Voyage 1 Limited

Voyage (DCA) Pennines

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

A comprehensive inspection took place on 9 and 11 October 2018 and was announced. This was the first inspection of the service since it was registered in December 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes with an acquired brain injury. This service also provides care and support to people living in a 'supported living' setting, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service supported 19 people. Eleven people required support with 'personal care' in their own home and eight people were receiving care and support in a three separate 'supported living' settings.

No one with a learning disability was using the service. Therefore, we have not assessed whether the care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance at this inspection. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We will look at this aspect of the service at our next inspection, if applicable.

There was a registered manager in post at the time of our inspection, but was moving to a new post within the company. A new manager had started on 9 October 2018 who was going to registered with CQC. The registered manager had recently introduced field care supervisors to support staff members who provided care and support for people. 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.

Medicines management systems were in place to support people with their medicines. Minor concerns were noted with how staff recorded information when they had supported someone with their medicines and audits had not picked up on these issues. This was being addressed by the registered manager.

A quality assurance system was in place to make sure the registered manager had an overview of the service provision. However, the medication audit was not robust. The operations manager said a satisfaction survey was due to be sent out soon to people who used the service, relatives and staff.

People told us they felt safe with staff and the care and support they received. Staff understood how to recognise abuse and there were appropriate systems in place to protect people from the risk of harm. Staff

had access to personal protective equipment and had completed infection control training.

Staffing levels were appropriate to effectively meet people's care and support needs. People felt staff had the skills to do their job. People were provided with care and support by staff who had received appropriate and training. The registered manager told us they were a little behind with staff supervisions but a structured supervision scheduled had recently been implemented. Recruitment processes and checks were in place and followed. Staff told us they had received induction and on-going support where needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Some people had mental capacity assessments in their support plans.

People were supported to access a wide range of healthcare professionals when needed and where identified in their support plan, people received support with eating and drinking.

People said they were happy with the staff who were kind and caring and they were treated with dignity and respect. Staff treated people with respect and took steps to maintain their privacy, dignity and independence. People's care and support needs were assessed and support plans identified how care and support should be delivered. People choose how they spent their time and what activities and outings they wished to take part in.

The service did not currently support anyone who was approaching the end of their life.

People and staff were complimentary about the registered manager. They said they were approachable and listened. A complaints procedure was in place which enabled people to raise any concerns or complaints about the care or support they 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 told us they were happy with the staff support they received with their medicines. We found some minor concerns with how staff recorded medicine support information.

There were sufficient staff numbers and rota management systems were effective. The staff recruitment process was robust.

Risks to people were appropriately identified, assessed and reviewed. Staff understood how to keep people safe and people told us they felt safe. Infection control procedures were in place.

Is the service effective?

Good

The service was effective in meeting people's needs.

Staff received an induction and training appropriate to their job role. The registered manager was behind with staff supervisions, but had taken measures to address this. Annual staff appraisals where conducted where appropriate.

Managers and staff had a knowledge and understanding of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards applications were made appropriately, where needed.

Staff supported people to meet their nutritional needs and access healthcare services.

Is the service caring?

Good

The service was caring.

People were happy with the care and support provided. Staff knew how to provide people with person centred care and support.

Staff could identify how they maintained people's privacy and dignity and encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive to people's needs.

Support plans were person-centred and contained sufficient detail for staff to be able to provide effective care and support. The service did not currently support anyone who was approaching the end of their life.

People choose how they spent their time and what activities and outings they wished to take part in.

Complaints were dealt with appropriately. People and relatives knew how to complain if they were not satisfied with their service.

Is the service well-led?

Good

The service was well-led.

Quality assurance procedures were in place; however, the medication audit was not fully robust.

People and staff were positive about the registered manager and thought the service was well-led.

The operations manager said the satisfaction surveys were due to be sent our shortly to gain feedback from people, relatives and staff.

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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.

