

Austin Ben Ltd

Austin Ben - Stoke

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 1 March 2017 and was announced.

Austin Ben – Stoke is registered to provide personal care to people living in their own homes. There were 60 people using the service on the day of our inspection.

People did not always feel the care and support provided reflected their individual needs. Some people voiced frustration over the lack of predictable call times and regular staff. People, their relatives and staff gave mixed views about the management of the service. They did not always have confidence in the management team's willingness to act on issues brought to their attention. Most staff we spoke with were concerned about the amount of travel time allocated between calls.

People were protected from the risks of harm and abuse. Staff understood how to recognise and report any actual or suspected abuse. The risks associated with people's care and support needs had been assessed with them individually, and plans implemented to manage these. The provider had put procedures in place to ensure information on any changes in risk was shared with relevant staff. The provider followed safe recruitment practices to ensure staff were suitable to work with people. The majority of people received the support they needed to take their prescribed medicines.

Staff participated in a structured induction and an ongoing programme of training. They had the skills and knowledge needed to perform their job roles and meet people's individual care and support needs. Staff sought people's consent to care and respected their right to make their own decisions and choices. People's nutritional needs were assessed and plans put in place to address these. Staff played a positive role in helping people to maintain good health.

Staff adopted a kind and compassionate approach towards their work. They took the time to get to know people well and treated them with dignity and respect. People and their relatives were encouraged to participate in care planning and decisions that affected them.

People's care plans contained information about what was important to them as individuals, along with their individual care and support needs. Staff told us they had the time to read, and followed, these care plans. People and their relatives knew how to complain about the service. The provider had developed formal procedures for handling any such complaints.

The registered manager and location manager demonstrated a good understanding of the duties and responsibilities associated with their posts. The provider had developed quality assurance systems and procedures to enable them to assess, monitor and address the quality of the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risks of harm and abuse. Staff understood the different forms and potential signs of abuse, and the need to immediately report any such concerns. The risks connected with people's individual care and support need had been assessed, recorded and plans put in place to manage these. The provider carried out appropriate pre-employment checks.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills needed to meet people's needs safely and effectively. Staff supported people's right to make their own decisions, and sought their consent before carrying out care tasks. People's nutritional needs had been assessed and plans implemented to manage these. Staff played a positive role in monitoring people's health and ensuring their health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion. They demonstrated a good insight into people's individual needs and preferences. People's involvement in care planning and decision that affected them was encouraged by the provider. Staff respected and promoted people's dignity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People and their relatives did not always feel the care and support provided was shaped around people's individual needs. People's care plans were kept under review and contained information about what was important to them. People and their relatives knew how to raise concerns and complaints with the

provider.

Is the service well-led?

The service was not always well-led.

Some people, relatives and staff lacked confidence in the management team's ability to respond to issues in an appropriate manner. Most staff expressed concerns about the amount of travel time allocated between calls. The registered manager understood the duties and responsibilities associated with their post. The provider made use of quality assurance procedures to assess and address the quality of the service.

Requires Improvement 

Austin Ben - Stoke

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 1 March 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 available at the office.

The inspection team consisted of 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.

As part of our inspection, we reviewed the information we held about the service. We also contacted representatives from the local authority and Healthwatch for their views, and looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with 16 people who used the service and six relatives. We also talked to 14 members of staff, including the nominated individual, registered manager, location manager, HR manager, training manager and carers.

We looked at two people's care files, the provider's staff handbook, staff training records, complaints records, two staff members' recruitment records, and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

People told us the care and support staff provided helped them to stay safe in their homes. They explained that, with help from staff, they were able to complete everyday tasks safely, such as washing, dressing and preparing meals. They said staff also helped them maintain the security of their homes. One person told us, "They (staff) take their time, get my food and secure everything when they leave. I have a key safe which they use the code for." Another person said, "They (staff) help me bath safely, wash and dress me and help me downstairs. They are very gentle with me."

