

Lancashire County Council

Burnley Pendle and Rossendale Domiciliary Services

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

We carried out an inspection of Burnley, Pendle and Rossendale Domiciliary Service on 7 and 8 March 2016. We gave the service 48 hours' notice of our intention to carry out the inspection. This was because the location was a community based service and we needed to be sure that someone would be present in the office.

Burnley, Pendle and Rossendale Domiciliary Service is registered to provide personal care to people living in their own home. The service specialised in providing flexible support to people with learning disabilities living in the Burnley, Pendle and Rossendale areas. At the time of the inspection 25 people were using the service.

The service was managed by a registered manager. 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.

We last inspected this service on 15 January 2014 and found it was meeting all legal requirements. During this inspection we found the service was meeting the current regulations.

People were happy with the service they received from Burnley, Pendle and Rossendale Domiciliary Service. They told us they felt safe and secure using the service. Staff showed awareness of how to keep people safe and understood the policies and procedures used to safeguard people. Staff were also aware of the procedures to follow to ensure medicines were handled safely.

Individual support plans contained risk assessments. These identified risks and described the measures and actions to be taken to ensure people were protected from the risk of harm. The care records and health action plans demonstrated that people's health was monitored and referrals were made to health care professionals where necessary for example: their GP or Speech and Language Therapist. People were supported and encouraged to have a healthy diet.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped to ensure suitable staff were employed to care for people. There were sufficient numbers of staff to meet people's needs. Staff were able to maintain and develop their skills by ongoing training. Staff spoken with confirmed they had access to a range of learning opportunities and told us they were well supported by the registered manager and management team.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves.

Support records and risk assessments were person-centred and were an accurate reflection of people's care

and support needs. The support plans, person centred plans and one page profiles were written with the person, so they were able to influence the delivery of their care. The support documentation included the person's likes and preferences and were reviewed to reflect changes to the person's needs and circumstances.

All people spoken with told us the staff were kind and caring. During the inspection it was evident the staff had a good rapport with people using the service and we were able to observe the positive interactions that took place. We noted the staff were caring, encouraging and attentive when communicating and supporting people.

People were supported to plan and participate in activities that were personalised and meaningful to them. We noted people participated in a wide range of activities and had an activity planner to help them structure their time.

People were aware of how they could raise a complaint or concern if the needed to and had access to an easy read complaints procedure.

The registered manager provided clear leadership and direction and was committed to continuous improvement. People and staff spoken with had confidence in the registered manager and felt the service was well managed. We found there were systems in place to assess and monitor the quality of the service, which included feedback from people using the service.

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.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their support plan.

Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

There were appropriate arrangements in place to manage people's medication.

Is the service effective?

Good ●

The service was effective.

Staff were well supported through a system of regular training, supervision and appraisal.

People were able to make their own choices and decisions. The registered manager and staff were aware of the principles and requirements of the Mental Capacity Act 2005.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were supported to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People made positive comments about the caring and kind approach of the staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as

possible.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Is the service responsive?

Good ●

The service was responsive.

Support plans were personalised and reflective of people's individual needs. This enabled staff to know how people wanted to be supported.

People were supported to participate in a range of volunteer and recreational activities.

People knew how to make a complaint and felt any concerns would be responded to and acted upon.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Burnley Pendle and Rossendale Domiciliary Services

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 checked whether the provider was 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 7 and 8 March 2016. We gave the registered manager 48 hours' notice of our intention to visit to ensure they were available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

The provider sent us 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 used this information as evidence for the inspection.

During the inspection we spoke with six people using the service, six members of staff and the registered manager. We also spoke with four relatives over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included five

people's support plans, medication administration records, staff training records, two staff recruitment files, staff supervision and appraisal records, quality assurance audits, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

All people spoken with told us they felt safe receiving care from staff at the service. One person told us, "I feel comfortable and safe" and another person said, "The staff are nice and kind to me." Relatives also expressed satisfaction with the service, for instance one relative commented, "I think the service is wonderful, we have such peace of mind" and another relative said, "I'm extremely satisfied. They provide such a valuable service." However one relative told us they had concerns about the level of staffing provided to support their family member. We looked in detail at the deployment of staff in this tenancy and at other tenancies supported by the service.

