

Apex Prime Care Ltd

Apex Prime Care – Andover

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?	Requires Improvement ●

Summary of findings

Overall summary

Apex Prime Care is registered to provide personal care to people living in their own homes. At the time of our inspection they were supporting 54 people.

The inspection was announced and was carried on 26 January 2017 by one inspector. The provider was given two days' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

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

People and their families told us they felt the care staff were caring and responsive to their needs. However, not everyone experienced a consistent level of support when they contacted the office. People and their relatives also expressed mixed views about the leadership of the service. They raised concerns over the response to concerns about the service; and the lack of consistency regarding information in respect of the staff who would be supporting them.

There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

People and their relatives told us they felt safe with staff and the service provided. Staff and the registered manager had received safeguarding training and were able to explain the action they would take if they identified any concerns.

The risks relating to people's health, welfare and the environment were assessed and these were recorded along with actions identified to reduce those risks. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the service and appropriate training, professional development and supervision to enable them to meet people's individual needs. People who relied on care staff to assist them with their medicines received them safely.

Staff sought people's consent before providing care and were knowledgeable about legislation designed to protect people's rights. Healthcare professionals, such as, GPs and district nurses were involved in people's care when necessary.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect.

Where people required support with their food and drinks, they were encouraged to maintain a healthy, balanced diet based on their individual needs.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs.

There were systems in place to monitor quality and safety of the home provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and their families felt the service provided was safe; staff were aware of their responsibilities to protect and safeguard people.

The registered manager had assessed individual risks to people, including those posed by their environment and had identified action to minimise the likelihood of harm.

People who relied on staff to assist with their medicines, received them safely.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate pre-employment checks had been completed.

Is the service effective?

Good ●

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

Staff received an appropriate induction, on-going training and support to enable them to meet the needs of people using the service.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Is the service caring?

Good ●

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices

and their privacy.

People and when appropriate their families were involved in planning their care.

Is the service responsive?

Good ●

The service was responsive

People told us that care staff were responsive to people's needs.

The provider sought feedback from people or their families and had arrangements in place to deal with complaints.

People received care that had been assessed to meet their individual needs. Staff responded appropriately to people's changing needs.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

People and their relatives expressed mixed views about how well they felt the service was led and the responsiveness of the registered manager and the office staff.

The provider's values were clear and understood by staff.

There were systems in place to monitor the quality and safety of the service provided.

Apex Prime Care – Andover

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 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 announced and was carried on 26 January 2017 by one inspector. The provider was given 2 days' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before the inspection we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 18 people using the service and with the relatives of four others over the telephone. We spoke with a further two people when we visited their homes and one of their relatives. Prior to our inspection we sent out questionnaires to people using the service and their families. We also received feedback on the service from a care professional. We used this information to help focus our inspection.

We spoke with five members of the care staff, two members of the administrative team and the registered manager.

We looked at care plans and associated records for seven people using the service, staff duty records, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in July 2014, when it was rated good overall.

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff and the service provided. One person said, "I feel safe, they are nice girls all of them". Another person told us, "I feel very safe with the carers and they know what they are doing". Other comments from people included, "Safe yes; we are happy with what we are getting", "Apex Care are doing ok", "I do feel safe; I think that I can trust them" and "Oh crumbs, yes". A relative told us, "I have nothing but praise of the care; they [staff] are always lovely to mum". People and relatives responding to our questionnaire also indicated that they felt safe.

There was sufficient staff to meet people's needs. The registered manager told us staff allocation was based on each person's needs. These were assessed, in conjunction with their care manager, prior to acceptance by the service. There was a computerised duty management system, which detailed the staffing requirements for each day. Short term absences of staff were managed through the use of overtime, administrative staff and supervisory staff. However, people and their relatives gave us mixed responses in respect of their experiences of staff attendance. One person said, "They are usually on time or they let me know and I understand this, they never let me down". Another person said, "I usually get the same carers, they stay for the time they should and are on time". A third person told us, "Staff are not always on time; they come as near as they possibly can; depends if they have had to wait for ambulances for other people. As a general rule they do call or the boss does". A relative said, "When we started they were different [care staff] but now they are regular we get to know them and I prefer that and they said this is what they would try to do. My wife is well please with them. We were surprised how good it's been". Another relative told us there had been no missed calls and [the registered manager] had been flexible at weekends when their relative changed their times. All of the people and their relatives who responded to our questionnaire confirmed 'they received care and support from familiar, consistent care and support workers'.