People's relatives also felt staff followed safe work practices, and played an important role in protecting their family members' safety and wellbeing. One relative told us, "On leaving the property, they (staff) always follow the care plan. They check the gas and make sure the doors are locked. They also keep [person's name] safe whilst they're there. [Person's name's] short-term memory isn't good so they're constantly supervising them." Another relative described the steps staff took to help their family member wash themselves safely, adding, "[Person's name] is at significant risk of falls, and they (staff) help prevent that."

Both people and their relatives understood how to raise any worries or concerns about the safety of the care and support provided. They told us they would either discuss these directly with staff or contact the provider's local office. Staff understood their role in encouraging and assisting people to raise any such concerns. One staff member explained, "Some people are a bit shy about ringing the office, but have a good rapport with us. If we think that something's wrong, we will try to ask questions to encourage the person to come out with any concerns." Another staff member told us, "We encourage them (people) to contact the office. They just need that little bit of a nudge to say that it's ok not to be happy about something."

The provider had taken steps to minimise the risk of harm and abuse to people. Staff had been trained in how to protect people from abuse, and understood the different types and potential indicators of abuse. They gave us examples of the kinds of things that would give them cause for concern, such as unexplained marks or bruising, or marked changes in people's mood or behaviour. Staff told us they would report and record any abuse concerns without delay. One staff member explained, "We would document it and report it to the office. We also document it on the care planner app, which alerts the office straightaway." The provider had developed formal procedures to ensure that any safeguarding concerns were reported to the appropriate external agencies and thoroughly investigated. We saw they had previously made notifications and carried out investigations in line with these procedures.

The provider had assessed and recorded the risks associated with people's individual care and support needs. This assessment took into account important aspects of the individual's safety and wellbeing, including their pressure care, mobility, nutrition, home environment and general health needs. The provider had implemented plans to manage these risks and keep people as safe as possible. For example, we saw staff had been provided with guidance and information on the safe use of mobility aids and equipment to help people move around safely. People's risk assessments were reviewed on a six-monthly basis, or sooner in responses to any changes in risk or need. The location manager explained that the assessment and review of risks were carried out with the involvement of people and, where appropriate, their relatives.

People and their relatives confirmed they had been involved in decisions about the risks affecting them. They also felt the provider took a balanced approach towards risk management, not placing any undue restrictions on people's freedom and independence.

Staff demonstrated insight into, and understood the importance of following, people's risk assessments. They told us they had the time and opportunity to check people's care files, as and when they needed. Staff said the management team made them aware of any changes in risks, to ensure they had the up-to-date information needed to keep people and themselves safe. They described how they also reviewed people's care notes, when arriving in their homes, to check for any important messages or updates from their colleagues. Staff recognised the need to alert their colleagues and the management team to any new hazards or changes in risk they themselves identified. They also understood the need to report and record any accidents or incidents involving the people who used the service. We saw the management team used this information to identify causes and trends, and to take action to prevent these events from happening again. We discussed the need to better document these actions with the management team, who assured us they would make improvements in this regard.

The provider assessed and monitored their staffing requirements on an ongoing basis. They carried out checks on prospective staff to make sure they were suitable to work with people. These included a Disclosure and Barring Service (DBS) check and obtaining satisfactory employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions. The staff we spoke with confirmed they had undergone these checks, and we saw evidence of this in the recruitment records we looked at. One staff member explained, "They (provider) wouldn't touch me until they had these (checks)." The provider had developed formal disciplinary procedures to deal with any conduct issues once staff were in post.

The majority of the people we spoke with told us staff gave them the assistance and support they needed to take their medicines. One person said, "I take my own tablets, but they (staff) make sure that I have done so. They always ask if I have taken them as I can forget; it's really good that they do that for me" Another person told us, "They (staff) support me with my medicines. It's imperative that I take them, and they also give me a gentle prod to take them at night." We saw the provider had developed systems and procedures to ensure people received their medicines safely. Staff involved in the handling and administration of people's medicines had received appropriate training, and up-to-date medicines records were maintained. People's care files provided staff with information on the use and side effects of their prescribed medicines. The staff we spoke with understood the need to report any refusal of medicine, or medication errors, to the management team without delay.