The team managers responsible for each tenancy organised and coordinated the staff rotas. We discussed the staff rota with one team manager who explained there were usually two staff on duty at their tenancy with some occasions when one member of staff was on duty in the late evening. Whilst there had been no incidents of concern and there was detailed guidance in place for staff on assisting a person to move safely, these circumstances had not been specifically risk assessed. The registered manager assured us a specific risk assessment would be carried out in order to identify any particular hazards. Further to this we received written correspondence from the registered manager after the inspection to confirm the risk assessment had been carried out and would be discussed with people and their relatives as appropriate.

All people spoken with told us they received support from a consistent group of staff, one person told us, "I know all the staff and when they are coming on duty." The registered manager explained the level of staffing was dependent on people's needs and the package of support required. Duty rotas were prepared in advance and the registered manager told us new care packages were not accepted unless there were enough staff available to cover people's needs safely. Staffing levels were flexible and alterations were made in line with changes in people's needs.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

We looked at how the service managed people's medicines. People receiving assistance with medication told us they received their medicines when they needed them. Staff told us they had completed a safe handling of medicines course and records seen confirmed this. The management team also carried out competence checks to ensure staff were competent in this task. Staff had access to a set of policies and procedures which were available for reference.

We noted from looking at people's personal files that appropriate records were maintained for the administration of medication. The records were also audited on a regular basis to check they were accurate and complete. Guidance for staff on how to support people with medication was included in the care plan

as necessary, along with information on the management of any risks associated with their medicines. Contact details for the person's GP and pharmacist were included in their care plans and staff used these if they needed to discuss people's medication.

We noted there were written procedures in place for the management and administration of medication prescribed "as necessary". As an additional safeguard, the registered manager told us staff had to gain authorisation to administer this type of drug from the on call manager. The registered manager told us she audited records of the authorisations to ensure the medication had been given correctly. However, a relative told us the staff had not always followed the written protocol in the line with the prescriber's instructions. We discussed these concerns with the team manager and the registered manager. We were given assurances by the registered manager and team manager the person's GP would be contacted at the first opportunity to discuss and clarify their recommendations for the medication's use. Further to this we received written correspondence from the registered manager to confirm contact had been made with the person's GP.

We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to direct staff on the actions they should take in the event of any allegation or suspicion of abuse. Staff were knowledgeable about safeguarding processes and were able to describe the signs that may indicate a person had been abused. They explained the actions they would take if they were concerned someone had suffered abuse and how they would report it. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own service if necessary. All staff spoken with said they would not hesitate to report any concerns.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We saw from the staff training records that all staff had completed safeguarding training when they commenced work with the service. Staff completed refresher training every year and safeguarding procedures were discussed regularly during individual supervision and group meetings. Staff also had access to internal policies and procedures which included the contact details for the local authority and a flowchart setting out the safeguarding procedure. This helped staff to make the correct response in the event of an alert.

We found there were appropriate procedures for the staff to handle people's money safely and people told us they were satisfied with the arrangements in place. We noted there were records of all financial transactions and the staff obtained receipts for any money spent. The management team audited these records on a regular basis and we could see evidence of their checks in the financial records seen.

We looked at how the provider assessed and managed risks to people's health and well-being. We found individual risks had been assessed and recorded in people's support plans and management strategies had been drawn up to provide staff with guidance on how to manage any risks in a consistent manner. The risk assessments were broad and wide ranging, for instance one person using the service showed us their risk assessments which related to volunteer and recreational activities, using public transport and using kitchen equipment. The person told us "The assessments have really helped me develop my confidence." Records showed that risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. We saw records to demonstrate the registered manager had also assessed generic risks for instance the use of hazardous substances, lone working and slips, trips and falls.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and an

incident form was completed after dealing with the situation. The registered manager viewed all accident and incident forms, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. The registered manager had carried out an analysis of the accident and incident records in order to identify any patterns or trends.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, "The staff are good. I like them all."