A comprehensive inspection took place on 9 and 11 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we wanted to make sure the registered manager would be available. The inspection team consisted of one adult social care 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.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included the Healthwatch, the local authority safeguarding team and commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the registered manager, operations manager, five staff members, eight people who used the service to obtain their views and one relative. We looked at four people's support plans. We inspected two staff members' recruitment records and three staff members supervision, appraisal and training documents. We reviewed documents and records that related to the management of the service, including quality management records, audits, risk assessments and policies and procedures.

Good

Is the service safe?

Our findings

People's medicines were provided pre-dispensed in blister packs from the local pharmacist, which minimised the risk of errors being made and enabled people to be more independent in taking their medicines. A staff member told us, "Medicine is safely managed." A relative told us, "My relative has a dosage box for medication, the care workers support with medication in the evening."

There were detailed medicines policies and procedures in place to ensure people received their medicines safely. Relevant staff had received training in medicines administration and had a competency assessment before being able to support people with their medicines.

Three people's medication administration records (MAR) showed some gaps in the recording of prompting medicine, but the reasons were not always recorded on the reverse of the MAR. We noted MARs had been checked by one of the field care supervisors in July 2018 but had not identified this. The operations manager told us they would address this and would ensure better recording by staff. A staff member told us staff did sometimes forget to sign the MAR but people were always supported to take their medication. During our visit to one of the 'supported living' settings we observed one person taking their medication. Although, we noted some recording errors, people were supported to take their medications in line with the prescriber's instructions.

We asked people who used the service if they felt safe. One person told us, "Yes indeed, I do feel very safe and comfortable with the care workers, I look forward to them coming." Another person said, "Yes, all the care workers make me feel comfortable and safe. Sometimes I have new ones but I am ok with them."

Staff understood safeguarding, what signs of abuse they would look for and how to report any concerns. They were confident people who used the service were safe. One staff member said, "I would 100% report things to the manager. I have reported little things in the past." Staff had received training in safeguarding adults. The provider had clear and up to date policies for safeguarding and whistleblowing in place, which staff had access to. These policies helped to minimise the risk of abuse and neglect of people supported by the service.

Risks to people's health and safety were assessed and included in the person's support plans. The service used a range of specific risk assessments to ensure risks had been identified to protect people from harm. This included information about action staff were required to take to minimise the chance of harm occurring.

Where required, risk assessments had been completed for staff members which included lone working, use of ladders and stress management. Environmental risk assessments were thorough, and included risks inside and outside the person's home or the 'supported living' setting.

The registered manager told us people living in 'supported living' settings had personal emergency evacuation plans in place so staff were aware of the level of support people required in an emergency. A

staff member said, "Fire drills take place frequently and both staff and people take part." Records we looked a confirmed this. This meant the service was actively ensuring they were keeping people safe.

People told us they had regular staff members and generally staff arrived on time and stayed the required length of time. One person commented, "I like living here. There is always someone to give me a hand." Another person said, "Care workers do turn up on time and they complete all the tasks. In the past they did not always turn up but now [name of manager] has come, this has now changed."

Staff told us there were enough staff to provide care and support for people and they had enough time to complete each visit. One staff member said, "We generally have enough staff." Another staff member, "I am not sure, but I do not often get called to cover shifts." A third staff member said, "Staffing levels have got better."

The registered manager told us sufficient care staff were employed for operational purposes. They explained they used an electronic rota monitoring system which enabled them to monitor that staff had arrived at care visits as scheduled, monitored call times and length of stay of staff. They used mobile phones to send messages between the office and the staff, which showed reoccurring schedules. The registered manager said gaps in the rota, for example, staff sickness, where filled by the field care supervisors, as they worked supernumerary.

The registered manager told us they used a 'matching' process to make sure people and staff were suited. This included new staff members shadowing a more experienced member of staff on the visits and speaking with the person. The registered manager would then contact the person and they would choose the staff member they thought was able to best meet their needs and they would be able to get on with. Matching people and staff members meant people were better supported, there were shared interests and this had a positive impact on people receiving care.

