

Comfort Call Limited

Comfort Call Accrington

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?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Comfort Call Accrington on 20 and 21 March 2017. We gave the service 48 hours' notice to ensure that the registered manager would be available when we visited.

Comfort Call Accrington is a domiciliary care agency which provides personal care and support to people with a variety of needs including older people, people living with dementia, younger adults, people with a learning disability, autistic spectrum disorder, physical disability or sensory impairment and people who need support with their mental health. The agency's office is located in Accrington in East Lancashire. At the time of our inspection the service was providing support to 110 people. This was our first inspection of this service.

At the time of our inspection there was a registered manager at the service who had been registered with the Commission since February 2015. 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.

During our inspection people told us they felt safe when staff supported them. Staff had a good understanding of how to safeguard vulnerable adults from abuse and were aware of the appropriate action to take if they suspected abuse was taking place.

Records showed that staff had been recruited safely and they received an appropriate induction. Staff received regular supervision and their practice was observed regularly to ensure that they were providing safe care. Staff told us they felt well supported by management at the service.

We found that people's medicines were managed safely and people told us they received their medicines when they should. Staff competence to administer medicines safely was assessed regularly.

People were supported with their healthcare needs and were referred to healthcare professionals when appropriate. We received positive feedback about the service from two community healthcare professionals.

People told us they were happy with the care and support they received from the service. They told us that they were involved decisions about their care.

People told us staff arrived on time and stayed for the full duration of the visit. However, people told us that they did not always know who would be supporting them. They told us they were not always introduced to new staff or informed when someone different would be visiting them.

People told us the staff who supported them were caring. They told us staff respected their privacy and dignity when providing care and encouraged them to be independent.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

People were asked to give feedback about the service in annual satisfaction questionnaires. We reviewed the questionnaires from May 2016 and found that people reported a high level of satisfaction with most aspects of the service.

Most people we spoke with told us they were happy with the way the service was being managed. They found the staff and management team approachable and knew who to contact if they had any concerns.

We saw evidence that regular audits were completed by the registered manager and the service provider. These checks were effective in ensuring that appropriate levels of care and safety were maintained.

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.

The manager followed safe recruitment practices when employing new staff.

Staff had completed training in safeguarding vulnerable adults from abuse and knew what action to take if they suspected abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that people's risks were managed appropriately.

People's medicines were managed safely and people told us they received their medicines when they should.

Is the service effective?

Good 

The service was effective.

New staff received an appropriate induction and were able to observe experienced staff before they became responsible for providing people's care.

People's care plans were detailed and individualised. Care plans included people's preferences as well as their needs.

Staff understood the importance of supporting people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

Staff supported people appropriately with their nutrition, hydration and healthcare needs. People were referred to healthcare professionals when appropriate.

Is the service caring?

Requires Improvement 

The service was not consistently caring.

People were given information about the service when they first

started receiving care, which included a service user guide.

People told us their care needs were discussed with them and they were involved in decisions about their care.

People told us staff respected their privacy and dignity and did not rush them when providing care.

People did not always know who would be supporting them. They were not always introduced to new staff or informed when a different member of staff would be visiting them.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before the service started supporting them.

People received personalised care which reflected their needs and their preferences.

People were asked to give feedback about the care and support they received and reported a high level of satisfaction with the service.

People felt able to raise concerns with the staff or the registered manager.

Is the service well-led?

Good ●

The service was well-led.

The service had a mission statement which focused on people's independence, dignity and choice and was promoted by staff and the registered manager.

Most people being supported by the service were happy with the way the service was being managed.

Staff felt the service was managed well and felt well supported by the registered manager.

The registered manager and the service provider regularly audited many aspects of the service. The checks being completed were effective in ensuring that appropriate standards of care and safety were being maintained.

Comfort Call Accrington

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 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.

The inspection took place on 20 and 21 March 2017 and we gave the provider 48 hours' notice as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by two adult social care inspectors and two experts 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 experts by experience contacted people who received support from the service by telephone, to gain feedback about the care they received.

