positively about the care they received in their own homes. Staff involved people with their care provided and promoted their independence. People were treated with dignity and respect.

People received personalised care. People's care had been planned and individual care plans were in place. People were involved in reviewing care plans with the management team. People had access to contact information in their own homes. People knew who to approach if they needed to make a complaint or raise concerns to the office.

There were audits in place to measure the quality of care received by people using the service. People's views about the quality of the service were obtained informally through discussions with the registered manager and team, care reviews, telephone reviews and annual surveys.

During the inspection we found the registered manager open to feedback and enthusiastic about providing a high standard of care to people. The registered manager had introduced systems to promote good practice. A supervisor, care coordinator, training manager and senior carer provided consistency in the delivery of care and an additional link between the office and people in their own homes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

One incident of potential abuse was not reported to the local safeguarding team or the Care Quality Commission for their review.

Risk assessments were carried out but on occasions lacked the detail required to meet people's individual needs safely.

Care calls were covered and there were sufficient staff to meet the needs of people; however some people were frustrated with the timings of calls not being consistent.

People and their relatives said they felt safe and comfortable with the staff. Staff were trained to recognise the signs of potential abuse and knew what action to take.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision, appraisals and training.

Staff understood how consent to care should be considered.

People received support with food and drink and made positive comments about staff and the way they met this need.

The service made contact with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

Staff knew the people they supported and had developed meaningful relationships. People were involved and able to express their views about the care they received.

People were complimentary about the staff and said that their privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

Care records reflected people's assessed needs.

Care plans provided the necessary guidance for staff to support people in a personalised way.

The service responded to people's experiences. People knew who and how to complain to if needed.

Is the service well-led?

Good

The service was well led.

The service had an open and positive culture.

Staff told us that the registered manager and staff team were supportive and approachable.

A range of quality audit processes were in place to measure the overall quality of the service provided.

Coastal Homecare (Worthing)

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 the 14 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of dementia care, domiciliary services and other care environments.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection. In addition the Care Quality Commission had sent questionnaires to people using the service to gain their views on the care they received from the service. We reviewed 18 questionnaire responses from people, six responses from staff, three responses from people's relatives and one response from a community health and social care professional. We used all this information to help us decide which areas to focus on during our inspection.

On the day of our inspection we visited two people in their own homes. We observed how people were supported by staff and we looked at their daily files. We visited the registered office where we met with the

registered manager, the care coordinator, the homecare supervisor and the training manager. We looked at three care records, medication administration records (MAR), complaints, accidents and incidents records, surveys and other records relating to the management of the service. We read three staff records, this included staff recruitment documents, training, supervisions and appraisals. In addition after our inspection we spoke with three care staff by telephone. The expert-by-experience spoke with nine people and seven relatives by telephone to gain their views of the service and care they received.

This was the first inspection of Coastal Homecare (Worthing) since its registration in July 2014.

Requires Improvement

Is the service safe?

Our findings

Mostly accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager to minimise further risks to people. Staff had received training in safeguarding adults, could describe the different types of abuse and were able to speak about what action they would take if they had a concern or felt a person was at risk of abuse. However, one record showed an incident which had occurred in September 2016. It described how a person had an unexplained bruise on their body and a body map chart had been completed. The incident made reference to a comment made by the person as to how they had been supported by a staff member who was 'a little rough' whilst providing personal care. The incident report detailed how a staff member had reported the comment to 'Coastal Homecare management.' However, there was no information available on the actions the service had taken to investigate the issue and minimise any further risks to the person. We spoke to the registered manager about the incident. They told us the actions they had taken to ensure the safety of the person which included speaking with staff who supported the person. They also told us the incident had not been escalated to the local West Sussex safeguarding team at the time. Informing the safeguarding team is good practice to ensure incidents of concern are reported appropriately and reviewed objectively. This showed, on this occasion, a lack of understanding with regards to what may constitute abuse and the potential impact for the person concerned.

We recommend that the provider reviews its systems to ensure all potential allegations of abuse or mistreatment of people are escalated according to local safeguarding protocols and best practice.

The registered manager received the recommendation and guidance positively and took prompt action to promote people's safety. Since the inspection the registered manager contacted the West Sussex safeguarding team for advice. The registered manager also applied to attend further safeguarding training facilitated by the West Sussex council training provider. We were assured and confident the registered manager had seen this as an oversight and understood their role and responsibilities in protecting people who used the service.

