Terrablu Limited

TerraBlu Homecare

Inspection report

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Date of inspection visit: 28 October 2015
Date of publication: 04/12/2015

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

Overall summary

The inspection was announced and was carried out on 28 October 2015 by an inspector, supported by an expert by experience. TerraBlu Home Care is a domiciliary care agency that supports and cares for people who want to remain in the comfort of their own home. They provide support for older people and people living with disabilities in Tunbridge Wells, Tonbridge and the surrounding areas.

There was a registered manager 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce

Summary of findings

identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs. The provider followed safe recruitment practices.

Each person's needs and personal preferences had been assessed before support was provided and were regularly reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff knew each person well and understood how to meet their support needs. People told us, "My care worker understands me well, she knows how I like things to be done and she does it well."

Staff had completed the training they needed to care for people in a safe way. They had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs.

All care staff and management were knowledgeable in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the legislation.

Staff sought and obtained people's consent before they provided support. People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their support was delivered.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People's privacy was respected and people were supported in a way that respected their dignity and independence.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual care plans, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

People's individual assessments and care plans were reviewed regularly with their participation. People's care plans were updated when their needs changed to make sure they received the support they needed.

The provider took account of people's comments and suggestions. People's views were sought and acted upon. The provider sought and obtained their feedback on the quality of the service. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued under the manager's leadership. The manager notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and remedial action was taken when necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals and provided clear instructions for staff to follow.

Thorough staff recruitment procedures were followed in practice.

Good

Is the service effective?
The service was effective.

All staff had completed the training they required to effectively meet people's needs.

Staff were made aware of people's needs, likes and dislikes and developed effective professional relationships with them.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Good

Is the service caring?
The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Information was provided to people about the service and how to complain. People were involved in the planning of their care.

Staff respected people's privacy and promoted people's independence.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before support was provided. People's care plans were personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted upon.

Good

Is the service well-led?
The service was well led.

There was an open and positive culture which focussed on people. People and staff' feedback was sought and suggestions for improvement were acted upon.

There was an effective system of quality assurance in place. The management team carried out audits to identify where improvements to the service could be made.

Good

TerraBlu Homecare

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.

The inspection was carried out on 28 October 2015 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the manager, staff and people we needed to speak with were available.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who supported the inspection and gathered feedback from people had specific knowledge of domiciliary care.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports. The registered manager had completed a Provider Information Return (PIR) that informed our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with 12 people who were supported in their home and six of their relatives to gather their feedback. We also spoke with the registered manager, the provider who was also the managing director, and seven members of care staff.

We looked at records that included ten people's support plans, reviews and risk assessments. We consulted six staff files, staff training records, satisfaction surveys, quality assurance checks, audits and sampled the service's policies and procedures.

At the last inspection on 26 November 2013 no concerns were found.

Good

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. People told us, "I feel safe when the care worker is around, they keep an eye on me." A relative told us, "The staff are aware that [X] is at risk of falls and they follow the right procedures."

There were sufficient staff on duty to meet people's needs. There were 21 care workers deployed to provide support for 69 people in their own homes. A person told us, "They have never failed me and have always turned up at the right times, my regular care worker is covered when she is on leave." The registered manager told us how existing staff covered each other's absence. Rotas confirmed that all domiciliary calls were met by staff and annual leave was requested at ample notice to ensure staff were scheduled to cover colleagues' absence. If needed, the registered manager stepped in to work at weekends. This ensured there were enough staff to meet people's needs.

Staffing levels were calculated in accordance to people's levels of needs. The service declined to start new care packages if they were unable to provide the number of staff needed to keep them safe. When people's needs had increased, additional staff had been provided to meet those needs. A staff recruitment programme was ongoing.

People were supported to manage their own medicines and medicines were administered safely when people needed help. People's needs and levels of independence in relation to their medicines were assessed and their care plans contained clear guidance for staff to follow. Staff were trained in the administration of medicines and their level of competency was regularly checked at quarterly observation of their practice. These practice checks were documented and when shortfalls had been identified, staff had been re-trained. People held records relevant to their medicines in their home, and these were subject to monthly checks before they were stored in the service computerised system. The registered manager investigated if any omission had been identified and followed up with action. With such system in place, people were confident their medicines were administered safely.