Prior to the inspection we reviewed information we held about the service including concerns, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted three community healthcare professionals who were involved with the service for feedback about the care provided, including a district nurse, occupational therapist and speech and language therapist. We received responses from two professionals, who gave positive feedback about the service. We also contacted the Quality and Contracting Unit at Lancashire County Council and Healthwatch Lancashire for feedback. They advised that they had no concerns about the service.

As part of the inspection we spoke on the telephone with 18 people who received support from the service and two relatives. We also visited two people at home. We spoke with four care staff, the registered manager and the regional manager. In addition, we reviewed the care records of six people receiving support. We looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks that had been completed to monitor the quality of the service being delivered. We also looked at the results of the most recent customer satisfaction survey.

Is the service safe?

Our findings

The people we spoke with told us they always received safe care. One person said, "The staff are very careful with me". Another told us, "I feel safe with them [staff]. They help me get dressed". The relatives we spoke with also felt that the care provided was safe.

We looked at how the service safeguarded vulnerable adults from abuse. There was a safeguarding policy in place which identified the different types of abuse and included information about how to refer to the local safeguarding authority.

We looked at staff training and found that all staff had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with understood how to recognise abuse and told us they would raise any concerns with the management or the local authority. Our records showed that safeguarding concerns had been managed appropriately by the registered manager, including referrals to the local safeguarding authority and the submission of safeguarding notifications to CQC where appropriate.

We looked at how risks were managed in relation to people supported by the service. Risk assessments had been completed for each person, including those relating to mobility, medicines, falls and skin damage. Risk assessments included information for staff about the nature of the risk and how it should be managed and were reviewed regularly. People's care files included information about how they should be supported in an emergency. This helped to ensure that risks to people's health, safety and wellbeing could be managed appropriately.

We noted that the service kept a record of accidents and incidents that had taken place. We saw evidence that accidents had been investigated appropriately and any necessary actions had been taken. We noted that accidents were analysed monthly to identify any trends or concerns. This helped to ensure that appropriate action had been taken and that documentation had been completed appropriately.

We looked at the recruitment records of three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identification and at least two written references had been obtained. These checks helped to ensure that the service provider made safe recruitment decisions.

We looked at staffing arrangements at the service. The registered manager advised that people were usually supported by a small team of care staff so that staff were familiar with people's needs and how to meet them. However, she told us that this was not always possible due to staff leaving and staff sickness and holidays. She told us that agency staff were not used and any periods of staff annual leave or sickness were covered by other staff. People told us staff visited when they were supposed to and stayed for the full duration of the visit. They told us that when two members of staff were required to provide support, two staff

members always attended.

We reviewed the staff rotas from 6 March 2017 to 12 March 2017. We found evidence of staff visiting the same people regularly during that period and saw that two staff were scheduled to provide care when people required support from two staff to meet their needs.

Staff told us that communication at the service was good. They told us they documented the support they provided at each visit as well as any concerns identified. Staff told us that they always contacted the office staff if they had any concerns about a person's health or wellbeing and discussed any concerns with family members. This helped to ensure that all staff were kept up to date with people's needs and risks to people's health and wellbeing were managed appropriately.

We looked at whether people's medicines were managed safely. A medicines policy was available which included information relating to administration, refusal, 'as required' (PRN) medicines, documentation, staff training and errors. Records showed that all staff had completed up to date training in the safe administration of medicines.

Records showed that staff were observed regularly to assess their competence to administer medicines safely and the completion of medicines administration documentation was reviewed as part of the observations. The staff we spoke with demonstrated that they understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly.

People told us they were happy with how staff supported them with their medicines. They told us they received their medicines when they should and staff documented it on the medicines administration record (MAR). We reviewed the MAR sheets for five people, including one person we visited at home and found that they had been completed appropriately by staff. We noted that one person's medicine was not clearly documented as being 'as required' (PRN). We discussed this with the registered manager who addressed this during our inspection.