However, some people experienced a more sporadic response from staff. One person said, "Overall, they [Apex Care] have been ok. There have been some weeks which have not been good when I don't have my regular carer". Another person told us, "They couldn't get anybody on the Sunday, so in the end, I just cancelled it". A member of staff told us, "At the moment we are a bit short of staff but we cover it with overtime". Another member of staff said, "You have time to get to your calls. You are not rushed during a call and I have time to have a chat if they need me to". A third member of staff told us, "You can stay longer at a call if needed and they will let the next person know or cover my call if I'm going to be a long time".

The provider had a corporate recruitment process in place, managed through their head office, which retained all of the recruitment files for all of their services. This office had recently been subject to a separate inspection by the Commission. That inspection confirmed that all of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed these processes were followed before they started working at the home.

People experienced care in a safe environment because staff had the knowledge necessary to enable them

to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received safeguarding training. One staff member said, "Safeguarding is about protecting people so you keep an eye on things. If I had a concern I would raise it with [the registered manager]. If they didn't do anything I would go to you guys [CQC]". Where safeguarding concerns had been identified, records detailed the action that was taken.

People were supported by staff who understood the risks related to their care and the action they should take to reduce those risks. The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, one person had a risk assessment to enable care staff to support them safely when they went out into the community. Care staff were knowledgeable about the risks associated with each person they supported and how they would prevent harm and manage those risks. For example one staff member told us, "[A person] has a catheter and because they are tall we need to make sure there is a loop [in the tube] so when they stand it doesn't pull out or make them sore". Another member of staff said, "There are risk assessments in the care plan that has stuff to help you prevent things happening". The registered manager had also identified risks relating to the environment, such as whether there were smoke detectors in the person's home, loose rug or pets that could create a trip hazard.

People who relied on care staff to assist them with their medicines received them safely. The service had a clear medicines policy; staff had received appropriate training and their competency to support people with their medicines had been assessed to ensure their practice was safe. The service used 'Medication Support Forms' which detailed the date, time and details of support given. We found that these had been completed correctly and staff had signed to confirm the support they had provided.

There was an emergency/adverse weather plan in place. Each person had had an emergency priority assessment, which was based on the traffic light system of red, amber and green. Where red were the high priority calls, such as those requiring time critical medicines or where there were no family members available to support the person. This allowed staff to prioritise those people most at risk.

Is the service effective?

Our findings

People and their families told us they felt the service was effective and that staff understood their needs and had the skills to meet them. One person said, "I would say they have the training but everyone is different, it comes naturally to some". Another person told us, "They are caring; I should think they have had quite good training". A third person said, "The carers know me well". A further person told us, "They [staff] are all very competent". A relative said, "Staff do well to encourage [my relative] with his personal care". Another relative told us, "[My relative] would tell them what he wants, if he wanted something in particular. I never heard any complaints". All of the people and relatives responding to our questionnaire indicated that they felt care and support workers had the skills and knowledge to give them the care and support they needed.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had received training in MCA and were able to demonstrate their understanding of how it applied to the people using the service. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. The registered manager told us that none of the people they were supporting lacked capacity to make decisions.

People told us that staff sought their consent before providing care. One person said, "They do everything I want". Daily records of care showed that where people declined care this was respected. A member of staff told us, "I seek consent [from the person] if doing something. If they say 'No' you look at ways to help them. For example 'Do you want a shower? 'No'. Then I would try to encourage them. I might turn it on and say 'It is hot now shall we jump in?'. Another member of staff said, "If someone refuses their medicines I would call the office or the mobile if it is out of hours".

People were supported by staff who had received an effective induction into their role. Each member of staff had undertaken an induction programme which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. New staff also undertook a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. A new member of staff told us, "I have done my induction; I have not been in care before so I went to Portsmouth [for training]; it was very good and made sense; I felt confident before going out". They added "I am still doing the care certificate; I did shadowing and observations; went on double up calls where I was a third person so if I wanted to do something I could and they [experienced staff] were there and able to support me". They added that they had shadowed staff at the people they were now supporting. Another member of staff said, "I had a good induction, it was a good insight and eye opener. The classroom stuff was practical and hands on. We went through everything in the care certificate". A third member of staff who had returned from a break in care told us, "I enjoy working here. When I am away I missed doing care. So I came back". They added "When I came back I did a refresher course before going back out and did shadowing".

