

The Link Care Nursing Agency Ltd

# The Link Care Nursing Agency

## Inspection report

28 Chislehurst Road  
Orpington  
Kent  
BR6 0DG  
Tel: 01689 898840

Date of inspection visit: 8 and 9 December 2015  
Date of publication: 22/01/2016

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This announced inspection took place on 8 and 9 December 2015. We told the provider two days before our visit that we would be coming, as we wanted to make sure the office staff and registered manager would be available. At the last inspection on 13 November 2013 the service was meeting all the legal requirements we inspected.

The Link Care Nursing Agency is a domiciliary care agency situated in the London borough of Bromley. The agency

provides care for adults living in Bexley and Bromley boroughs. They provide care and support to older people, people living with dementia, physical disability and or sensory impairment.

At the time of our inspection there were approximately 130 people using the service. There was a registered manager in post and they were also the owner. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

There were systems in place that ensured people received their care on time and people were kept safe and their needs were met. There were policies and procedures in place for safeguarding adults from abuse. Appropriate recruitment checks took place before staff started work and staffing levels were appropriate to meet the needs of people using the service.

Risks to people were identified, assessed and management plans developed to reduce any risk of harm, and there were suitable arrangements in place to manage foreseeable emergencies. Where people required support with their medicines, we saw there were robust arrangements in place to ensure medicines were managed and administered safely.

Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required. The service worked well with professionals to ensure people's health needs were met.

People told us they were treated with dignity and respect and they were consulted about their care and support needs. People were provided with information about the service when they joined and we saw that people were provided with a copy of the provider's 'service user guide' which was kept in people's homes.

People told us the care and support they received was personalised, respected their wishes and met their needs. People's support, care needs and risks were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint and who to refer to if they were unhappy with the outcome. The service worked closely with health and social care professionals and with local authorities that commissioned the service to ensure people's needs were met.

People told us they thought the service was generally well run and staff told us they received good support that enabled them to do their jobs effectively. There were systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community. The registered manager was aware of their responsibilities as a registered manager in relation to notifying CQC about reportable incidents. There were effective processes in place to monitor the quality of the service and the registered manager recognised the importance of regularly monitoring the quality of the service provided. People were provided with opportunities to provide feedback about the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were systems in place that ensured people received their care on time and people were kept safe. The service had policies and procedures in place for safeguarding adults from abuse.

Appropriate recruitment checks took place before staff started work and staffing levels were appropriate to meet the needs of people using the service.

Risks to people were identified and assessed to reduce the risk of reoccurrence. There were suitable arrangements in place to manage foreseeable emergencies.

Where people required support with their medicines, we saw there were robust arrangements in place to ensure medicines were managed and administered safely.

Good



### Is the service effective?

The service was effective.

Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively.

There were processes in place to ensure staff new to the service were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required and the service worked well with professionals to ensure people's health needs were met.

Good



### Is the service caring?

The service was caring.

People told us they were treated with dignity and respect and they were consulted about their care and support needs.

People were provided with information about the service when they joined and we saw people were provided with a copy of the provider's 'service user guide' which was kept in people's homes.

People told us the care and support they received was personalised, respected their wishes and met their needs.

Good



### Is the service responsive?

The service was responsive.

People's support, care needs and risks were identified, assessed and documented within their care plan.

Good



# Summary of findings

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint and who to refer to if they were unhappy with the outcome.

The service worked closely with health and social care professionals and with local authorities that commissioned the service to ensure people's needs were met.

## Is the service well-led?

The service was well led.

People told us they thought the service was generally well run and staff told us they received good support that enabled them to do their jobs effectively.

There were systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community.

There was a registered manager in post at the time of our inspection and they were aware of their responsibilities as a registered manager in relation to notifying CQC about reportable incidents.

There were effective processes in place to monitor the quality of the service provided.

People were provided with opportunities to provide feedback about the service they received.

**Good**



# The Link Care Nursing Agency

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 9 December 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the manager would be in when we inspected.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A

notification is information about important events which the service is required to send us by law. We also spoke with the local authorities that commission the service to obtain their views.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector attended the office on both days of the inspection. We also visited two people using the service on the first day of our inspection to obtain their views. The expert by experience spoke with 16 people who used the service or their relatives and or carers by telephone.

We visited the office for the service and spoke with the registered manager, deputy manager and senior staff who are responsible for running the office. We also spoke with five care workers who visited the office. We looked at 12 people's care plans and records, six staff files as well as records related to the running of the service such as the service's policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe with their care workers, and felt well supported by the agency. One person told us, “The carers are very good and extremely helpful”. Another person said, “They come when they are supposed to and if they are running late they let me know. It’s very good”. People also told us that staff stayed with them for the required amount of time, and they did not feel rushed. One person said, “They are very kind and I never feel rushed or anxious”.