All people had a care record which included any areas the service identified as a risk for that individual. These had been assessed by the registered manager or supervisor and then recorded in a risk assessment document and covered areas such as supporting people in their home environment, with their medicines and supporting people to move safely. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details what reasonable measures and steps a service is taking to minimise the risk to the person they support. Risk assessments had clearly highlighted the area of risk identified however on occasions they lacked the details needed to inform staff how to minimise the risk. For example, one person was vulnerable as they had a risk associated with their skin integrity particularly on their legs as prone to becoming damaged and unable to heal quickly. Guidance was lacking for staff to enable them to know exactly what to do to support the person to avoid a breakdown in their skin and what to do if any concerns were noted during a care visit. It stated a cream was required to be applied however no details as to the importance of why.

During our inspection the registered manager and supervisor took action and added a breakdown of detail to the risk assessment which meant staff had the necessary guidance to support this person safely. The registered manager told us they were going to review and check all their risk assessments to ensure they provided the level of guidance required for to staff to minimise risks for people. We observed this to be the case throughout our inspection.

People told us there were sufficient numbers of suitable staff to keep people safe and the records we checked reflected this. However, we received mixed feedback with regard to the timings of some care calls. One person said, "They stay the time and do everything needed". Another person said, "They come on time and stay the right time". A third person said, "I get the same people and I like the continuity". People told us that staff were mostly on time however appreciated when they were late it was for a good reason and they were contacted by the office or the staff member themselves with an explanation. One person said, "They are late sometimes because they have got stuck with a previous job or the traffic is busy. If they are really late they ring me". Another person told us, "They are late sometimes but I understand because they stayed with me once when the paramedics were called and were late for their next job". Relatives also appreciated why staff might on occasions be late, one relative told us, and "They are late sometimes because of problems at a previous visit". One person shared frustrations with regard to her evening call being too early as it meant they went to bed earlier than they wanted to. They said, "The carers are absolutely fabulous. I don't mind 6.30pm but 6 or before is too early". We fed back this comment to the registered manager who was already aware of the issue and making steps to resolve the problem. Another person was happy with the care they received however felt the service could, "Improve timing". A third person said, "Timing could be better". A relative shared they were unhappy when the office had not notified them with a change in a call time to an earlier slot and said, "It is frustrating when they change times without letting us know last week they were due at 9am and they were ringing the doorbell at 7am".

We shared some of the opinions of people and their relatives with the registered manager during our inspection. She told us she was keen to make improvements where they could to the timings of care calls. They showed us a 'preferred' call time's document they regularly added to and said they would review this to ensure people remained happy with when they received their care. Staff told us how care calls were never missed and how they all came together as a team when staff were off on leave. The senior carer told us, "We do have adequate staff. The weekends are more difficult but because we are a small agency everyone tries to pull together".

People confirmed they felt safe when staff were in their homes and we observed people looked at ease with the staff who were supporting them. One person spoke positively about the care they received and said, "They are very good they are always concerned about my welfare". They added, "I do feel safe". Another person told us, "I do feel safe they are very trustworthy". A third person said, "I have no concerns about safety". A relative told us, "[Named person] does feel safe with them they have a chat and give her companionship, she loves them". Another relative whose family member required two staff to support them to move safely said, "If one is a little bit late the other one has to wait because they need two people to use the hoist with my [named person]".

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the office staff receiving two satisfactory references, including checks with previous employers. In addition staff held a current Disclosure and Barring Service (DBS) check. The DBS provides criminal record checks and helps employers make safer recruitment decisions.

Some people received support from staff with their medicines and told us they were happy with how this was managed. They told us the staff checked they had taken their medicines before they left the care visit.

One person told us, "They put my tablets in a pot and make sure I take them and yes they record it all on the sheet". The medicines recording system included information that was pertinent to each individual. The Medication Administration Record (MAR) were completed for each person who required support in this area, by the staff member who attended the visit. This showed that people received their medicines as prescribed. A relative told us, "They give my [named person] her medication and record it on a MAR sheet". We observed a staff member administer medicines to one person in their own home; they were confident and sensitive in their approach and waited for the person to swallow their medicines before signing the MAR sheet. We were told and records confirmed, staff were observed administering medicines during spot checks by the supervisor to assess the competencies of the staff team. Staff told us they had no concerns with regard to how medicines were administered to people and they valued the training and support they received from the office. One staff member said they had, "Good medication training".