Is the service effective?

Our findings

The majority of the people and relatives we spoke with felt that staff had the skills needed to meet people's individual needs. One person told us, "They (staff) know exactly what to do when they get here and nothing is too much trouble for them." Another person said on this subject, "They see me safely onto my chair after washing me and when they safely put me to bed, put the lights off and lock up. I am very happy with what they do for me." A relative said, "They (staff) do the job perfectly well when they're here."

All new staff underwent induction training. During the induction period, staff had the opportunity to work alongside and learn from more experienced staff. They also completed initial training and were given time to read people's care plans. The location manager confirmed that the provider's induction training incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff told us their induction had been a useful introduction to their job roles. One staff member said, "I wasn't thrown in at the deep end. I could have asked for as much shadowing as I wanted, and let them know when I was ready to go out on my own."

Following induction, staff participated in an ongoing programme of training. This training reflected the provider's mandatory training requirements and took into account people's individual care and support needs. Staff spoke positively about the training provided to support them in carrying out their job roles. One staff member told us, "I can't complain about the training. I always find the courses very interesting and they cover what they should." Another staff member said, "They (provider) throw every possible training at you, and they are on the ball in saying that your (refresher) training is due." A further staff member talked about the benefits of their moving and handling training, which had given them greater confidence in the use of a range of mobility aids and equipment. Staff felt able to request additional training if they needed it. One staff member told us, "I'm confident enough that if I needed to speak to someone about training, I could speak to someone."

Aside from training, staff attended periodic one-to-one meetings with the location manager. Staff told us they could raise work-related issues during these meetings, and were given feedback on their work performance. One staff member explained, "We talked about if I needed support with anything. They also gave me feedback from the clients and other carers." Staff also underwent periodic unannounced spot checks, by a senior staff member, to check they were working as expected and to identify any other support needs they may have. Finally, the management team provided 24-hour on-call management support to respond to any urgent requests for guidance and advice staff may have. On this subject, one staff member told us, "They (management) are available all the time."

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 so that they can 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. Some of the staff we spoke with lacked understanding of the MCA and what this meant for their work with people. However, they understood the need to respect people's wishes and decisions, and told us they would contact the office if they identified any change in individuals' ability to make decisions. People and their relatives confirmed to us that staff sought people's consent before carrying out their care and support. The management team demonstrated an appropriate understanding of the requirements of the MCA. They explained that mental capacity assessments were completed as needed, and we saw evidence to support this. They informed us staff had been given training to help them understand their duties and responsibilities in relation to the MCA. They assured us they would address the lack of insight some staff had demonstrated into the MCA during our inspection, through additional support and training.

The majority of the people and relatives we spoke with told us people had the support they needed with their food and drinks. One person said, "Yes, they (staff) get my breakfast and a microwave meal or sandwiches for my lunch. They get me my drinks and tea as well." Another person told us, "I usually get my own, but they (staff) will get me breakfast if they call and see I haven't had any. They do check I have had a meal at night before settling me into bed" People and their relatives confirmed that staff prepared meals and drink based on people's requests or their known preferences. One person told us, "Whatever I want to eat, I put out ready for them (staff) to put in the microwave." A relative explained, "They (staff) know what [person's name] will eat and work around their preferences to give them as much variety as possible in the stuff they will eat."

The provider assessed people's nutritional needs, seeking advice from dietary and nutritional specialists when needed. In the care files we looked at, we saw the local speech and language therapy team had assessed one person who was at risk of choking, providing guidance for staff on how to feed them safely. Information about people's dietary and nutritional requirements, and how these were to be safely managed, was recorded in their care files.