The service had an infection control policy in place, which provided guidance for staff about personal protective equipment, hand hygiene and the handling of soiled linen. Records showed that all staff had completed up to date training in infection control and were subject to regular spot checks, which included the observation of their infection control practices. This helped to ensure that people were protected from the health risks associated with poor infection control.

The people we spoke with told us that staff wore protective gloves when they supported them with personal care but did not always wear protective aprons. We discussed this with the registered manager who told us this issue would be addressed with staff. Following our inspection she provided evidence that this issued had been discussed with all staff and spot checks had been completed to ensure staff were wearing the appropriate personal protective equipment when supporting people.

We noted that the service had a business contingency policy and plan in place which provided guidance for staff in the event of a fire, flood, severe weather conditions or the loss of amenities such as gas and information technology.

There was a lone working policy in place which provided clear guidance for staff about the risks involved and the practices they should adopt to keep them safe when they were working alone.

Is the service effective?

Our findings

The people we spoke with told us they were happy with the care they received and they felt staff were able to meet their needs. They said, "They [staff] are very competent. They do everything I need them to do" and "I have always been happy with the carers coming. I have always been happy with the help they give me. I have no complaints". The relatives we spoke with told us, "The staff that come are very good" and "I couldn't have a better firm come in. They miss nothing".

Records showed that new staff observed experienced staff as part of their induction when they joined the service and this was confirmed by the staff we spoke with. We noted that each staff member's practice was observed regularly, when they were assessed in relation to a number of issues including medication management, infection control, moving and handling and record keeping. The staff we spoke with confirmed that their practice was observed regularly.

The registered manager advised that all staff received a 'Care worker code of practice and rules of conduct' when they joined the service. The code included information for staff about confidentiality, record keeping, equality and diversity and whistle blowing.

The service had a staff noticeboard which displayed information about the Mental Capacity Act 2005 (MCA), whistle blowing, contact details for the local safeguarding authority, staff meeting notes and the employee handbook. A staff file was also available which included details of how to raise a safeguarding alert with the local safeguarding authority and how to raise a concern with CQC. Access to this information helped to ensure that staff were able to provide people with safe, effective care and knew what action to take if they had any concerns.

We reviewed staff training records and found that all staff had completed up to date training in health and safety, food hygiene, infection control, first aid and moving and handling. The staff we spoke with told us they had completed training when they joined the service and their training was updated yearly. They felt well trained and told us they could request further training if they needed it. This helped to ensure that people received care from competent, skilled staff.

Staff told us they received regular supervision with the care co-ordinators or the registered manager and they felt able to raise any concerns or make suggestions for improvement. We noted that themed supervisions also took place around issues including medicines, safeguarding, record keeping and nutrition.

We reviewed six people's care plans and found that they included information about their needs and how they should be met, as well as their likes and dislikes. Each care plan contained information about how care should be provided by staff during their visits. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, their relatives had been consulted.

The staff we spoke with told us they completed daily records every time they visited people in their homes,

where they documented the care provided on each occasion and any concerns identified. The people we spoke with and their relatives felt that communication from staff was good. We reviewed people's daily records and found that information documented by staff included support provided with personal care, meals, medicines and domestic tasks, as well as any concerns identified.

We looked at how the service addressed people's mental capacity. 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 make 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.

Records showed that all staff had completed MCA training. The staff we spoke with understood the importance of seeking people's consent about every day decisions, even when they lacked the capacity to make decisions about more complex aspects of their care. Staff were also aware that people had the right to refuse care regardless of their capacity and where people lacked capacity, their relatives should be involved in decisions about their care.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary preferences, and risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration.

We looked at how people were supported with their health. The people we spoke with felt staff made sure their health needs were met. One person told us, "If I'm not very good, they will call the doctor". Relatives were also happy that people's healthcare needs were met. One relative told us, "[My relative] suffers from a lot of pain. If staff notice any new pain or [my relative] showing signs of confusion leading to an infection, they let me know."