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their role and responsibilities. People and relatives told us of the confidence they had in the abilities of the staff and that they knew how to meet their needs. One person told us, "I have got to know them well and they talk to me and we have become friends". Another person said, "They are fantastic absolutely professional and I have made friends with them". A third person said, "They know how to use the hoist and they tell me they are doing their NVQ's". We received numerous positive comments about staff skills from people and their relatives.

People received support from staff who had been taken through a thorough induction process and attended training with regular updates. All new staff attended a three day induction which included moving and handling and medication training. This was followed by three days of shadowing more experienced carers. The induction incorporated the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff that are new to working in the health and social care field. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. The registered manager told us they had streamlined the Care Certificate to meet the needs of the people they supported. The induction period also included competency assessments to ensure staff were ready to undertake their care duties in the community.

Refresher training was provided to all staff by the service. A trainer, employed by the service was facilitating face to face training sessions at the registered office during our inspection. They were actively involved in sharing knowledge with new and existing staff and met with the registered manager on a regular basis to discuss any learning gaps individual staff may have. Staff complimented the training provided. One staff member told us, "I like the training". Another staff member told us how happy they were that the office had taken away some of the on line training, "They have put in classroom based training", as they preferred that method. Staff told us they were able to request further training when needed and the service was good at bringing in additional training to meet the needs of people they supported. For example, one person they supported was living with Multiple Sclerosis. The same staff member told us, "We had Multiple Sclerosis training, it was centred around the person".

Most staff had completed a National Vocational Qualification or were working towards various levels of Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard.

In addition to the training provided, the supervisor carried out unannounced 'spot check' visits on all staff every three months. The supervisor was responsible for supporting staff in the community and providing a link between care staff and the office. During the spot checks the supervisor observed how the staff member carried out their role and responsibilities on that particular care visit. One staff member said, "[Named supervisor] is always doing spot checks". We read a sample of recorded spot checks which were mostly positive accounts of how staff had been assessed during the observed care visits. In addition, supervisions

and appraisals were provided to the staff team by the management team. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Work related actions were agreed within supervisions and discussed at the next meeting. A staff meeting had been organised for the week of our inspection, prior to that the last meeting was in June 2016. The registered manager told us and records confirmed how they continuously communicated with the staff team by the use of a weekly newsletter and group text messages. Staff rota's could be emailed to staff however the registered manager tried to encourage staff to pick them up direct from the office which was open Monday to Friday to ensure they had face to face contact however this was not always possible due to various staff and their personal commitments therefore contact was made via the telephone, emails or text. Spot checks, supervisions and office meetings determined how additional support could be provided to staff to improve the quality of care provided to people.

People were involved in making decisions which related to their care and treatment. When we visited people's homes we saw people were offered choices by staff. Consent to care and treatment was sought in line with legislation and guidance and this was reflected in care records. 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 MCA 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. Best interest decisions made on behalf of people who lacked capacity were made by health and social care professionals, the registered manager and team and the relevant family members.

Staff received training on the topic and understood how consent should be considered. They told us most people they supported had capacity to make decisions about their daily care needs. One staff member told us MCA was about, "Making sure you have given somebody all the information so they can make a decision in their best interests". One person told us, "They do ask my consent they don't take liberties".

People were assessed to identify the support they required with food and drink and care records reflected this. Nutritional assessments were carried out and staff completed various documents relevant to the individual support which had been provided on each care visit. People spoke positively about the support they received from staff with their meals. One person told us, "I get lots of drinks because I can't manage on my own and they do fresh food for me anything I want. My favourite is stir fry". Another person told us, "I always get a choice of meals and they leave me a flask of tea and some juice to see me through the day".

People felt confident that staff could manage their healthcare needs. The support provided would vary depending on a person's needs; some people or their relatives were able to book their own health appointments. Where healthcare professionals were involved in people's lives, this care was documented in their care plan. For example, we noted that GP's and district nurses were involved with some people's care. Staff informed the office of any concerns and documented any changes in people's daily files which highlighted the issue to the next staff member on the next care visit. One relative told us, "The Supervisor keeps in touch and tells the carers about any changes. She is very good and very proactive and will ring the doctor or district nurse if they are needed". Another relative told us how the staff supervised their family member's blood sugar levels as they were diabetic and said, "They record everything in the book". A staff member told us, "If somebody is unwell we call 111 or 999".

