Adaptus Cares Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24 May 2017 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 at the office.

Adaptus Cares Limited is registered to provide personal care and support to people living in their own homes. The office is based in the city of Leicester. At the time of our inspection there were 68 people using the service. People's packages of care varied dependent upon their needs. The provider employed five staff.

This was our first inspection of the service since they registered with us on January 2016.

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

People told us they felt safe. Relatives felt their family members were safe and happy with the service being provided. People's safety was promoted by staff who understood their responsibility to protect people from avoidable harm and provide safe care that was responsive to people needs. Risks were managed so that people were protected from avoidable harm whilst promoting their choices and independence. People were supported with their medicines in a safe way.

There were sufficient numbers of staff employed to meet people's needs and staff were recruited through safe recruitment practices. Staff received induction and ongoing training for their role. Staff were supervised and their work was appraised through regular meetings and staff also had their competency and practice checked to ensure they were safe to meet people's needs effectively.

People's rights were protected and respected. Staff worked with each other and with people, their relatives and health care professionals to ensure decisions made were in people's best interests. Information about advocacy services was made available. People were supported, where required to meet their dietary needs and maintain their health and wellbeing.

People's privacy and dignity was respected and staff understood their role in enabling people to maintain their welling. People had developed positive relationships with staff and the management team. Staff were knowledgeable about people's preferences and how they wished to be supported, which promoted their wellbeing.

People were involved in the development of their care plan. People's needs were continuously reviewed so that they were able to respond to people's changing needs. A system was in place to ensure staff had the right skills including any known preferences such as language skills to provide the support people needed.

This helped to ensure people received a service that was responsive and personalised to meet their diverse needs.

People knew how to complain and were confident that their complaint would be addressed. A complaint process was in place and staff knew how to respond to complaints.

The provider was meeting their regulatory responsibilities. The registered manager provided good leadership and direction. People and their relatives were involved or had opportunities to be involved in the development of the service. The provider's quality assurance systems in place monitored the quality of service and were used to develop the quality of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse because staff understood their duty and knew how to keep people safe. Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely. Staff were recruited safely. Sufficient numbers of staff were available to meet people's needs and to keep them safe. People were supported to receive their medicines in a safe way.

Is the service effective?

Good

The service was effective.

Staff received induction, training and support. Staff sought people's consent and respected their rights and choices. People were supported, where required to meet their dietary needs and maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by a consistent group of caring staff and had developed positive and professional relationships with. People were involved in the development of their care plans to ensure their preferences were known. Staff promoted people's rights, privacy, dignity and respected their wishes.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to receiving a service. Care plans provided staff with information on how to meet people's needs and were reviewed regularly. People could complain or were supported by staff, relatives and advocacy where required. A complaints process was in place and staff knew how to respond to complaints

Is the service well-led?

Good

The service was well led.

The registered manager provided clear leadership and met their regulatory responsibilities. People, their relatives and representatives views were sought and they had opportunities to develop the service. Staff were confident that any concerns raised with the management team would be acted on. Effective systems were in place to monitor quality and to look at ways to improve the service.

Adaptus Cares Limited

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 24 May 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 at the office. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information we held about the service including statutory notifications they had sent us. Statutory notifications are information about important events which the provider is required to send us by law. We looked the survey responses received from people who used the service, relatives, staff and healthcare professionals. We contacted the social care commissioners of the service and Healthwatch Leicester City to obtain their views about the service. This information was used to help us to plan our inspection.

We spoke via telephone to eight people who used the service and three relatives to gather their views and experience of the quality of service provided. We spoke with the registered manager, and care manager, care coordinator, administrator, two senior carers and eight care staff.

During the inspection visit we looked at the care records for seven people who used the service. These included care plans, risk assessments and records relating to the care and support provided by the service. We looked at recruitment and training records for six members of staff. We also looked at the records relating to how the provider monitored and assessed the quality of care provided which included complaints, minutes of meetings and some of the policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff supporting them. Comments received from people and relatives included, "My carer is lovely. She helps me to stay safe at home and when we go out. [They] help me with my money too (when shopping)." "Yes, I do feel safe. They [staff] know what they are doing. If I thought something wasn't right I'd call [the registered manager]." One person said, "Someone from the office calls and visits to check the carers and make sure that I'm happy with my carers. That reassures me that someone's checking on the carers too." This also contributed to this person feeling safe.