Safe recruitment procedures were in place to ensure only staff considered suitable to work with people with an acquired brain injury were employed. We saw appropriate checks had been made, including a Disclosure and Barring Service (DBS) check and at least two written references were obtained before new employees started work. The DBS check assists employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We saw one staff member had disclosures on their DBS and a risk assessment had been completed by the registered manager to assess if there were risks to people who used the service. This meant people's care and support was provided by staff members who were deemed suitable to do so.

People told us care staff wore appropriate gloves and aprons when they supported them. Staff completed infection control training and there were policies and procedures in place to guide them. The registered manager told us staff called into the office to collect a supply of personal protective equipment (PPE) such as gloves and aprons. Staff said there was always plenty of PPE if they needed it. One staff member said, "I have enough gloves and I can call in to the services to pick up more, if needed." This helped to limit the risk of the spread of infections.

Lessons were learnt and improvements made when things went wrong. The registered manager told us they had learnt lessons through complaints they had received and previous missed calls. For example, following a missed call a risk assessment had been implemented for one person for emergency cover. They said improvements had been made to the way medication support was given by staff and introduced positive role models for new staff members.

Good

Is the service effective?

Our findings

People told us, in general, staff were well trained and knew what they were doing. One person said, "No issues about training or skills, they [staff] are good, they do all the tasks well." A relative told us, "Our regular care workers are wonderful. They have really gone the extra mile to understand my relative's illness and their likes and dislikes. They have even researched on the brain illness they have, they really understand the condition."

Staff told us they received appropriate training to deliver care and support. One staff member said, "Training is very good and it helps me support people." Another staff member said, "I have just completed documentation training. Training in general is helpful."

Staff received on-going training which was refreshed in line with the providers training schedule. Training included topics considered mandatory by the provider, such as communication and fire safety. Specific staff training was delivered in line with the needs of people they supported. For example, one staff member said they had completed epilepsy awareness training which helped them in their role. The registered manager told us they, and the provider had systems in place to monitor staff training. This showed staff were receiving appropriate training and were being supported in their roles. The registered manager explained due to the complexity of the needs of the people they supported, many skills were also learnt through working with people, such as how people managed day to day tasks.

The registered manager told us new staff completed an induction which included a workbook and completing care shifts with an experienced staff member. They completed the Care Certificate modules and practical training, which was observed by a suitable, competent and experienced staff member. One staff member said, "I learnt about the organisation, people we were going to support and what would be expected of me." The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff we spoke with said they had attended supervision meetings, which they found helpful and gave them an opportunity to discuss their roles and options for development. One staff member said, "At my supervision, I was able to share information and niggles." Another staff member said, "I think supervision will get better but I have able to approach the manager if I have needed to." Records we looked at showed staff had received an individual supervision in 2018, although, the registered manager told us these were not has frequent as they would have liked. A structured supervision schedule had been introduced for the remainder of 2018 and beyond. We saw one staff member had received an annual appraisal in 2018, but the registered manager said not all staff had worked for the service for a year at the time of the inspection.

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. For people supported in the community any applications to deprive a person of their liberty must be made to the Court of Protection. The registered manager told us they had submitted a Deprivation of Liberty Safeguards application for one person who live in one of the 'supported living' settings, but were still waiting to find out if this had been granted or not by the local authority.

We checked whether the service was working within the principles of the MCA. Staff understood their obligations with respect to people's choices. Comments included, "I understand this is about choice, but if I am not sure about anything I will ask for advice" and "I always offer choice and discuss these with the person if there is a risk involved."

Where required, people had their capacity assessed to determine their ability to provide lawful consent. Where people could consent to care and support this was recorded in their support plans. Some people had signed to give permission to have their photograph taken, use quotes they made and any case studies on the providers website.