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff had a caring approach and were patient and kind. Staff smiled with people and were approachable; their interactions were warm and personal. One person said, "The ladies are absolutely wonderful I like them all I have a core 7 or 8 who come to see me they are very kind". Another person said, "They are very friendly, I can't fault them". A third person said, "They are polite, courteous and never leave a mess. I am really pleased".

People were encouraged to be involved with the care and to remain as independent as possible. People and relatives told us they felt included in decisions about their care including choices about what to eat, what to wear and where they wanted to move to within their own homes. One person told us, "They will leave me in the shower to do my own hair and I call if I need them". They added, "They encourage me to do as much as I can for myself". A relative told us, "[Named person] has lived on her own all her life and she is independent and they listen to her and don't force her to do anything. They encourage her to eat". Another relative described how the staff were flexible in their approach which had benefitted their family member and said, "They encourage him but don't smother him they know his limits". Staff were observed supporting people in their own homes to make decisions about the care they received. Staff described to us the approaches they used to ensure people remained as independent as possible. One staff member said, "If they can do something themselves I let them". Another staff member told us, "It they can do it lets not take it away from them".

People told us they were given opportunities to make comments about the service and review their own care and support. People were aware of the contents of the daily files that were kept in their homes. They included contact information, their care plan and other daily monitoring forms pertinent to the individual. People were encouraged where possible to sign documents within their files which showed they were involved with the care they received. The registered manager told us they and the supervisor were involved in holding reviews with people and their relatives of the care being delivered and told us they encouraged people to call or email her in between those meetings if there was a need.

People told us staff respected their privacy and promoted their dignity whilst supporting them with their care and we observed this in practice. One person said, "They are very kind and they will cover me up or shut the curtains or shut the door when they are helping me". Another person told us, "They show me great respect I could not ask for anything better". Staff identified they were in people's own homes and were therefore sensitive with regard to people's property. Staff used the appropriate tone and pitch of voice and crouched down to a person's eye level when they were talking to them and providing personal care. Relatives also complimented the staff and the kindness shown to their family members. One relative told us how their family member had not wanted any help and said, "But it is a testament to them that she has accepted it". A senior carer told us, "We always ask people at their reviews whether their privacy and dignity is respected". We observed a positive and caring rapport whilst the office staff were talking with people and their families over the telephone. The office seemed keen to provide assurances to people with regard to their care and resolve any issues promptly. The supervisor told us, "I love working with people". This demonstrated that a caring practice was embedded throughout the organisation.

Good

Is the service responsive?

Our findings

Staff knew people well and responded to their needs in a personalised way. People told us the support they received from the staff team was focused on their own requirements and adjusted accordingly. One person told us, "I am happy with all my care". Another person said, "The office are very understanding". A third person told us, "All my needs are catered for and I have no complaints".

People told us they were involved and aware of their care records in place. Care records included a care plan, risk assessments and other information relevant to the person they had been written about. Each person had a care plan which was reviewed every three months or sooner if required. They included information provided at the point of assessment to meet people's present day needs. Care plans varied in detail depending on how much information had been made available to the service by other professionals, families and the person themselves. The care plan then developed as the service got to know a person and if and when needs changed. They were held within people's own homes and a copy was also kept at the office. Care plans provided staff with step by step guidance on how to manage people's physical and/or emotional needs and captured people's personal histories. This included guidance on areas such as communication needs, mobility and medicine needs. The duration of each care visit depended on the needs of an individual including whether they needed the support of one or two staff members. The length of each care visit to people's own homes and what each staff member should do within this time was clearly defined within each care record.

One person's care plan had been reviewed in October 2016 and provided details of their diagnosis and the care they required each visit and that they were independently mobile with the use of a walking stick. It also gave specific information on which door was to be used by staff when they entered the person's home. Another care plan also reviewed in October 2016, told staff at the beginning of the care visit they should, 'Go through to the bedroom and greet the [named person]'. The same person required two staff members to support them; the care plan reflected how the care should vary throughout the week depending on various health appointments and how the person was feeling. A relative told us, "They regularly review the care plan and the [named supervisor] will email me with advice about any changes that need to be made. She is very helpful it gives me peace of mind because I don't' live local".