People and their relatives told us staff played a positive part in helping people to maintain good health. They explained that staff monitored any changes or deterioration in people's health, and assisted them in obtaining professional medical advice or treatment when needed. One person described how staff had promptly called out the paramedics when they had been particularly unwell. A relative told us, "They (staff) have contacted the GP on occasions to request a visit, and they always contact us, as family, to let us know what's happening. They're very responsive." People and their relatives also talked about the support staff gave them to meet day-to-day health needs. One person explained, "I suffer with [medical condition] and they (staff) carefully wash and cream my legs and put my yellow and blue-line stockings on for me" A relative described how staff helped their family member to safely manage a medical device that was essential to their health. We saw information on people's medical history and current health conditions was recorded in their care files to help staff understand their health needs.

Is the service caring?

Our findings

People and their relatives spoke positively about the caring approach staff adopted towards their work. They told us staff were friendly and professional, that they listened to people and showed concern for their wellbeing. People said staff took the time to chat with them and get to know them better as individuals. One person explained, "They (staff) are all so kind and, most importantly, they talk to me; that means so much to me. I have lost use of my one arm and hand and they make sure I get access to drinks by even loosening the water bottles for me. How caring is that. Nothing is too much bother for them" Another person told us, "They (staff) stop and chat; I really do like that about them, as well as doing all my other things. It is a great comfort to me to know that they are coming." A further person said, "During a time when I couldn't get out through the door, they (staff) were my contact with the outside world; they kept me going."

The staff we spoke with talked about the people they supported with respect and affection. One staff member explained, "I make sure I do everything they (people) ask; I put their needs first. I sit and have a chat with them and make sure they're ok. It's generally the little things that make the difference." Staff demonstrated a good insight into the things that mattered to people. They described how they got to know people by reading their care plans, speaking to their relatives and, above all else, talking to people themselves. One staff member explained, "You can't get better at doing your job unless you ask people what they want."

The provider had put procedures in place to encourage people to participate in decisions about their care and support. The assessment and periodic review of people's care needs were carried out with people's involvement, and that of their family members if they wished. One relative explained they were due to take part in a review meeting about their family member's care and support that afternoon. People had a copy of their care plans in their homes, along with the management team's contact details if they wished to discuss any related issues. Although no one was making use of advocacy services at the time of inspection, the location manager explained that they would signpost people to these services, as needed, to ensure their voice was heard in any important decisions.

People and their relatives told us that staff treated people with dignity and respect. They said staff recognised and respected people's rights to make their own decisions and enabled them to be as independent as they wished. The staff we spoke with demonstrated an appropriate understanding of what it means to treat someone in a respectful and dignified manner. They explained how they put this into practice in their day-to-day work with people. This included respecting people's need for privacy and personal space, protecting their modesty during personal care tasks and safeguarding their personal information. We saw that people's care plans, which staff were expected to follow, placed an emphasis upon dignity in care and the promotion of people's independence and daily living skills.

Is the service responsive?

Our findings

People and their relatives express mixed views about the extent to which the care and support provided reflected their individual needs. Some people told us staff were generally punctual, and calls times arranged with their needs in mind, to ensure they had the right support at the appropriate points in the day. They said staff understood their individual needs and provided a consistent standard of care. One person told us, "Well, I do have a lot of different ones (staff), but having said that, they are all lovely and know what to do with me." Another person said, "They (staff) are more or less on time. They do call if running late and haven't missed calling on me." A relative said, "They (staff) are good at keeping to time and will ring if they have been delayed"

However, other people and their relatives expressed frustration that the care and support provided did not take into account people's individual needs. They told us the timing of their calls was inconvenient and unpredictable, and that they were not always informed about changes or delays when staff were unable to attend at the indicated time. One person explained, "I thought I had an agreed time, but it's all gone to pot lately. I'm diabetic and I need to have my meals. They (staff) used to be on time." Another person said, "I haven't got any idea when they (staff) are coming; it's a bit infuriating." A further person told us, "They (provider) seem to be changing my times all the time lately. It's well past 10am now and I'm still waiting. I do get the odd call to say they are late, but that's all. The first 6 months I had them it was like clockwork, but it has got bad ever since."

One person explained that late calls were impacting upon their ability to take regular pain relief. This person explained, "They (staff) are late giving me my medicines. I need morphine on time, and sometimes they are as much as two hours late. I am blind and can't do my medicines myself." We discussed this person's concerns with the location manager. They informed us that the individual in question did not normally require assistance from staff to take their medicines, but that they would look into this issue without delay.