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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found the registered manager and staff had a clear understanding of their responsibilities under this legislation. Staff were able to give examples of how they supported people to make decisions and how they involved people in all aspects of their care. One member of staff told us, "We make sure people have appropriate information so they can understand and make decisions whether the decisions are big or small." We noted the service had detailed policies and procedures on the MCA and staff had received appropriate training.

Documentation within people's support plans identified where people had been assessed as lacking capacity to make a specific decision and the best interest process that had been followed. According to the provider information return best interest decisions had been made in respect of the use of visual and auditory monitors, use of bedrails and accessing preferred hospital support. Staff spoken with also told us a best interest decision had recently been discussed to ensure a person could continue to access the kitchen. The registered manager explained four deprivation of liberty applications had been made to the Court of Protection.

People spoken with told us they were supported in making their own choices and decisions about the care and support they received. One person said, "I talk to the staff and let them know what I want them to do." Staff understood the need to gain consent before carrying out care, one member of staff said, "It's normal practice to discuss everything with people so we know what their wishes are."

There was a stable staff team at the service who had a good knowledge of people's needs. Staff were able to tell us about how they cared for people to ensure they received effective care and support. From the staff training records and discussions with staff we noted they had completed training relevant to their role and responsibilities.

All staff completed induction training when they commenced work with the service. This included an initial induction, training in the organisation's visions and values, the care certificate and mandatory training. The care certificate is an identified set of standards that health and social care workers adhere to in their daily

working life. New staff shadowed experienced staff to become familiar with people and their needs. They were also given an induction pack which included an introduction to the provider's policies and procedures and a document called "Whose home is it?" This set out the staffs' role and expected behaviour whilst working in people's homes. We noted there was a strong emphasis placed on respect both for the person and their belongings. A mentoring checklist was completed with all new staff as part of their introductions to people's homes.

Staff had access to a wide range of training which included, safeguarding, moving and handling, medication management, health and safety, food hygiene and positive behaviour support. Specialist training was accessed by staff who supported people with specific needs for instance safe swallowing, dementia awareness and stoma and catheter care. Staff confirmed they had regular training and that courses were refreshed on a regular basis. We saw the training plan documented when training had been completed and when it was due to expire. The registered manager had systems in place to ensure all staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was beneficial to their role.

Staff confirmed they were provided with regular supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics had been discussed. Some staff had received an annual appraisal of their work performance known as a Performance Development Review (PDR). Information in the provider information return indicated all staff would have a completed PDR by the end of September 2016.

Staff were aware of people's preferred method of communication and used various aids such as communication passports, scrapbooks and Makaton to ensure people could express their views. Where necessary, behaviour support and physical intervention plans had been developed to provide staff with proactive strategies to manage any behaviour which challenged others and the service. The registered manager confirmed the staff were not using any restraint techniques at the time of the inspection.

People spoken with were satisfied with the support they received with shopping, cooking and meal preparation. One person told us, "They (the staff) always ask me what I want and make what I like." It was evident from people's support files that they were supported to maintain a healthy diet. People's nutritional and hydration needs were carefully monitored and specific records were maintained as appropriate, for instance dietary and fluid intake charts. Referrals had been made in line with people's needs to healthcare professionals such as the Speech and Language Therapist (SALT) and the dietitian. People at increased risk of choking had been referred for a SALT assessment and lists of high risk and safe option foods had been added to their support plan.

All people had a detailed and thorough health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments. We noted people were supported to attend all routine screening and healthcare appointments and were given the option of seeing healthcare professionals in private if they wished to. The registered manager and staff liaised closely with GPs and community professionals to ensure people received a coordinated service.

In the event people were admitted to hospital, all people had a hospital passport which was designed to inform healthcare staff about the person's needs, likes and interests. We saw examples of hospital passports during the inspection and noted they had been discussed with the person.

Is the service caring?