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, infection control and first aid. Staff had access to other training focused on the specific needs of people using the service, such as, moving and handling, dementia awareness and the Mental Capacity Act. Staff were also supported to undertake a vocational qualification in care. One member of staff told us, "I have done my dementia training which has made me a much better carer. I understand how to support [people] and the different types of dementia, the triggers and how best to support people". Another member of staff said, "Training is good and the support is as well. We're a good team". Staff were able to explain how they used the training they had received when supporting people. For example, how they supported people to mobilise safely.

Staff told us they felt confident they had the skills to support people in their own homes. They said they felt supported by the management team and had regular supervision with the registered manager. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Senior staff had conducted spot check competency assessments in people's homes to ensure staff were appropriately skilled to meet people's needs. One member of care staff said, "I have regular supervisions and spot checks as well. She [the supervisor] just turns up". Another member of staff told us, "As part of my development I have held the on call phone for a night". A third member of staff said, "You have regular supervisions and spot checks. They are relaxed and you can raise any concerns if you want". Other comments from staff included, "I definitely feel well supported in the role", "I have had spot checks and supervisions which are very helpful" and "Office staff are all approachable and you can ask anything. If in doubt just call the on call and ask anything".

People were supported to access healthcare services when needed, such as GPs, district nurses and chiropodists to ensure they received a consistent approach to their healthcare. A relative told us they were "impressed" with the staff because they responded promptly to concerns about their relative's health. They said, "For example, they have called me when they noticed a rash on [my relative's] back and have also called if [my relative's] temperature has been raised". A member of staff told us, "I had a lady who was not feeling well. She described her conditions and I thought she was having a heart attack so I called 999. I then rang the office, who contacted their family. I waited with the [person] until the paramedics and the family arrived and took over". Another member of staff said, "I have regular clients which is nice to have as you can see when they decline or are feeling poorly. For example, recently one person had a chest infection. I knew something was wrong so I spoke with the lady as I was concerned and she agreed for me to call the office and contact her family. The office called the doctor out for the lady".

People were encouraged to maintain a healthy, balanced diet based on their individual needs. Where people required support with their nutrition and hydration, this was documented in their care file. One person said, "Carers are helpful, they put something in the microwave for me, or if I ask, they make me a bacon sandwich". During one of our visits we observed a member of staff checking with the person what they wanted to eat and drink and whether there was anything else they wanted. A member of staff told us, "They tell me what they want. Even though they have the same thing every day I still ask them in case they fancy a change".

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One person said, "They [staff] are fantastic, you cannot say enough about them". They added "I've got my favourites; so long as they don't send a man, they know that and they don't". Another person told us, "My main carer is very good, always doing little extra's for me like changing a lightbulb, and I appreciate that". A third person said staff were, "brilliant, great, fantastic, almost part of the family". Other comments from people included, "Yes they are good and respectful", "They are very pleasant and I have no one I could say I didn't like their attitude", "Before they went they came and said 'goodbye' and 'see you tonight' they don't have to do that; so far so good, no room for complaint at all", "If I want anything, then I usually just ask and the carers do it for me" and "The girls are very good and kind". A relative told us, "They [staff] speak really lovely and kindly to [my relative]". Another relative said, "[My relative] loves the carers". A third relative told us, "All the carers are friendly and helpful". All of the people and relatives responding to our questionnaire indicated that they felt care staff were caring and treated them with dignity and respect".

People were supported by staff who understood the need to respect their privacy and dignity. One person told us, "I have never had any qualms about dignity and respect. None of them have ever been rude". Another person said, "When they give me a shower they are very caring and not rough". A third person told us, "The staff are gentle and respectful and good at everything". A relative said, "They come in and greet my [relative], always friendly and [my relative] never complains; not rude or rough and are quite gentle".

Care staff told us how they would maintain someone's privacy and dignity when providing personal care to people. They explained that this would be done by closing curtains and doors and ensuring people were covered with a towel when having a wash. One member of staff said, "I always knock on the door and call out when going in. They have a schedule so they know who is coming each day". Another member of staff told us, "When doing personal care, I cover them with a towel, speak to them while I am doing things to build up a friendship so they trust you and feel comfortable with you".