Some people and their relatives also voiced additional concerns about the lack of regular staff. They described how this lessened their confidence in the service and meant they had to re-explain to new staff what they wanted them to do. One person told us, "It could be anyone (carrying out calls). If they (staff) have never been before, I have to explain to people what to do." Another person said, "I think there's a bit of a staffing crisis. I would prefer to have regulars; they know where everything is." A relative explained, "You need to get to know somebody. We have all these different faces, and the staff have no idea what they are coming for." Another relative told us, "There's been a lot of different staff and it's very problematic. [Person's name] has dementia and Alzheimer's and continuity is really, really important so that staff know them and how to move them."

We discussed the concerns raised by people and their relatives with the location manager. They confirmed that approximate call times were agreed with people and their relatives when they started to use the service. They told us they were not aware of any significant concerns in relation to late calls, although road works in the local area had been problematic. The location manager described how they made use of an electronic monitoring system to monitor the punctuality of staff, and would contact people to let them know if staff

were going to be more than 30 minutes late. They also explained that a new staff rota had recently been introduced to reduce the number of different staff attending people's calls. They acknowledged that some people may have experienced problems in relation to a lack of regular staff prior to this. The location manager assured us they would look into the specific concerns people had raised in relation to their call times.

People and their relatives told us they were involved in the assessment of people's individual care and support needs and care planning. One relative explained, "When the care package was taken on, the social worker did the care plan. They (provider) and the social worker then met with [person's name] and myself and we went through everything." We saw people's care plans reflected an individualised approach towards the assessment and planning of care. These care plans contained information about what mattered to people, their likes and dislikes, and the people who were important in their lives. On this subject, one staff member explained, "It's nice to have a bit of a background about them (people). It gives you something to start a conversation with." Staff told us they had time to read, ask questions about and refresh their knowledge of people's care plans whenever they needed to. One staff member said, "When I go in, I'll always read the care plan to pick up on any changes." We saw the provider had developed procedures for reviewing and updating people's care plans on a regular basis. This ensured the information these care plans contained remained accurate and up to date. The care files we looked at contained copies of assessment and care plans that had since been updated. We discussed the need to remove obsolete documentation from people's care files to reduce the risk of confusion amongst staff, and the provider assured us they would address this issue.

People and their relatives knew how to raise a complaint with the provider. They told us they would contact one of the office staff with any such concerns. A relative explained, "In the first instance, I always ring the office. They are quite responsive; it usually gets resolved there and then, or they will contact me back." One person we spoke with described how they had complained to the provider about a particularly late call, and had received an apology from the provider. They were satisfied with the manner in which this issue had been resolved. A relative explained that the provider had acted upon the concerns they had raised in relation to the administration of their family member's medicines by staff. We saw the provider had developed a formal complaints procedure, a copy of which was issued to people at the outset of their care. We looked at the last complaint received by the provider, which related to the conduct of a particular member of staff. The concerns raised had been investigated and action taken to resolve these. However, we saw the complainant had not been sent any written confirmation of the outcome of their complaint. We discussed this with the management team who informed us they would review their current procedure for the handling of complaints in this regard.

The provider had developed other systems and procedures to encourage general feedback on the service from people and their relatives. These included the periodic distribution of feedback forms, and three-monthly courtesy calls to request people's views on their care and the staff supporting them. We saw the provider analysed the feedback received on the service.

Is the service well-led?

Our findings

Most of the people and relatives we spoke with talked positively about the overall management of the service. They told us communication with the provider was generally good, felt they were kept up to date, and had confidence their issues and concerns would be dealt with in a fair and open manner. Although people were sometimes unclear who the registered manager and location manager were, they felt comfortable about contacting office staff when they needed to. One person said, "They (management) are easy to get hold of and talk to, so it's alright." A relative told us, "I've had several conversations with [location manager]. I've always felt they're very helpful and they have been out to support to [person's name]. If we've got any issues, they've always tried to resolve them."