Care records also included daily records, which were completed at the end of each care visit by staff members. They included information on how a person presented during the visit, what kind of mood they were in and any other health monitoring information. Information written in daily records meant staff were prepared and able to respond to people's current needs and amend their practice accordingly. Staff knew how important the care plans were and told us how and where they would find certain information to enable them to carry out their roles and responsibilities. One member of staff told us how care was reviewed with people, "[Named supervisor] asks people what they like? What can we do and how they would prefer things done". One person told us, "Someone came out and sat with me to go through it (care plan) and it was decided I needed more help".

People told us that if they had any concerns they knew they could talk to staff on care visits, or call the office.

There was an accessible complaints policy in place however there were no open complaints at the time of our inspection and there had not been an official complaint in the past 12 months. People told us they knew they could approach the registered manager and other members of the management team if they needed to. Mostly people were extremely happy with their care and the only negative comments we received were with regards to the timings of some care calls which we discussed in the Safe domain of this inspection report. One person said, "I have no complaints but they have the complaints procedure in their folder". Another person said, "I'm not frightened of ringing the office if I need to". A third person said, "I complained about an invoice but it was sorted out straightaway".

Good

Is the service well-led?

Our findings

People and their relatives expressed positive views of the care that the registered manager and staff provided. People felt the culture was an open one and that they were listened to. During the course of the inspection pleasant exchanges were noted between staff and people. This showed trusting and relaxed relationships had been developed. One person said, "If I ring the office they are always good with me and if there is no one there they do ring back". Another person said, "They are fantastic to talk to and I am at ease, I cannot ask for more". A relative told us, "They are very good we have got everything we wished for I cannot fault them".

Staff spoke passionately about the values of the service and explained their role and their responsibilities. One member of staff told us how much they enjoyed their job and said, "I am able to see the same people on calls. It has its stressful moments but if I have an issue I tell someone". The staff we spoke with all felt supported from the directors of the service and throughout the office. One staff member said, "They always make themselves available for you". Another staff member told us, "It feels like a team. Everyone pulls together". They added, "There is always someone there". The registered manager demonstrated good management and leadership throughout the inspection. They discussed the needs of the people they supported as paramount and told us they tried to always make themselves available for both people and the staff team. The registered manager provided additional information to people about the service via a newsletter. It included information about staff and their qualifications and explained who the Care Quality Commission were and that the service were expecting an inspection.

Staff told us they appreciated the 'hands on' approach and support from the registered manager and the office. One staff member said, "[Named registered manager] is so supportive". Another staff member said, "When they have good staff they support them". The registered manager praised the staff team and said, "We are focused on making sure the staff have been involved with any changes". This showed the registered managers commitment to show her appreciation to the staff team and encourage their motivation.

A range of informal and formal audit processes were in place to measure the quality of the care delivered. The quality assurance documents showed audits had been completed in areas such as care plans, staff files, daily notes and MAR sheets which had been returned to the office. Whilst checking audit records we noted that some documents including daily notes and MAR sheets were not being returned to the office by staff consistently. For example, one person's MAR sheets had not been returned to the office for checking by management for six weeks. We did not observe any negative impact on people due to the length of time noted. However, it may mean errors in medicine administration may go unnoticed by the office team. By the end of our inspection the registered manager had discussed this with her office colleagues to establish ways of how to improve the speed of how information was returned to the office for their review so any concerns did not get missed.

People were asked their views of the care they received through face to face care reviews, telephone reviews and annually through satisfaction surveys. Both the telephone reviews and survey results for 2016 we read provided mostly positive feedback from people to the office on how they viewed their care. One question

posed to people in the most recent survey read, 'How do you feel your care package is going? Five people responded with very good, four people responded with good, two people had ticked average and one person responded with adequate. Out of 21 people who returned the surveys the majority of responses to the eight questions asked were either ticked at good or very good.

The registered manager displayed an open manner throughout the inspection and despite the shortfalls discussed, they were confident the service was providing quality care to people they supported. They told us, "We are focused on person centred care". They told us how positive they felt since they had restructured the office using the skills and abilities of the supervisor and the care-coordinator. She felt she now had more time to make improvements to the service where necessary.