People were assisted to maintain their nutritional and fluid intake. One person told us, "I do my own shopping and cooking." A relative said, "Our regular care workers are wonderful, they support my relative to ensure dinner is prepared for their family, they are brilliant." Staff we spoke with said they supported people with preparing meals and shopping. One staff member said, "I support people with meals and help with healthy and nutritious options." Another staff member said, "I help explain healthy food options and support people to make their own meals."

Support plans showed where people required support with food shopping and preparation of meals. The registered manager told us they supported one person to cook a meal for their family each day. They said people who lived as part of the 'supported living' settings created a shopping list each week of what food items they wished to be purchased. We saw one person had pictorial food options on their wall to encourage health eating.

The registered manager told us the staff who worked in the 'supported living' settings had handover to review any concerns raised from the previous shift and appointments required for that day. They went on to say where people expressed a wish to live independently in the community, they ensured a 'transition plan' was in place which involved staff working and building a relationship between them and the person. They said this was a robust process and now process dates and timescales were given for each step and involved support from appropriate healthcare professionals and family members.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of a person who used the service. Staff told us they supported people to attend health appointments when needed. One staff member said, "Just recently I supported one person to visit the opticians to have their eyes tested." Support plans, where required, contained information on how staff were to support people with health and medical appointments.

People had 'health action plans' which contained information about support people required with their health care needs. We saw people had 'hospital passports' which included 'must know' information about the person for other healthcare professionals to be aware in the event they needed to go to hospital. This provided essential information around risk and, the needs and preferences of the person to make their transition between services, hospital and other services more effective. On the second day of our inspection we saw one person in a 'supported living' setting was being supported by a physiotherapist to help improve

their mobility.

Good

Is the service caring?

Our findings

People told us they were happy and staff were supportive and helpful. One person said, "I can recommend the service, I have no issues with them at all, I am happy" Other comments included, "They are very good and they are caring, they are wonderful", "We have a great relationship, which is a two-way relationship, I support them and they support me. We have mutual respect for each other" and "They are very caring, they take their time and try and make me independent where I can."

A relative told us, "The care workers are phenomenal, they talk to [name of person]. [Name of person] is so happy, they have built a wonderful relationship. I could not be happier with the regular care workers."

The service supported people in the community and within three 'supported living' settings. The staff rotas were organised, where possible, to allow people to have the same staff members to maintain consistency of care and support. One person said, "They [staff] do swap sometimes, but generally regular care workers come." Another person told us, "Yes indeed, I do have consistency, I have three regular care workers who come to see me." A third person said, "I used to have a lot of consistency, but recently this has changed." The registered manager said new staff were always introduced to people and they could have a say of which staff member they would like to provide the care and support.

We found the registered manager, operation manager and staff to be motivated about making a difference to people's lives. One staff member said, "Care is good if people are happy I am happy. Our job is solely for the clients." Another staff member said, "Care meets the needs of people so they are well supported, there are no problems."

Support plans showed people, and their relatives, when appropriate, had been involved in the development of their support plan. People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the care and support planning process was continuous. They also liaised with family members and other professionals when required.

The registered manager was aware of referral procedures for advocacy services and had access to information on advocates in the local area. People who needed access to advocacy services were supported in this area. Advocates are trained professionals who support, enable and empower people to speak up.

People said staff knew what they were doing and were respectful and helped them to remain independent. One person said, "They respect me and show me dignity." Another person said, "The care workers do know what they are doing, the new care workers sometimes do not remember to let me be independent where I can, when I tell them then there are no issues." A third person said, "Majority of care workers are respectful and kind. I had one issue with [name of staff member], they do not come anymore. The rest are kind and caring towards me at all times, they speak to me respectfully and they give me independency where I need it."

Relative said, "They [staff] always respect my relative and give them the utmost dignity."

Through conversations with staff and our observations at two of the 'supported living' settings, staff demonstrated how they maintained people's dignity and respected their privacy. Staff told us they would always ensure people were covered up when delivering personal care and where needed, the curtains and doors were closed. One staff member said, "I make sure doors are closed and people are comfortable, I ask them if they are alright." Another staff member said, "I keep people covered when providing personal care and make sure people are clean and they dress how they wished to be dressed."