Care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. The staff we spoke with told us they contacted the office staff if they had any concerns about a person's health or wellbeing and the office staff contacted healthcare professionals and people's relatives when appropriate. Contact details for health care professionals involved in people's care, including GPs and district nurses, were included in people's care records.

We received positive feedback about the service from two community healthcare professionals. One professional told us, "[Person's name] is always complimentary about his carers. He feels they specifically take time to understand and listen to him".

Is the service caring?

Our findings

People told us the staff who supported them were caring. They said, "I can truthfully say there isn't one person comes that hasn't been nice. They are considerate and pleasant. I never feel uncomfortable with them", "I like all the girls. I've not had one that I have not liked. I've not had one that was rude or rushed me" and "The carer always comes with a smile on her face and is willing to talk and is ready for a laugh and a joke. I like her. She never rushes me. There is always plenty of time. She is very, very good". One relative told us, "They have a laugh and joke with [My relative] and get him laughing. There has never been any rush".

Twelve people and two relatives we spoke with told us that support was provided by regular care staff. One person commented, "I've kept to the same staff recently. It's very nice. They know what to expect when they come". This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs. Four people told us they did not have regular care staff though they would like to. One person commented, "I have asked for regular ones (staff) but they seem to swap around".

Four people told us they did not always know who would be supporting them. One person commented, "I don't get a rota. I don't know who is coming. They're not introduced. They just come". The registered manager told us that everyone had been offered a weekly rota which detailed who would be supporting them. She told us that in light of the feedback we had received, she would contact everyone being supported by the service again to ask them if they wished to receive a weekly rota. Following our inspection the registered manager sent us a copy of the April newsletter, which included a request for people to contact the registered manager if they wanted to receive a weekly rota.

Some people told us they were not always informed when there was a change in who would be visiting them and we noted from the results of the satisfaction questionnaires issued to people in May 2016, that in response to the question 'Are you told which care worker is visiting you before they arrive?' 30% of people had stated 'never' and 30% 'sometimes'. In response to 'How do you feel about the number of different care workers that visit you?' 29% had stated 'too many'.

We discussed these issues with the registered manager who advised that people were supported by a small group of regular care staff wherever possible. She advised that sometimes this was not possible due to staff sickness, holidays or staff leaving the service. She told us she was not aware that people were not always being contacted when their care staff changed and would ensure in future that people were informed when a different member of staff would be visiting them. Following our inspection the registered manager provided copies of the service's communication record book which provided evidence of office staff contacting people to inform them when there had been a change in the care staff who would be visiting them.

Two of the staff we spoke with told us that the office usually contacted people when there was a change in the staff member who would be visiting them. However, two staff told us there were times when the person they visited had not been informed of the change.

Six people we spoke with told us they were not always introduced to new staff. They told us that staff often introduced themselves. The registered manager told us that new staff were introduced whenever possible but this was not always possible when staff were covering staff sickness.

People told us that staff were usually on time and stayed for the full duration of the visit. No-one we spoke with had experienced a missed visit.

The staff we spoke with told us they knew the people well that they supported regularly, both in terms of their needs and their preferences. They felt they had enough time during visits to meet people's individual needs in a caring way. One staff member told us, "I've seen the progress that some people have made and I can identify any changes".

We saw evidence that people received detailed information about the service. The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The pack included information about the different services available, reviews, confidentiality and how to make a complaint.

We noted that the 'Care worker code of practice and rules of conduct' included information for staff about equality and diversity and the importance of not discriminating against people because of their race, gender, disability or other characteristics. This helped to ensure that staff treated people appropriately and respected their diversity.