Staff understood the importance of respecting people's choice and their right to refuse care. For example, a member of the office team called a person to inform them that their regular member of staff had gone sick and checked whether they would prefer an alternative member of staff or wanted to wait until their normal staff member had returned. They said they wanted to wait. A member of staff told us, "I had one client who was struggling to breathe. He declined us calling the doctor so I rang the office who contacted his family [with his permission]. I then sat with him until he pick up". Another member of staff told us the needs of a person they supported fluctuated and added, "What we do is guided by him and whether he is having a good day or bad day". People's daily records of care documented where people refused care and this was respected.

People, and when appropriate their relatives, were involved in developing their care plans. One relative told us, "They fill in the book, which I get to read and keep me updated". Another relative said, "Management do review [my relative's care plan] and ask us about the quality of the service. [My relative] is getting what we asked for". People's preferences and views were reflected in their care plans, such as the name they

preferred to be called and their choice of the gender of the person providing care. One person said, "I prefer ladies to help me and they always get ladies". Another person told us, "They always ask me what I want and listen to me".

Information regarding confidentiality formed a key part of the induction training for all staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Is the service responsive?

Our findings

People and their families told us they felt the care staff were responsive to their needs. One person said, "They know my skin is bad and thin like paper and they know about my breathing and the oxygen". Another person told us, "They [staff] do what I need them to do, I only have to ask". A third person said that the service was, "very good; it's the people [staff], they treat me very well".

People received care and treatment that was personalised and met their needs. People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. For example, one person's care plan informed staff of the particular type of make-up the person preferred. Another person's care plan identified that during their teatime call they 'liked to sit in the kitchen to have my tea'. One member of care staff told us, "I am a regular visitor to [named person] but I always check his care plan in case it has been updated. I look at the daily records of care to see how he's been and what's been happening". Another member of care staff said, "The care plans are good but I still prefer speaking with people to find out what they like. For example, whether they prefer to brush their teeth before they shower or after". People's care plans also included specific individual information to ensure medical needs were responded to in a timely way.

Each person's care file contained guidance, which described people's routines and provided care staff with detailed information of the exact care people required at each visit. Care plans and related risk assessments were reviewed regularly to ensure they reflected people's changing needs. One person told us, "Somebody from the office often comes and sits on the end of the bed to see what's going on". A senior member of care staff said, "I do assessments and six monthly reviews or sooner if something has changed".

People's daily records of care were detailed, up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required to mobilise. This corresponded to the person's care plan. We observed a member of staff supporting this person to mobilise and saw that it was in line with information in their care plan. People were supported to access activities that were important to them. One member of care staff told us, "I take [a person] to the gym. I am on their mobility insurance so I can take their car and wheelchair". They added "I sit with him. I keep a book for him and his wife so they can keep track of his progress. Then we go for a coffee".

People and their families were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided. The provider sought feedback about the service through a quality assurance survey. This was sent out by the provider who analysed the results and provided feedback to the registered manager. This allowed the provider to assess the performance of the service and identify trends, concerns and areas of good practice across all of their services. The registered manager told us that where negative comments were received they were required to investigate the concern, action a response and feedback the results to the provider. We looked at the results from their latest survey which was

completed in September 2016. Most of the feedback was positive and with the exception of one person all stated they were satisfied with the overall level of service. We saw when people had raised a concern this was responded to by the registered manager. Senior staff also sought feedback from people when they carried out 'spot checks' of staff in their homes. One person said, "We have had someone come to ask us about the service". Another person told us, "She came the other day from the office to ask how the girls were doing and was I satisfied with them and was there anything she could do to make it better; but its excellent". We also saw 'thank you' cards sent in by people's families which were all very positive and included comments such as, 'Kindness is the biggest thing you can give to anyone who is frail and alone' and 'We can't express how grateful we are. You treated him with respect, kindness and allowed him to keep his dignity up until the end'.

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided; this information was available in the care folders kept in people's homes. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. The registered manager told us they had not received any formal complaints since the service was last inspected. They said they dealt with minor concerns informally and resolved them by speaking with people.

Is the service well-led?