The registered manager told us staff in the community and the 'supported living' settings helped people to shop and cook their own meals, this encouraged people to remain independent. Information about what people could do for themselves and what they needed support with was included in the support plans. For example, one person's support plan stated, '[Name of person] likes decisions to be discussed with them verbally and written on their memory board'. One person said, "I do what I want to do and I am encouraged to be independent." A staff member told us, "People are supported to be independent, given choice and encouraged to take responsibility." This meant, with support where needed, people could choose, shop and cook their own meals.

The registered manager told us they had 'plotted a walking route' so one person was able to attend church services independently. They said they had previously supported people with specific lifestyle choices. They were confident and assured they would be able to support people who choose a specific lifestyle and had spiritual, religious or cultural requirements in the future. The service had an equality and diversity policy and staff received training in this subject.

The registered manager told us people were involved in choosing the staff member they wished to support them and we saw recorded in people's support plans the gender of the staff member they wished to received care and support from. This demonstrated the registered provider embedded equality, human rights and diversity into their working practices.

Good

Is the service responsive?

Our findings

Before people started using the service, the registered manager assessed their care and support needs and discussed with them how the service could meet their needs, wishes and expectations. The registered manager told us they used a 'community tool kit', which included a range of documents that were all stored electronically in one place allowing comprehensive and structured systems to record people's care and support needs. Support plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided.

The registered manager told us a copy of the support plan for both people in the community and the 'supported living' settings were kept in the person's own home and a copy in the office. We saw support plans were reviewed and amended if people's needs had changed. Support plans were person centred and contained details of people's routines and information about their health, care and support needs. Outcomes were clearly identified and concentrated on what the person wanted to achieve in their life and how best the care staff could support them. Each contained the person's goals, information about personal history, personality and likes/dislikes. This information was important to enable staff to deliver person centred care. For example, one person's oral hygiene support plan stated, 'It has been recommended by the dentist to use oral B gum and enamel repair toothpaste." One staff member said, "There is enough information and changes are made when needed."

Staff kept a record of support provided, which included an account of a person's day and what support and care interventions were required.

The registered manager told us monthly support plan reviews should be held with the individual person by their keyworker, although, this was not working as effectively as they would have liked. They said the keyworker system was launched in February 2018 but they, along with the new manager, were going to review this to make sure this was still effective. From the support plans we looked at we saw some keyworker reviews had taken place but this was not monthly. One person told us, "I have seen the manager for my care plan."

The registered manager told us people were involved in community activities such as, walking, shopping, going to the gym, visiting the local library and other sports and social activities. One person's activities support plan stated, they attended the 'Tuesday club' at the Irish centre in Leeds, which was a social evening out with music. They said some people attended college, did voluntary work or had a part-time job. One person told us they were going to Blackpool to see the illuminations. A staff member said, "We have group activities such as, lunches out and film nights. I am helping one person look into a college course." Another staff member said, "I support one person to go shopping, we go on the bus. they love to go shopping," We concluded the provider was supporting people, where needed, to access community social and recreational events.

The registered manger told us people were supported to maintain links with people who were important to them. For example, one person had a 'maintaining relationships' support plan which showed staff members

who and how the person wished to maintain in contact with family members.

Staff we spoke with told us they felt comfortable reporting poor practice to the registered manager and people's complaints were taken seriously. One staff member said, "The manager responded straight away when I reported a concern." A relative told us, "There were issues with the care workers who were not regular care workers, I did make an official complaint regarding the conduct of care workers in September. [Name of manager] was brilliant, she dealt with all the issues."

We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints were recorded, together with the action taken to resolve them and the outcome. The registered manager and operations manager told us they currently had no 'live' complaints and people's complaints were fully investigated and resolved to their satisfaction wherever possible. They went on to say complaints could not be 'closed' on the electronic system until they had been reviewed by provider's quality department and they had checked all relevant procedures and documents have been completed. This showed people's concerns were listened to, taken seriously and responded to promptly.