Our findings

People told us the staff always treated them with respect and kindness and were complimentary of the support they received. One person told us, "The staff are nice and kind to me" and another person commented, "The staff are good and we have a good laugh together. They care about how I feel." Similarly relatives spoken with praised the approach taken by staff, one relative said, "I think all the staff do a wonderful job. They are competent patient and willing and I can't fault them" and another relative told us, "The staff are excellent and in my view go out of their way to make life better for (person's name)."

During our time spent in the service we observed the registered manager and staff interacted with people in a caring and sensitive manner. We saw that people were respected by staff and treated with kindness.

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. One member of staff told us, "We encourage people to do as much for themselves as possible." This approach was reflected in people's comments, for instance one person said, "If I can I do things for myself and if I need help they (the staff) are there for me."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's support plans. They told us they were allocated to work in a particular tenancy which helped them get to know people and how best to support them. The registered manager had regular contact with all people who used the service and their relatives.

Wherever possible people were involved in decisions about their care and their views were taken into account. Four people showed us their person centred plans, support plans and one page profiles during the inspection. People were familiar with the documentation and confirmed they had discussed the plans with staff and had participated in all reviews. This told us people's comments were listened to and respected.

People were able to express their views on an ongoing basis, during support plan reviews, daily conversations and the feedback meeting. People were given information on the service in the form of a service user guide. This was set out in an easy read format with pictures to illustrate the main points. The registered manager was aware of advocacy services and agreed to add contact details to the service user guide. Advocacy services are independent from the service and provide people with support to enable them to make informed decisions. At the time of inspection, there was no one in receipt of these services.

All people spoken with told us the staff respected their rights to privacy and dignity. One person told us they preferred to have their personal care carried out by female staff and this preference was respected by the service. People also confirmed staff were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity and we noted the induction training for new staff incorporated training on the principles of care which included choice, dignity and respect, privacy, independence and individuality. The registered manager explained the service had signed up to the Dignity in Care 10 point challenge and she was due to discuss with the area manager the best way to promote this

initiative. The Dignity in Care 10 point challenge describes the values and actions that high quality services should do, for instance "Treat each person as an individual by offering a personalised service" and "Enable people to maintain the maximum possible level of independence, choice and control".

People told us they had a good relationship with the staff, one person told us, "I can talk to the staff anytime." Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I love my job. The people are just so lovely. They make me feel six feet tall. I really enjoy it" and another member of staff commented, "It's great to see how people's confidence grows over time."

Feedback received by the service highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs and they were happy with the care and support provided by staff. One person told us, "It's the best service ever. The staff are very good." A relative also said, "I have full confidence in the staff and feel they look after (person's name) very well" and another relative said, "The staff are fantastic. They do everything they can to support (person's name)."

Before a person received a service, an assessment was carried out by social services. This was available to the registered manager. The registered manager and / or member of the management team carried out a further assessment to gather information from the person and where appropriate from their relatives, community professionals and current placement. People were also invited to visit their potential new home before they moved in to enable them to meet other tenants and the staff. A record of introductory visits was maintained to ensure compatibility with existing tenants.

We looked at five people's support plans and other associated documentation. This information identified people's needs and provided guidance for staff on how to respond to them. The support plans were underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. The plans were reviewed once a year as a minimum and more frequently if people's needs changed. People were fully involved in their care plan reviews and a variety of methods were used during the reviews including "What's working and What's not working" to enable people to express their views on their service. All people had a one page profile which set out what was important to each person and how they could best be supported. We also saw some people had made scrapbooks of important events and activities they had enjoyed.

Staff spoken with told us the support plans were useful and they referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the management team of any changes in needs. According to information in the provider information return the team managers were flexible and responsive to support requirements. The registered manager also had a flexible working agreement and covered on call and direct support shifts if needed.

Staff completed a detailed record of the care on a daily basis which included information about people's diet, well-being and activities. This enabled staff to monitor and identify any changes in a person's well-being. The records were also read and monitored by a member of the management team to check if there were any concerns with the person's care. We looked at a sample of the records and noted people were referred to in a respectful way.