The policies on safeguarding adults and whistleblowing contained clear information for staff to follow and staff were aware of these policies. Staff training in the safeguarding of adults was up to date and they knew how to recognise different signs of abuse and how to refer to the local authority if they had any concerns. Two members of staff said, "This is an important part of our job, to make sure there is no abuse going on" and, "We know how to raise an alert and no one would hesitate to do that if in any doubt." One member of staff told us how they had referred a person to the local safeguarding authority when they suspected abuse was taking place in the community. All care staff were trained in first aid and had access to advice and guidance from senior staff and managers out of hours. This meant that people could be confident that staff considered their safety effectively.

Recruitment procedures were thorough to ensure suitable staff were employed to keep people safe. This included checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people who may be at risk in the community. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff to follow. There were appropriate risk assessments in place when people were at risk of falls. When a person had experienced falls, their needs had been re-assessed and a GP had been called by staff with the person's consent to carry out a review of their medicines. Staff had ensured that safety rails were fitted in the person's home by an occupational therapist. People were encouraged to have smoke detectors fitted, a portable alarm to alert the service if they experienced any difficulties, and a system to ensure easy access to their home. When a person had declined to wear an alarm around their neck, the service had advocated on their behalf and had obtained a wrist one instead.

People's environment and equipment were assessed for any hazards and associated risks were identified appropriately. Each identified risk was included in people's

Good

Is the service safe?

care plans which contained clear instructions to the staff about how to manage the risks to keep people as safe as possible. When a risk of slipping in a bathroom had been identified, the service had contacted a plumber on the person's behalf to fix drains that had become ineffective. A care worker told us, "We look at care plans and the risks attached so we are aware of what to do or what equipment to use to reduce the risks."

There was a robust accident and incidents reporting system that was monitored by the provider, the operations manager and the registered manager. Reports of incidents such as falls or hospitalisation were analysed to identify trends and see if lessons could be learned and future risk of recurrence minimised. They were discussed at weekly management meetings that included the provider, the registered manager, the operations manager and two senior care workers.

The provider ensured that the office premises were secure. A fire alarm was checked regularly and evacuation fire drills were practised twice yearly. All fire protection equipment was regularly serviced and maintained. Evacuation plans and the location of an assembly point were clearly displayed in the office.

Good

Is the service effective?

Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. People's overall comments were positive about the service's effectiveness and efficiency. People told us, "The care workers are very efficient, they know what they are doing", "They are well trained and know how to care for me."

Staff had appropriate training to support people with their individual needs. We looked at the procedures care workers followed during their induction that lasted three months. Staff confirmed the induction was comprehensive and included shadowing experienced members of staff. Staff demonstrated their competence before they were allowed to work on their own. Essential training was provided within the induction period and staff were observed by senior care workers or the registered manager to assess their level of capability. The registered manager and senior care workers carried out quarterly observations of staff practice following the probation period.

Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific for the needs of people they supported. The additional training that was provided related to diabetes, dementia care, mental health and self-neglect. Care workers who helped people eat using a tube that had been inserted surgically in their stomach had received specific training to ensure they could help people effectively.

The staff we spoke with were knowledgeable about the specific needs of each person they supported. A member of staff was able to tell us about a person's specific needs relating to communication. The ways to provide this specific support were included in the person's support plan and records indicated these were used in practice. Another member of staff described to us how a person preferred a certain type of activities and how another person who had reduced appetite needed encouragement while eating.The staff followed instructions in the person's care plan.This meant that people could be confident that their care was effectively delivered according to how their care was planned.

All staff received regular one to one supervision and were scheduled for an annual appraisal. All the staff we spoke with told us they felt well supported to carry out their role. One member of staff said, "I use the supervision to discuss any problems I have about the work and this is when I get additional support and practical advice." Staff were motivated to do well and 'go the extra mile'. A 'carer of the season' scheme was in place where staff whose practice was particularly effective were rewarded and celebrated.

Staff were supported to study and gain qualifications while they were employed. All staff had gained a diploma in health and social care at one of three levels. Study days were taken into account and practice assessors visited the service to observe students' practice.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. A system was in place to assess people's mental capacity when necessary and hold meetings in their best interest. We saw an example where this system had been used appropriately. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. A support worker told us, "People have the right to make their own decisions, even if these may not be very wise we have to respect their right."