We saw a compliment had been received into the office where one person was 'full of praise about the staff'. The registered manager said they had received other compliments but had not recorded these, but would start to record all compliments from now on.

The registered manager told us the service did not provide care and support for people whose primary need was for end of life care. They said, "It is not the norm to provide end of life care but, if this changed I would arrange training for staff and support plans would be created."

The Accessible Information Standard requires the provider to ask, record, flag and share information about people's communication needs and take steps to ensure people receive information which they can access and understand, and receive communication support if needed.

We found information regarding people's communication aids needs was recorded in support plans and the registered manager told us documents could be produced in any format or language that was required.

The service had a pictorial 'person we support' handbook which ensured they provided the information in a way which had meaning to the people who used the service. The registered manager told us they would ensure both people who used the service and their relative's communication needs were more clearly recorded in future.

Good

Is the service well-led?

Our findings

One person we spoke with told us, "I am content, they [management] are good." A relative said, "In the past there were real issues with management, but having [name of registered manager] is brilliant, she has really changed the whole organisation. She re-assured there would be changes and changes for the better have taken place, she is a breath of fresh air."

Staff told us they enjoyed working for the service and found the manager to be helpful and approachable. Comments included "I love it, this is the best ever job. [Name of registered manager] is absolutely brilliant", "The field care supervisors are responsive now and the manager is approachable and a good listener. It is a good service, heading towards being a great service" and "Support I receive is very good. I enjoy working here. It is well managed but could do with a static person in the 'supported living' services."

One staff member said, "I am happy and enjoy the job. Management has got better in the past few months but communication could be improved." The registered manager told us they were aware of this and were looking at making improvements.

We asked the registered manager what the key achievements over the past 12 months had been, they said, "Having a well-trained skilled dynamic staff team and a quality service and the introduction of the field care supervisor role." We asked what the key challenges had been and they said, "Managing the resource and delivering on promises." The registered manager said they had recruited new staff over the past few months and along with the introduction of field care supervisors supported the service to deliver effective and timely support to meet people's needs.

The registered manager told us they spoke with people who used the service frequently which gave people the opportunity to feedback any comments or concerns. They said 'house' meetings had been booked for people living in the 'supporting living' settings. The operations manager told us quality surveys were due to be sent out by head office to people, relatives and staff during October and November 2018. They said responses would be analysed and action taken where required.

The registered manager told us different audits were carried out during the year, these included the providers quality team audit, finances and the operations manager audit. We saw action plans were produced following each audit, with timescales and which staff member was responsible for the completion of the action. Staff files were currently in the process of being audited. The operations manager and the registered manager acknowledged the medication audit required strengthening and this would be addressed immediately.

The registered manager told us co-ordinators monitored and produced weekly reports from the call monitoring system which showed all unconfirmed visits, late calls and if staff had left the call early. They said action would be taken through the 'significant discussion' process with individual staff members and where necessary, disciplinary procedures would be initiated.

The provider had a business continuity plan to minimise the likelihood of service disruption and had prevention strategies in place. Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence and addressed any outcomes with staff members.

A review of service provision meeting had taken place in July 2018 which included discussion on annual leave, recruitment, audit actions and rotas. Staff meetings were held both with staff who supported people in their own home and people who lived in the 'supported living' settings. Discussions included communication, paperwork, safeguarding and support plans. Meeting minutes were produced as a record of discussions, actions and for staff who were unable to attend the meeting. The registered manager told us field care supervisors were available to staff members if they needed to clarify anything or if they needed any support. They were able to send messages and staff rotas to staff via their mobile phone.

We spoke with the registered manager about partnership working and they told us they worked with health and social care professionals to ensure people had the benefit of specialist advice and support. These included working with social workers, housing providers, physiotherapists, occupational therapists and psychologists. This helped to provide effective outcomes for people they supported.

Notifications had been sent to CQC about events that had occurred at the service, as required by legislation.