However, other people and relatives expressed less confidence in the management team and their readiness to act on issues brought to their attention. One person explained, "Office communication could be better. I found it hard to talk to them. I have already said I got upset because they ignored me and my daughter had to sort things out". Another person said, "(It is) very poor. I have called them two or three times now about having different carers, but it's not been changed. They take no notice" A relative told us, "I've had very little contact with the office, but if I had my way I would replace them all." This relative went on to say that staff supporting them complained about the disorganisation of the staff rota, adding, "What the staff say confirms my own experience." Another relative said, "I have made verbal complaints but they (management team) are poor at responding."

Most staff spoke positively about the support they received from the management team. They staff described a positive relationship with the management team, and had confidence in their willingness to act on staff concerns. One staff member explained, "[Location manager] has been like a rock to me over the last couple of months. They've been so understanding. Nothing is an issue and they have the time to sit and talk about things." Another staff said, "They (management) are pretty good. If you phone up with any problems, they will deal with them." This staff member went on to describe how the location manager had promptly responded to their concerns about gossiping amongst staff and an incident of physical aggression towards staff.

However, other staff were more critical of the culture within the service and did not always feel listened to by the management team. One staff member told us, "[Location manager] is ok. They will listen, but they don't always take things on board." Another staff member said, "Everyone (staff) feels upset about the travel time and being messed about. Staff sickness is due to people feeling messed about. It feels as though they are not bothered about the care; it's the money side of things." A further staff member questioned the value of staff meetings, adding, "They (management) don't listen to staff about what they want."

Most of the staff we spoke with felt there was insufficient travel time between care calls. One staff member explained, "Travel time is getting better, but it's never normally enough. We feel under pressure to cut the next call short. This happens every shift". Another staff member told us "There consistently isn't enough travel time. We mostly get five minutes and sometimes you don't get back on track." This staff member went on to say "Usually, later in the day, they cram in as many calls as they can and give you as little travel time as

possible." Staff told us they had raised their concerns regarding travel time with the management team, but these had not been addressed satisfactorily. The comments people and their relatives made about unpredictable or late calls confirmed staff members' concerns about the allocation of travel time.

We discussed staff's comments about travel time with the location manager. They told us that they monitored staff log-in times using the provider's electronic monitoring systems and had not identified any patterns which would point towards insufficient travel time. They assured us they would continue to monitor this issue.

Staff were clear about what was expected of them in their job roles, and felt comfortable challenging work practices or decisions taken by the management team. They understood the purpose of whistleblowing, and told us they would follow the provider's whistleblowing procedure if necessary. We saw the periodic staff meetings were organised to consult with staff, as a group, and provide them with a forum to raise work-related issues or suggestions.

During our inspection, we met with the registered manager who demonstrated an appropriate understanding of the duties and responsibilities of their post. We also spoke, at some length, with the location manager who, we were informed, would be applying to become registered manager of the service in the near future. The location manager was responsible for assisting the registered manager in overseeing the day-to-day management of the service, and line managing the staff team. They, again, showed a good level of knowledge and understanding in relation to the requirements of their job role. The management team had submitted statutory notifications to us in line with the requirements of their registration. Both the registered manager and location manager were satisfied with the resources and ongoing support they received from the provider to develop and improve the service.

We looked at how the provider assessed and monitored the quality of the service to ensure people received high quality care. We found they had developed a range of quality assurance procedures to enable them to gauge the quality of the service provided. These included a monthly audit of selected service users' care files and staff personnel files, people's care notes and medicines records. They also distributed periodic feedback surveys to people and staff, and conducted regular courtesy calls. Staff also underwent periodic unannounced spot checks to confirm whether they were working safely and appropriately in line with the provider's procedures. These quality assurance systems had led, amongst other things, to improvements in the planning and scheduling of staff training and the introduction of an early detection checklist to improve falls prevention. However, they had not enabled the provider to satisfactorily address the shortfalls in quality with identified during our inspection, including people's unresolved concerns about late or unpredictable calls.