Staff sought and obtained people's consent before they supported them. People or their legal representatives had signed care plans to evidence their consent. People told us, "The care workers are ever so good they always check if this or that is OK with me and if I say no I don't want that then they accept it" and a relative said, "They are very respectful and always check my Mum consents before they do anything at all."

Staff used specific communication methods with people when necessary. A person had a physical impairment that meant they had difficulties with talking and swallowing. Staff communicated with that person with a notepad or on a laptop or by 'texting' on a mobile phone, at the person's request. Another person chose to write on a board to express themselves. This was recorded in the person's communication care plan. The registered manager told us how the same care workers were allocated to people as much as possible, especially for people who had complex needs, to provide continuity of care. Two relatives told us, "A new care worker introduced herself before she took over from our regular care worker, to make sure our Mum would

Good

Is the service effective?

get to know her and recognise her beforehand, this helped the communication" and, "Our care worker always make sure she speaks clearly and at eye level and checks she is understood because our Mum is a little hard of hearing." As staff considered people's individual communication needs, people could be confident they could be understood effectively.

Support workers helped people with the preparation of their meals when necessary. People were in control of their meal planning. Staff accompanied people to do groceries shopping when requested and reminded people to have plenty to drink during the day to remain hydrated. People told us, "We usually prepare something together and they lay the table nicely", "The care workers are good cooks, the meals are always nice" and, "I do it myself but they stay with me in case I need some help with the cooking." Part of the staff had received advanced training in nutrition at a local college that included how to promote healthy living. The rest of the staff were scheduled to attend this training.

A person experienced difficulties with using cutlery and this concern had been discussed at team meeting to explore how this person could be helped effectively. As a result, specific aids had been ordered for this person and staff had referred them to an occupational therapist for an assessment

People were involved in the regular monitoring of their health and were supported to attend appointments with doctors, opticians, dentists and other care professionals with their consent. Home visits by healthcare professionals were requested and arranged by staff when people were unable to leave their home. The service worked in partnership with local GPs, Age (UK) and district nurses to ensure people's health and wellbeing were maintained. A person had been referred to the district nurse when they had developed a wound on their skin. Staff provided transport and reminded people about their appointments when necessary.

Good

Is the service caring?

Our findings

People told us they were satisfied with the way staff supported them. When asked how they found the support staff provided, people's comments included, "The care package has only just started so it is early days but they seem very caring", "The workers are lovely", "The care worker who comes is kind and patient."

Positive caring relationships were developed with people. Staff told us they valued people they helped and spent time talking with them while they provided care and support. Two members of staff said, "We don't just provide the care, we also care for people and the way they feel" and, "We get to know people after a while and we always develop a good relationship, often a good type of friendship." People received a visit and a gift from the provider or registered manager on their birthdays which were celebrated. A person told us, "It is a nice touch, it makes you feel appreciated and it shows they care."

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. These were recorded before support was provided and updated at each reviews of their care. People were involved with the planning of their care and support, they told us, "We decided together at the beginning what I wanted to see happen" and a relative told us, "They invite me to attend reviews and we discuss together what works well or what can be improved."

Care workers were matched to people whenever possible to encourage good working relationships. A younger care worker had been allocated to two young people so they could establish an effective connection. Care workers were replaced when people had not developed a positive relationship with them and at their request, whenever possible.

Information was provided to people about the services available and how to complain. A brochure that included information about what to expect from the service was given to people before care started and was available in a larger print to assist people with visual impairment. The service had an easy-to-use website that offered additional information about the services provided. Additional well-designed leaflets presented available services on offer in more detail. They included, 'Little extra packages', 'Personal care in the comfort of your own home' and, 'Concierge services.' People told us, "They are good at explaining what they can do", and, "We are well informed."

Staff offered explanations to people before they helped them. One person who had a visual impairment told us how their care worker talked with them and explained any interventions beforehand. The service held information about advocacy services. An advocate can help people express their views when no one else is available to assist them. However this had not been used to date as people or their legal representatives were able to represent their views.

People's privacy was respected and people were supported in a way that respected their dignity. People told us, "The staff keep their distance when I have a bath because I prefer that, but they would intervene if I ask them to, and if so they always cover me first and are very respectful." The staff had received training in regard to respecting people's privacy and dignity during their induction. Clear instructions relating to confidentiality including the appropriate use of social media were provided in staff handbooks. This meant that people were cared for by staff who were aware of the need to respect confidentiality and exercise discretion.