A member of the management team was on call 24 hours a day as well as a stand by manager if more assistance was required. This arrangement had been developed with a neighbouring service. As part of this, information relating to people supported by the service along with copies of support plans and guidelines for specific behaviour support was made available to the on call manager so they could respond to queries or requests for assistance.

People participated in a broad range of volunteer and recreational activities in line with their interests and preferences. For instance people volunteered to work in charity shops, walking dogs and at the Burnley Youth Theatre. People told us they also enjoyed leisure pursuits in the local community including shopping, visiting restaurants, bowling, going to the cinema and using the local gym. We noted people had activity planners as part of their support plan documentation to help them structure their time. Risk assessments had been carried out for all activities so any risks were identified and managed, whilst at the same time not restricting people's freedoms.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. One relative told us, "Whenever I have raised an issue in the past it has always been sorted out quickly." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a pictorial complaints procedure which explained the process to people using the service. The registered manager told us she had not received a formal complaint about the service in the last 12 months. We saw there were systems in place to ensure any complaints were investigated and responded to in a timely manner.

Is the service well-led?

Our findings

People and the majority of the relatives spoken with told us the service ran smoothly and was well organised. One person told us, "It's a good service, I'm happy with everything" and a relative told us, "The service really comes together for (family member). I would give it ten out of ten. I really don't think you could get better." However, another relative told us they felt a team manager should only manage one tenancy to enable them to coordinate and manage the staff and people's care. We discussed this issue with the registered manager and a team manager and were assured suitable arrangements were in place. We noted all team managers frequently worked alongside staff in each tenancy and had an in depth knowledge of people's needs and wishes.

The registered manager was qualified, competent and experienced to manage the service effectively. She had been registered with the commission since December 2011. Throughout all our discussions it was evident the registered manager had a detailed knowledge of people's current needs and circumstances and was committed to the principles of person centred care. She expressed a commitment to develop the service and was able to describe her achievements in the last 12 months. These included the implementation of an on call system with a neighbouring service and coordinating bespoke care and support for a person receiving end of life care. The registered manager told us her plans for improvement over the next 12 months included developing the use of person centred tools for reviews and team planning and to provide more formal support for the casual staff.

Staff spoken with made positive comments about the registered manager and the way she managed the service. One staff member told us, "The manager is a great person, she leads by example and is totally committed to the service" and another staff member commented, "The manager is very person centred she knows people so well and is always supportive whatever the problem or concern." Staff had the opportunity to attend regular tenancy meetings which were held at the office. The meetings enabled staff to discuss issues relating to the people they were supporting, exchange ideas and develop good practice.

There was a welcoming and open atmosphere at the service. People told us the registered manager was available to discuss any concerns they may have about the care provided. We saw the registered manager had an 'open door' policy to promote ongoing communication, discussion and openness. People and staff regularly entered the office for a chat throughout our visit.

The registered manager used a range of systems to monitor the effectiveness and quality of the service provided. This included feedback from people, their relatives and staff. One way this was achieved was through an annual feedback session which had been held twice over the last two years. All people using the service were invited to the session and were given the opportunity to express their views and suggest improvements. The feedback session held in July 2015 focussed on activities and looked at people's ideas for new activities. Following the session the ideas were collated and presented in an easy read format. At the time of the inspection the registered manager told us actions were being progressed to ensure people fulfilled their aspirations.

Staff and relatives had been asked if they would like to complete a satisfaction questionnaire. We looked at the results of the surveys and noted staff had requested additional training which had been arranged by the registered manager. We saw relatives were satisfied with the service and had written positive comments. For instance one relative had written, "Very happy with the support which (family member) receives" and another relative had wrote "All members of staff are extremely friendly and welcoming."

The registered manager and management team also carried out regular checks and audits. This included unannounced spot checks in each tenancy. We saw records of the checks and noted they covered all aspects of the service, including the ongoing arrangements for people's support healthcare, finance and medication. The management team also regularly checked records and there were systems in place to monitor staff training, supervision and appraisal.

The registered manager was part of the County Domiciliary Services Management Team, which had regular six week meetings. This meant the registered manager could meet with other managers to share good practice and discuss developments within the organisation.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.