Staff were trained in safeguarding procedures and aware of the potential signs of abuse to look for. The safeguarding policy provided staff with information about how to report abuse and the external agencies they could approach, if required. Information on safeguarding procedures were included in the information given to people and their relatives if they needed to report any concerns about their safety. The registered manager told us they had worked with the local authority and other agencies to ensure people were protected from avoidable harm and abuse. That meant people could be assured that the management and staff would act to ensure their safety.

The provider had a policy and procedure in place to support people to manage their finances where their package of care required staff to handle their money such as to do their shopping. Care plans outlined the support required and records showed that staff documented all transactions and attached receipts. The management team audited the financial records when those were returned to the office and also during the unannounced spot checks carried out by the senior carers. That showed that staff followed the correct procedure in order to protect people from financial abuse.

One person told us that the registered manager had explained how staff would support them to stay safe and the person had agreed to the care plan that was put in place. A relative said, "At the first home visit, the manager checked the hoist was safe to use. Staff were introduced to us and shown how to move [my relative] safely. They come to review [my relative]'s care to make sure nothing had changed, which is reassuring." The feedback we received supported the comments in the survey responses we received prior to our inspection visit.

There were policies and procedures in place to ensure risks associated to people's health and safety were managed. Risk assessments we saw were relevant to people's individual needs and described the risks for staff to consider in keeping people safe. The risk assessments also covered environmental risks, the use of equipment and risks related to their health and medical conditions. For example, the risk assessment for one person who was nursed in bed had identified that two staff were required; the type of hoist used to move the person and considered whether there was adequate space was available for staff to use the hoist safely. The care plan provided staff with clear guidance as to how to meet this person's needs safely.

One person said, "The manager came out to see what help I needed. They also checked my home was safe for me and the carer. I had a key safe installed because it would take me 10 minutes to answer the door." A key safe is a secure method of externally storing the keys to a person's property. This helped to ensure

people's safety within their homes whilst enabling staff access to the person's home.

Records showed that risks to people's safety were reviewed regularly and care plans were amended as the support people required changed. Where required, staff sought advice from relevant healthcare professionals and relatives to ensure the support to be provided was appropriate and safe.

Incidents affecting people's health and safety were documented including the actions staff took to keep people safe. The registered manager had sent us notifications about these incidents which they must do. That meant people could be confident that their safety and wellbeing was assured and showed that the registered manager was meeting their regulatory responsibilities.

The office premises were secure and well maintained. Meeting rooms provided a safe place to hold confidential meetings. The training room had moving and handling equipment and information. The registered manager, a qualified moving and handling trainer also trained staff and assessed their competency. It also meant that if any issues regarding unsafe moving and handling practice were observed then staff could be called into the office to be re-trained.

A business continuity plan was in place and had been reviewed. This set out the arrangements for the service to continue to meet people's needs in the event of an unplanned event, such as an interruption to electricity supply or adverse weather. The registered manager worked closely with other services, including other domiciliary care agencies. That meant in the event of an emergency they would work collectively to ensure people received the care and support they needed.

People's safety was supported by the provider's recruitment processes. Staff files showed that the relevant background checks had been carried out before staff commenced work at the service. This meant people could be assured that staff had undergone a robust recruitment process to ensure that staff were suitable to work with them. Our findings supported the information documented in the PIR.

We found there were sufficient numbers of staff to meet people's needs and keep them safe. People told us that staff were reliable and arrived on time. One person said, "[staff name] is my regular carer but if she's off then I have one of two carers that know me. Sometimes [registered manager] comes, which is nice." A relative also felt staffing was managed well as their family member required two staff as their family member was moved using a hoist.