When people had expressed their wishes regarding resuscitation or when they had made a 'living will', this was appropriately recorded. A living will is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. Staff were made aware of where relevant documentation was located in people's homes, so they could provide it without delay if necessary. Senior staff who had attended training about end of life care were allocated to people when they approached the end of their lives in their own home. People had a pain management plan when appropriate and the staff followed guidance from a local hospice palliative team when necessary.

Good

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. People told us, "They know about my routine", "I asked them to come at a certain time early mornings and they do it" and, "I get help with bathing twice a week as requested." The registered manager told us, "Our package of care adapts to people's needs and wishes, not the other way around."

The registered manager and senior care workers carried out assessments of people's individual needs before care was provided. These assessments identified what people wanted their care package to achieve. A person had returned home from a period of hospitalisation and had written in their care plan, "I want someone to help me get back on my feet." Staff followed instructions about how best help this person regain their confidence. Care plans contained information about people's specific requirements such as the activities, meals or routines they preferred. As soon as the care package began, these assessments were developed into comprehensive individualised support plans in a wide range of domains. These plans provided the information needed by staff to ensure people's individual requests and practical needs were met.

The staff were made aware of people's support plans to ensure they were knowledgeable about people's particular needs before they provided care and support. Care plans contained clear instructions for staff to follow, such as when people needed to be repositioned, or what to do if people were to become in pain. People chose the days and specific times when they wished to be supported. People's wishes, likes and dislikes were included such as, "[X] prefers not to eat fish or meat; would like to go shopping twice a week; likes bedding to be changed twice a week; enjoys a cup of tea before any care is provided; likes to do up buttons on his shirts." Staff read people's care plans and were aware of specific requests from people about how and when they wished to have their care provided. This responsive approach meant that people could be confident that their wishes were respected in practice.

People's individual assessments and care plans were reviewed every three month or sooner if people's needs changed. People were involved in these reviews and care plans were updated appropriately to reflect any changes. When people had become unwell and underwent a period of hospitalisation, The registered manager visited them to re-assess their needs and ensure that necessary equipment was provided in their home before they were discharged. The registered manager told us, "We make sure that people are not discharged before everything is in place." One person had a fall and their care plan had been updated to reflect changes in their risk assessment and include the equipment that had been put in place to minimise further risks. A relative told us, "When [X] was ill, the manager came and we re-looked at the care plan to see whether more input was needed."

Staff escorted people to provide practical support when they were going out. They provided transport when this had been agreed during the planning of their care. This meant that people had access to all facilities in their community to carry out any activities they chose to. People who were accompanied by staff enjoyed going shopping, eating out, visiting friends, garden centres, or local points of interest. A member of staff told us, "The care packages we provide are privately funded and people are the ones to decide when they want us to support them and where they wish to go; we may offer options but the choice is theirs; recently I helped a person picking up apples from their apple tree and prepare a dish with the apples." People had been referred to a befriending service with their consent, to reduce the risk of social isolation.

The service promoted people's independence and encouraged people to maintain their daily living skills. A member of staff told us, "We are here to help people stay as independent as possible in their own homes." A person who had specifically requested to remain as independent as possible told us the staff were meeting their needs and ensured their independence and their rights were respected. They told us, "Whatever I can do for myself they let me do, they encourage me to do this." A relative said, "They seem to understand how important independence is to my father and they help him focus on what he can still do for himself rather than what he cannot do."

The provider had a complaint policy that had been updated and people were made aware of the complaint procedures to follow if they wished to complain. When people had lodged a complaint, the operations manager had responded and ensured remedial action was taken with a satisfactory outcome. A relative told us, "I have complained several times, not officially, but over the phone, about a few minor problems and every time the

Good

Is the service responsive?

registered manager has listened and acted to improve the care package." Complaints were analysed at management meetings to identify whether any lessons could be learned to improve the service.