The service had a policy in place relating to advocacy and we noted that information about local advocacy services was included in the service user guide that people received when they began being supported by the service. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

The people we spoke with told us their care needs had been discussed with them. Where it was felt that people lacked the capacity to make decisions about their care, relatives told us they had been consulted. Relatives told us that communication from staff and the management team was good and they were updated by staff if there were any concerns or changes in people's needs.

People told us that staff respected their dignity and privacy. One person told us, "They treat me with dignity. They always make sure doors are closed and they cover me up". People told us that staff did not rush them when providing support and encouraged them to be independent. One person commented, "Staff go at my speed". Staff understood the importance of encouraging people to be independent. One staff member told us, "People sometimes want you to do things for them, like feeding them when they can feed themselves. We explain that they need to keep their independence and encourage them".

Is the service responsive?

Our findings

People told us the care that they received reflected their needs and their preferences. They said, "The staff are very good all round" and "I've been very lucky. I've got a good company and good staff. They know me and I know them". One relative told us, "Everyone [staff] knows what to do. They are particular, they make sure everyone's alright".

Records showed that an assessment of people's needs was completed before the service began supporting them. Assessment documents included information about people's personal history, care needs and personal preferences.

The care plans and risk assessments we reviewed were detailed and individualised. Care plans documented the support that should be provided by staff during visits and what the person being supported was able to do. Care plans included information about how support should be provided to reflect people's needs and preferences.

We saw evidence that people's care plans were reviewed regularly and any changes in people's needs were documented. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that any concerns identified were discussed with the office staff and they sought medical advice when appropriate. Staff told us they always updated relatives about any changes in people's needs and this was confirmed by the relatives we spoke with.

The people we spoke with told us they were involved in planning and reviewing their care. One person told us, "I have a review about every six months. The care plan changes sometimes". Where it was felt that people lacked the capacity to take part in planning their care, their relatives told us they had been consulted.

The service had a complaints policy which included timescales for an acknowledgement and a response. Information about how to make a complaint or provide comments about the service was also included in the service user guide. We found evidence that complaints had been investigated appropriately and responded to in line with the policy.

People told us they knew how to make a complaint and felt able to raise any concerns with staff or with the registered manager. One person told us, "I feel lucky to have Comfort Call. I have nothing to complain about I'm pleased to say". One relative told us, "I know how to make a complaint but I'm so happy it's not a thought in my mind".

The registered manager showed us a collection of thank you cards and emails that had been received. Comments included, "The family of [person's name] would like to thank all the care workers who visited mum for their kindness, help and overwhelming sympathy at all times" and "Please pass on grateful thanks to your staff members for their care and kindness".

Records showed that the service regularly contacted people to gain feedback from them about the care they

received and this was confirmed by the people we spoke with. We noted that one person had raised concerns about the number of different care staff who supported them. Staff rotas had been reviewed in response to the concern and it was identified that the person received two visits each day, with a total of four different care staff visiting them each week. The registered manager informed us that she felt this was reasonable and had advised the person of this. She told us that where possible people were supported by a small team of regular care staff. However, it was not always possible for people to be supported by the same one or two care staff due to staff sickness, holidays and staff leaving the service.

Following our inspection the registered manager sent us evidence of further quality assurance telephone calls and visits to people which had taken place after our visits. We noted that most people who had been contacted by the service were happy with the support they received. One person had asked for one member of staff not to visit them and had reported that some staff visited her late. Records showed that both issues had been addressed by the service.

The registered manager told us that satisfaction questionnaires were sent to people and their relatives yearly. We reviewed the results of the questionnaires from May 2016 and noted that 121 questionnaires had been sent out and 37 had been returned. People had reported a high level of satisfaction with many areas on the questionnaire, including their involvement in planning their care, staff respecting their confidentiality and privacy and upholding their dignity and the competence of staff. In total, 86% of respondents had stated that they were either 'very satisfied' or 'satisfied' with the service.

Is the service well-led?