Systems were in place to identify the number of staff required to meet people's needs safely. Staff referred to their rota which were planned in advance and detailed who they were supporting and at what time. They worked in geographical areas around the city. We noted that there were no travel times for some calls. The registered manager assured us that action was being taken to ensure minimum travel times were allocated between each call. The registered manager monitored to check that staffing levels were maintained and also provided care in an emergency or unplanned staff absence. That meant people could be assured their care and support was planned.

One person told us, "My carer reminds me and hands me the dosette box, (a monitored dosage system) to take my tablets. They put the [dosette] box back where it belongs before they leave." A care plan we read contained information about this person's medicines and how they took their medicine for instance, after their meal and with water. A body map was used to indicate where staff were to apply prescribed creams. This ensured the person was taking their correct medicines as prescribed by the healthcare professional in order to maintain their health.

Staff told us they reminded or prompted people to take their medicine. A staff member who supported someone with their medicines said, "I would record that I'd seen them take the medicines if it was taken before I left." The medicine records we viewed showed that staff had signed to confirm that they had prompted and observed that the medicines had been taken. That meant people received their medicines in a safe way.

Good

Is the service effective?

Our findings

People who used the service and relatives told us they had confidence in staffs knowledge and skills to provide care. One person said, "My carer knows I'm diabetic so will check that meals prepared are suitable for me." A relative said, "The carers told me they are trained to use the hoist. They [staff] check that [my relative] is moved properly and is comfortable. [The senior carer] comes to check that the carers are doing everything right for [my relative]."

A new staff member told us that they were partway through their induction training. They were working alongside an experienced member of staff to see how care was provided. They had been trained in moving and handling and their competence had been assessed.

Staff spoke positively about their training which had enabled them to meet the needs of people. Staff understood their role to follow the care plan in place in line with the provider's policies and procedures. When we asked staff how they had put the training and knowledge gained into practice, a staff member told us they would inform the office and stay with a person who had fallen until the emergency service personnel arrived. Another staff member said, "The dementia training helped me understand how it affects some people. I help someone who has dementia. We sing with [them] when we're doing the personal care. [They] are happy and clean by the end and I leave knowing that I've made a difference."

Training records showed that staff received a range of training for their roles. The topics covered related to health and safety, using equipment such as hoists and reporting procedures in the event of an accident or emergency. The training room was fully equipped with moving and handling equipment and information where the registered manager and external trainers trained staff. It also meant staff could be re-trained at short notice if any concerns had been identified in relation to staff competency. Our findings were consistent with information provided within the PIR.

The registered manager told us that new staff would be required to complete the 'care certificate'. This was a set of standards that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide quality care and support.

Staff told us they received regular supervision and appraisals and records we saw confirmed this. Supervisions were used to review staff performance, including any feedback on practices following unannounced spot checks, and to develop staff. That meant staff were supported to maintain and improve their skills in order to effectively meet people's needs.

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 and applications must be made to the Court of Protection. The registered manager and senior staff understood their responsibilities to ensure assessments were undertaken and to make an application when required. We found there were no such orders in place.

People told us that staff sought permission before they were assisted. One person said, "They ask me how I am and in a roundabout way, like are you ready for a wash?" People's records showed they had the capacity to make decisions for themselves about all aspects of their care. People or in some instances their relative had signed the care plan to confirm they agreed to the care and support to be provided.

Staff demonstrated the importance of consent and respecting people's wishes. For example, a staff member told us someone with limited speech gave consent using gestures. Staff recorded decisions made by people about their day to day lives, for example, one person declined to have a shower but had a flannel wash. This showed the person rights had been respected.

Some people we spoke with needed staff to help them with the preparation of meals and drinks. People were happy with the support provided by staff to ensure their nutritional needs were met. One person said, "My [family member] gets frozen meals in for me which [staff] cook for lunch. They make me a sandwich and a cup of tea at tea time. Before they go they leave a glass of water and a snack in case I get hungry."