People's views were sought and acted upon. A satisfaction survey was carried out annually when people were asked a series of questions about many aspects of the service and were invited to add their comments. The results of the surveys were analysed to identify how the service could improve and were communicated to the staff to make them aware of what they did well or could do better. A survey audit showed that a person had cancelled a number of visits and this was followed up with a visit to their home to find out whether any improvement to the service could be carried out. The need for improving a system about contacting people when their visit calls had to be re-arranged had been identified and remedial action had been implemented. At the last survey, 97 % of the people who had participated in the survey stated they would recommend this service to others. Staff feedback was sought during one to one supervision sessions, at regular staff meetings and at staff forums that took place twice a year. A new computerised survey system had just been introduced and staff were invited to participate.

Good

Is the service well-led?

Our findings

Our discussions with people, the provider, the registered manager and staff showed us that there was an open and positive culture that focussed on people. People told us, "They are well organised" and, "The manager is very good; she is very efficient." A relative told us, "I can always rely on the manager to respond if we have any problems."

Members of staff confirmed that they had confidence in the management of the service. They told us, "It is well structured and we are well managed." Staff told us they felt valued and supported by the registered manager and appreciated her style of leadership. They described the registered manager as "A good leader", "Very approachable", "Open, receptive", "Very good at her job" and they told us about the provider, "We are not a number, we are valued and appreciated and this why staff stay working for this agency; the managing director is very considerate and treats the staff like a family."

The provider told us, "I know every single client on our books; we aim to treat people as people and improve our standards all the time to be the best at what we do." The registered manager spoke to us about their vision and values about the service. She told us, "Each person is unique and we respond to their unique needs; they are the decision makers and we always put our clients first." All the staff we spoke with indicated they shared this philosophy of care and had been inspired by the provider and the registered manager. Records of team meetings showed that the values of the service were prominent in all discussions about how to deliver care that empowered people.

Staff had easy access to the policies and procedures that were adapted specifically for the service. They were continually reviewed and updated. Attention was paid to changes ahead of new legislation that could affect the service. Policies indicated what the service aimed to achieve, and what this meant in practice. This ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

A system of quality assurance checks was in place and implemented. The way that staff provided care for people was monitored by the registered manager and senior care workers through regular checks that recorded staff performance. All staff training was monitored to check they attended scheduled training and refresher courses. The provider, operations manager and registered manager ensured that regular audits were carried out to identify how the service could improve. These included audits of incidents and accidents such as when people experienced falls or when they were hospitalised, to identify any trends or patterns and reduce risk for people. Monthly audits about 'continuity of care' were carried out to ascertain whether people were receiving all the visit calls that were planned. The last audit in October 2015 identified remedial action to ensure the delivery of care could be improved, such as providing further training to staff on care planning, recruiting more staff and talking with people about the timings of their staff visits. Monthly audits of medicines administration records were carried out to ensure no errors or omissions were missed.

Emphasis was placed on continuous improvement of the service. People's feedback informed improvements of the service and satisfaction surveys were analysed in detail to identify how the service that was provided to people could be improved. The registered manager showed us an improvement plan they had written that included clear objectives to be attained within a specified time frame. The objectives were relevant to many aspects of the service that included business and workforce development, services and communication. The plan was updated when progress with the objectives had been made.

Staff were encouraged to make suggestions about how to improve the service. All the staff we spoke with told us they were invited to discuss practice issues during team meetings and supervision, and to comment on how the service was run. Records of team meetings confirmed staff were actively involved and consulted. A member of staff told us, "We can bring any suggestions forward and will be listened to." At a staff forum, a member of staff had suggested new clothing for staff to wear at winter time and this had been purchased by the provider. Other team members had suggested the provision of dated labels to place on people's food items to indicate when they had been opened and were likely to expire. A member of staff had requested training or information for a specific illness so they could be better prepared when they first visited people and this had been provided. A new system that enabled staff to access and update people's information from their mobile phones had been implemented. This system also enabled the monitoring of the visits provided by staff.

Good

Is the service well-led?

We observed the registered manager in the office sharing and discussing ideas with staff and saw that people were placed at the heart of the service. The service promoted links with the community. The provider organised lunches out to which all people who received care from the service were invited. He told us, “People can get isolated and may benefit from companionship; this is why we had employed a befriender to help reduce people’s isolation, however this service was not used by people so we discontinued it.” The registered manager and operations manager consistently notified the Care Quality Commission of any significant events that affected people or the service.

People’s records were kept securely. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.