Our findings

People and their relatives expressed mixed views regarding how well they felt the service was led. People raised concerns over the lack of consistency in respect of which care staff supported, the failure to let them know who would be coming and the lack of a consistent level of support when they contacted the office. One person said, "The office staff have a long way to go; I would rate them four or five out of ten". Another person told us, "85% of the problem is communication with the office". A third person said, "I have phoned up and raised issues in a review, but it doesn't seem to make any difference". A further person told us, "It can be difficult to get hold of the office and they don't always return my calls when I leave a message". Other comments included: "My main carer is good. The office staff let down the service", "The manager used to come out to see me, but not anymore as she is too busy", "They change the rota, but they never tell me", "Apex Care started alright, but it's gone downhill rapidly" and "I don't really know the managers".

However, other people told us how supportive the office staff were. One person said, "Office staff are really good and they always answer the phone and I can always call them up if I have to do so I don't often have to. On the whole we are very happy with them and confident in them". Another person told us the office staff were, "very efficient". A third person said, "I might ask them a question in the office, they are helpful". A relative told us, "There is definitely good communication and I am always kept informed if things change in relation to mum's needs and health". Another relative said, "I'm not there on site so when I do need to contact them its fine they know what's going on and what they need to know".

People and their families also provided a mixed response to how satisfied they were with the registered manager's response to their complaints. Some people expressed dissatisfaction with how their concerns were dealt with, for example one person told us, "I raised an issue with the manager, and they didn't come round to see me, it was disappointing". Another person told us "When you raise a concern the registered manager is defensive". Other people provided positive feedback about the registered manager. One person told us they had complained about a member of staff and this had been dealt with to their satisfaction. Other positive comments included, "I would complain to the boss. I am 100% sure that if I complained something would be done about it", "I would call the office actually [if I needed to complain] and I feel they would listen" and "No complaints; from the minute I came into this agency it has been wonderful". All of the people who responded to our questionnaire felt the service responded well to any complaints or concerns.

95% of the people responding to our questionnaire indicated that they felt staff at the service responded well to any issue raised and that they would recommend the service to another person. The feedback from a care professional stated that they felt the office staff were always friendly and efficient and that the management team and care staff 'always seem to conduct themselves in a professional manner and feedback from the agency is always helpful and informative'.

We fed back people's experiences to the registered manager, who expressed their disappointment that people felt the office was not supportive, as their recent quality assurance survey had not identified any negative feedback or concerns. They told us "We have some very challenging clients who are difficult to deal with. They have been with a number of other services before coming to us; we are their last chance".

There was a clear management structure which consisted of the registered manager, care co-ordinators and senior care staff. Staff understood the role each person played within this structure. Although the management team encouraged staff and people to raise issues of concern with them, some people told us their concerns were not always acted upon. For example, issues raised by a person regarding their care review. There was the potential for people and their relatives to comment on the culture of the service and become involved in its development through regular opportunities to feedback, such as the spot check visits and the quality assurance surveys.

Regular staff meetings provided the opportunity for the registered manager to engage with staff who spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. One member of staff said, "Our staff meetings are interactive and you can raise anything you want at them". Another member of staff told us, "They have staff meetings. If I can't get to them I get a debrief so I know what's going on". A third member of staff said, "I am really happy with the management, what they do here and the support they give me. I can't praise them enough. They not only have the clients' best interest at heart but the staff's interest as well. They have a good balance"

Staff told us the registered manager was approachable, supportive and had an open door policy. One staff member told us the management team were, "Lovely. No problems at all. If I have any problems I come in and the manager deals with them straight away". Another staff member said, "Really good management, really supportive of me". A third member of staff told us, "Good support from upstairs [office staff] I don't feel like you're a pain bothering them, particularly on the late shift, which is really beneficial". A further member of staff said, "Management are really good, approachable. If I've got any concerns I just pick up the phone and have a chat".

There were systems in place to monitor the quality and safety of the service provided. These included regular audits of medicines management, daily records, care files and supervisions. The provider also used the feedback from spot-checks and service user questionnaires to understand the quality of the service provided. Where issues or concerns were identified remedial action was taken.

The provider had suitable arrangements in place to support the registered manager. The area manager visited the service once a week and meetings with other managers were held monthly. The registered manager told us, "I feel well supported. I regularly chat with the other managers and someone is always at the end of the phone if I need them".

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of the provider's registration. The rating from our previous inspection was displayed in the office and on the provider's website.