We saw care plans contained information to enable staff to support people to eat and drink sufficient amounts to maintain their health. Staff told us that guidance from healthcare professionals was included in the care plans for them to follow. A person's care plan stated the meals prepared should be soft or fork mashable, which was reflective of the guidance provided by the healthcare professional. Staff we spoke with described the types of meals prepared which were consistent with the information in the care plans. That showed staff supported people to ensure their nutritional needs were met.

People told us they were supported to access healthcare services when required. A person said, "When I became unwell the carer said I should see the GP. Someone from the office called the GP who came out to me." A relative said they were confident that staff would contact them if there were any concerns about their family member's health.

Records showed people's healthcare needs were documented when they began to use the service. Care plans included instructions provided by healthcare professionals to meet specific health needs. For example, how to prepare thickened drinks to prevent the risk of choking. Two staff we spoke with independently described how they prepared drinks for this person which was consistent with the guidance in the care plan. That meant staff could support people to maintain their health and alert the relevant healthcare professionals if they had any concerns.

People's records contained a quick reference emergency grab sheet, which contained essential information to be shared for the benefit of the person should they have to access health care services in an emergency. That showed staff enabled people to maintain their health.

Good

Is the service caring?

Our findings

All the people we spoke with said that staff were caring, considerate and respectful of their wishes and feelings. One person told us, "[Staff] understand me and help me nicely. I like [them]," and "The staff are lovely, they will do everything that I need." Another person said, "The staff are lovely; they are friendly and always come with a smile."

A person told us they felt staff understood their needs and gave them confidence in their ability to maintain their independence with day to day life. Another person said, "[Registered manager] comes occasionally to help me. We talk about a lot of things. It's nice that she takes time to see how I am and asks if there's anything more that they could do for me. The company operates like a family and it's nice to know they care about me." That showed the registered manager and staff showed an interest in people's wellbeing.

A relative told us that the staff were respectful of their family member's wishes as to how they want their needs to be met. Another relative said, "[Family member] has built a good friendship with [staff] and trusts them."

People's views about how they wished to be supported and choices had been documented. For example, one person's care plan was specific with regards to their routines and the assistance required to move them around their home. Daily care notes showed that staff respected the person's preferences and had provided care in line with their wishes.

Care plans showed that people or their relatives were involved in the development and regular review of their care plans. We saw a relative had been involved in a best interest decision-making process. Information about the local advocacy services was available to people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Another care plan for someone who was unable to communicate verbally contained information about the gestures or body language the person used to communicate their responses and wishes. This helped staff to respond and support the person appropriately. A staff member told us they also used pictorial cards and gave the person sufficient time to respond.

The registered manager said they always undertook the initial assessment so that they had a clear understanding of people's needs. Staff demonstrated a good insight and knowledge about the people they supported and described people's preferences, likes and dislikes in detail. Our findings on the day supported the survey responses we received and the information detailed in the PIR.

People and relatives we spoke with told us that staff respected their privacy and dignity. One person said, "They [staff] will close the door before I get undressed. They hand me the flannel so I wash my face and top half. They will help me with the rest."

A relative said, "[Staff] will do all the personal care [family member] needs in a dignified manner. They make

sure the room is warm and the door is closed." A relative told us that the staff member ensured the care file in the home was put away securely at the end of each visit. That showed staff managed people's confidential information correctly. People's views about how staff entered their home was also documented. For example a care plan stated that 'staff to announce their name when they enter'. This contributed to respecting people's rights and their home.

Staff were trained in how to maintain people's privacy and dignity and followed the care plan to ensure the care and support provided was in line with their wishes. Some examples of how staff respected people's privacy and dignity included, "I respect the person's right to dignity. I always close the door if I am supporting someone with personal care and make sure no-one walks in. I also make sure I use a big towel to cover them." And, "I will hand them a flannel to wash their face and upper half. I'll put a towel around them whilst I help with the rest." That meant people's rights, dignity and privacy was promoted and respected.

Good

Is the service responsive?

Our findings

People told us they were provided with information about the service before the package of care commenced. This was in the form of a service user guide which included the aims and objectives of the service, the contact details for the service and a care agreement which, where possible, people had signed. This provided an explanation of the assessment process and details of what the person could expect from the service.