Our findings

Most people we spoke with were happy with how the service was managed. One person told us, "I liked it when they got a new manager. She came out and introduced herself. Every Thursday the supervisors come out and inspect the MAR (Medicines Administration Record) chart. I get to know them". Another person said, "I can't find fault with them (management)". One relative told us, "You couldn't get the care without the management. I haven't got a single bad thing to say about them".

However, one person was not happy with the management of the service. They told us, "I don't think they are well run. I should know who is coming and get a regular person. I should know they will be on time". We discussed this with the registered manager who told us that people were supported by regular care staff whenever possible and received a weekly rota if they had requested one. She told us that following our inspection, she would be contacting everyone supported by the service to ensure they were happy with the care they received and she would make changes where these were necessary. Following our inspection the registered manager provided evidence of telephone calls and visits to people asking if they were happy with their care.

The service had a mission statement which described the service's mission as being, "To provide flexible, community based care support of the highest standard that promotes independence, dignity and choice". We saw evidence during our inspection that the service's mission statement was reflected in the care and support provided by the staff and management at the service.

Staff told us they felt well supported by the registered management and the office staff and could speak with them at any time. Staff told us, "The management are approachable and organised. I've had no issues" and "The service is well managed. The registered manager and the supervisors are approachable. They're very flexible and good to me".

During our visits we observed the registered manager and the area manager communicating with staff and each other, in person and on the telephone, and noted that they were respectful and supportive. The registered manager told us that she and the care co-ordinators provided care when they were short staffed and this was confirmed by the staff we spoke with. The registered manager told us it was important to her that she did not ask her staff to do anything that she would not do herself.

The registered manager told us that staff meetings took place regularly. This was confirmed by the staff we spoke with, who told us they were asked for their views and could raise any concerns during staff meetings. We reviewed the notes of previous staff meetings and found that issues addressed included safeguarding, audits, time keeping, record keeping and medicines. We saw evidence that staff were able to raise concerns during the meetings. The registered manager told us that 'lessons learned' sessions had been introduced as part of the staff meetings. She explained that the sessions came from the service provider's quality team and was often a result of the feedback received during a CQC inspection of one of the branches. This helped to ensure that the service remained up to date with good practice.

A whistle blowing (reporting poor practice) was in place and information about whistleblowing was included in the employee handbook. The staff we spoke with felt confident that appropriate action would be taken if they informed the management of concerns about the actions of another member of staff.

The registered manager provided us with a copy of the action taken as a result of the satisfaction surveys issued to staff in 2016. Actions included the introduction of specialist training in areas such as dementia and challenging behaviour, improved planning of visits and travel time for staff, increased staff meetings and improved care plans and paperwork.

The service provider used a computer based compliance system called BRS (Branch Reporting System) to ensure that each service followed appropriate quality and safety processes. The system was used to record complaints, accidents, medicines errors, missed visits, staff training, supervision, care plans and audits. The area manager and registered manager explained the system to us and demonstrated how it flagged up the action that needed to be taken by staff and management and when. Where appropriate action had not been taken, this was highlighted and the appropriate manager was informed. The registered manager told us it helped her to ensure that required actions were completed in a timely way and the regional manager informed us that it helped her to monitor the management of each individual service.

We found that staff practice was observed regularly to ensure that staff were delivering safe and effective care. Care documentation was reviewed as part of these observations. In addition, medicines administration records and daily records of care were reviewed monthly when they were returned to the office and any issues were addressed with staff. Repeated issues were also addressed during team meetings.

Records showed that regular audits were completed by the service provider which addressed issues including staffing, complaints, safeguarding investigations, premises, health and safety and staff training. We noted that compliance with the audits was high and had increased steadily over the previous six months. We found that the checks being completed were effective in ensuring that appropriate levels of care and safety were being maintained.

Our records showed that the registered manager had submitted statutory notifications to CQC, in line with the current regulations.

The registered manager told us that a number of improvements were planned for the service, including further staff recruitment, the introduction of incentives to improve staff retention and further themed supervisions and lessons learned sessions.