People told us that they received care and support that was personalised and met their needs. One person said, "I checked that my care plan was right for me. Although I need help I am in control of how [staff] do this. They enter using a key (stored in a key safe). I have a wash that they help me with. I take my own medicines but they will remind me. Once I've had my meal, they write a report. They leave a drink and a snack on the table before they go. That's what I wanted and that's what I get." A relative said, "If they [staff] need to stay a bit longer so everything is done, then that's what they do." That showed people were satisfied with the care and support provided.

Staff told us how they provided personalised care and support which had had a positive impact on people. A staff member told us that they served drinks in a specialist cup and cut sandwiches into one inch squares for one person. This was consistent with the information in the person's care plan and showed this person received personalised care that also promoted their independence.

Staff member told us they provided double-up calls [where two staff provided care due to moving and handling needs] and said, "We read the care plan to make sure nothing has changed. One of us takes the lead and will talk to the client whilst the other one gets the towels and toiletries ready. When [person's name] is ready we will hoist [them] to the shower chair and go to the bathroom." This also showed that staff worked together to ensure people's needs were met at a pace that suited the person.

Care plans we looked at were personalised and included some details of people's life histories and who they wanted to maintain relationships with. Specific preferences were noted in care plans regarding choice of carer and times for each care call. Care plans were reflective of people's individual needs; the support required at each visit and had clear instructions for staff as to their role in supporting people. For example, one person told us they had asked for a female member of staff to support them with their personal care and confirmed only female staff supported them.

The care coordinator told us that staff worked in geographical areas across Leicester city. When they received a request for care, they would check staff's availability and preferences such as a request for a male or female staff or language needs prior to undertaking a needs assessment. A senior staff member told us they would provide the care and support initially to ensure the care plan was appropriate and would introduce the person to their regular team of care staff. That showed care provided was responsive and planned to meet people's needs.

The service used an electronic care call system. Each person had named staff allocated to provide the care

and support they needed. This contributed to providing consistency and continuity of care. We read a care plan that stated at least one member of staff for a double-up call should be able to converse in the person's first language which was not English. Staff rota and records we viewed showed that the staff who were allocated to undertake those visits were consistent with this person's preferences which promoted personalised care.

The survey responses we received prior to our inspection visit stated that people's needs were reviewed regularly. This supported the feedback we received from people and relatives we spoke with. A person said, "Someone from the office calls every month to check if I'm happy with the care provided. I usually let them know if I've got a hospital appointment so the carer comes early that day." A relative said, "The senior carer comes every few months to review the care. We got given a new care plan which is kept in the file that the carer reads."

Feedback we received from health and social care professionals involved with the people who used the service was positive. They told us that the management team and staff were responsive when people's needs changed or they had concerns about their health.

People told us they were given a copy of the complaint procedure which was kept in the file alongside their care plan. People knew how to complain and were confident that their complaint would be addressed. One person said, "I would call the office on Carlisle Street." Another person said, "I would tell the carer to their face and then tell my [relative] who would complain for me." A relative said, "I've not had a reason to complain but if I did I would speak to the manager."

The complaint policy and procedure was easy to follow and included the contact details for external agencies such as the local authority, ombudsman and the local advocacy service.

The PIR stated that complaints received had been addressed and that the management team had an 'open door' policy and welcomed feedback about the service. Staff were able to explain how they would respond to any complaints raised with them. Records showed the complaint procedure had been followed. The registered manager had analysed all the complaints and found no patterns or themes for the complaints received which could affect other people who used the service. That showed that complaints were used to improve the overall quality of care provided.

The registered manager told us the open door policy meant that they encouraged people, their relatives and professionals to make comment, raise concerns or discuss any issues that affected them or the care and support people received. The registered manager showed us that they documented all concerns received both written and verbal. That meant they could support and address issues promptly. The unannounced spot checks and telephone feedback was used to monitor that any improvements made had been sustained. That meant people could be assured their concerns were acted on.

Good

Is the service well-led?

Our findings

People and relatives we spoke with felt the service was well managed. They found the management team and staff were committed to ensuring people received good quality care and customer service. People found the registered manager had a friendly and approachable manner and was knowledgeable about the people who used the service. A person said, "[Registered manager] is professional and down to earth. [They] have helped to take the strain about my care away from me and make sure I get the best care possible." A relative said, "They [staff] provide good care to [my relative]. I think the service is managed well and is organised considering what they have to do."

People told us that the office staff contacted them to ensure they were satisfied with the service provided. A relative said, "Occasionally someone comes to check the staff are doing everything properly [unannounced spot check]. That tells me the management are making sure for themselves too."

A registered manager was in post and was available throughout the inspection. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required.

The registered manager understood the CQC's approach. They had kept their own knowledge up to date in relation to the regulations, meeting people's health care needs and had attended conferences related to working in the health and social care sector.

The registered manager spoke of the vision and values of the service. This was to provide a good quality service; with staff being able to improve people's quality of lives and to have staff employed who had a similar vision. They told us working within care was something they enjoyed, which was of paramount importance to them, they spoke of their wish to grow in terms of their business and create employment opportunities. Staff we spoke with had similar values and knew what was expected of them.

The registered manager told us they sent out annual satisfaction surveys to gather people's views about the service. The results of the survey from last year showed a high level of satisfaction with the service being provided. The registered manager told us that one of the improvements made as a result of the survey was to move staff to working in geographical areas to improve timeliness and continuity of care. The management team were updating the survey questionnaire to enable people to more easily provide feedback to help drive improvements.

We found systems were in place to ensure people's care and support needs were managed and monitored. People's needs and care plans were regularly reviewed through home visits and telephone reviews. People and where appropriate their relatives and health care professionals were involved in their care and treatment to ensure they received personalised care. For example, senior staff carried out unannounced spot checks on staff. This helped to assure the management team that staff provided quality and safe care in line with people's care plans and the provider's expectations.

The service had employed staff reflective of the community in which the service is located. Some staff were able to converse with people whose first language was not English, which had had a positive impact on the quality of care provided as people were able to express themselves and be understood. Staff told us they liked working for the service. Staff were confident in their own abilities and motivated to improve people's quality of life. Staff told us they had access to a range of training to keep their knowledge and skills up to date. The registered manager was a qualified trainer in moving and handling and regularly trained staff, worked alongside care staff and carried out unannounced spot checks. That showed the registered manager was proactively involved in the delivery of care and accessible to people and their relatives.

Staff felt the management team provided support and guidance as required. There was a clear management structure in place which staff were aware of. Staff were confident to use the whistleblowing policy to raise issues if no action was taken by the provider. A system was in place to support and develop staff. Staff meetings provided the management team with an opportunity to share information, identify solutions to issues and share ideas. However, meeting minutes did not identify action points or improvements made from the previous meetings. When raised with the registered manager they assured us action points would be documented to drive improvements to the quality of service provided.

A sample of the provider's policies and procedures we looked at had been updated. A range of information leaflets related to health conditions and updates on policies and procedures relevant to staff's role in supporting people were available at the office. Throughout our inspection visit we saw staff collected documentation and signed records to confirm they had read and understood the changes in policy and procedure as appropriate.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and other staff with specific responsibilities such as building maintenance. Audits and checks were carried out in a range of areas including people's care records, their finances and unannounced spot checks and observations of staff's practice to ensure the delivery of care and support provided was in line with the provider's expectations.

The registered manager had put in place an annual management plan which identified a schedule of audits and spot checks to be carried out, staff training and meetings and when surveys would be sent out. That showed there was a proactive approach to the management of the service.

The PIR identified a number of planned improvements for the service over the next 12 months. These included the development of their electronic care call management system and to provide training in sign language for staff who support people with different communication needs. It also referred to securing a contract with a local authority commissioner to continue providing care to people living in their own homes.

The registered manager told us they worked closely with health and social care professionals and commissioners involved in finding care for people in the community. That supported the positive feedback from health and social care commissioners responsible or involved in the care of some people who used the service. They found the service to be organised, responsive and well managed.