There were systems in place that ensured people received their care on time and that care workers stayed the required amount of time to ensure people were safe and their needs were met. The service had an electronic call monitoring (ECM) system in place which allowed office staff to see if any care workers were running late for people’s calls and to check that staff stayed the full length of the required call time or in emergencies had stayed longer than required. The ECM system is a live computer system that showed office staff via a large display screen when staff were travelling between visits, were running late, when they had arrived and how long they had spent with people. On the day of our inspection we observed there were no missed calls but there were some care workers who were running late.

We saw that one care worker was required to stay longer at one visit as the person was unwell. We saw that office staff communicated this to other care workers to ensure all calls were covered and people received their support in a timely manner. Staff told us they felt the allocated times for travelling to people using the service was enough to address all their needs. The deputy manager told us that staff who travelled on public transport had their journeys calculated and doubled to allow for traffic, and for additional time for public holidays and Sundays to always ensure people’s needs were met in a timely manner. In addition they told us that if problems were identified with staff arriving late, this would prompt a review of the timings and allocations for the member of staff. There was an out of hours on call system in place run by the provider to help maintain continuity at weekends and during the night. Staff told us there was always a prompt response from the on call person if they rang for any advice or support.

The provider had a policy in place for safeguarding adults from abuse and a copy of the local authority’s safeguarding

policy and contact details. Staff demonstrated a clear understanding of what constitutes abuse and the action they would take to ensure people were kept safe and well. They said they would report any concerns they had to the registered manager and would make a record of their concerns. Staff were also aware of the provider’s whistleblowing policy and told us they would use it if they needed to. We saw that staff had completed up to date training in safeguarding adults and understood their responsibilities.

Appropriate recruitment checks took place before staff started work. Staff files contained a completed application form with employment history, interview notes with the candidate’s response retained, evidence confirming references had been obtained and proof of identity and criminal records checked. There was also information on the working time directive, equal opportunities, and contracts of people’s employment were retained. Staff told us they were issued with a staff handbook, identity name badges, uniforms and mobile phones which allowed them to electronically sign in and out of people’s homes.

People told us there were enough staff working to meet their needs. One person said, “I mostly have the same carers visit but if they are off or are unwell then they send someone else.” Another person told us, “Someone always comes even if it’s not my usual carers.” People confirmed that they had a regular group of care workers that visited them and in the event of any staff holidays or sickness this was covered by the provider without too much problem. Staff told us they thought there were sufficient staff working to ensure that people’s needs were met.

Risks to people were identified and assessed to reduce the risk of reoccurrence. Care plans provided guidance for staff on how to reduce identified risks, for example risks relating to poor mobility or falls, or, if someone required support with transferring from room to room a manual handling risk assessment was completed. Risks to people’s mental health and their home environment were also identified and staff were provided with guidance on how best to manage and reduce the risks. We saw that risk assessments were reviewed on a regular basis and in line with the provider’s policy to ensure people’s needs and risks were managed safely.

There were arrangements in place to manage foreseeable emergencies. People had out of hour’s emergency on call numbers available to them within their care plans.

## Is the service safe?

Assessments and review visits were made to people's homes to check for environmental risks. Staff had received training in emergency first aid, health and safety and fire emergency and knew how to respond in the event of an emergency. Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required to minimise the reoccurrence of incidents.

Where people required support with their medicines, we saw there were robust arrangements in place to ensure medicines were managed and administered safely. People told us they received support from staff to take their medicines when needed that was efficient and professional. One person said, "The carers are very good

and they keep a record of when I take them". A relative of someone who used the service told us, "They'll [carers] always phone if there's a problem. They phoned this week to query why a tablet had been forgotten. It was my fault entirely, but it was good that they noticed." Medicines administration records (MAR) detailed the medicines people were prescribed and when they had been taken. We saw that MAR records were returned to the office on a monthly basis to be checked for any errors or omissions. The registered manager informed us that they were implementing a new medicines audit form which would be completed on a regular basis and at random to ensure medicines errors and risks were minimised. Staff received appropriate regular medicines training to ensure the safe support and administration of medicines and office staff were trained in the 'train the trainer' programme for medicines management.

# Is the service effective?

## Our findings

People told us they thought their regular care workers were competent and understanding and knew what they were doing. One person told us “The carers seem very well trained and know exactly what to do.” Another person said, “They are all very good and know just how I like things to be done.” A third person said “They are very good. They always cream my legs, and check for any skin break-outs. I think they are very thorough and staff know what to look for, and will take action if they have any concerns”. However one relative commented, “The normal carers do a good job, but the relief staff can be a bit dismissive.” Another relative told us “Continuity is so important to my mum that’s why things are not always as good if different carers come.”

Staff we spoke with told us they received training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. One member of staff told us “The training is very good and office staff always make sure we are kept up to date.” Another staff member said, “The service is very good regarding training and preparing us for the work we do. I have done lots of training on many things such as medicines, person centred care and equality and diversity.” Staff records demonstrated that training was provided on a regular basis and included topics such as medicines, infection control, health and safety, safeguarding, dementia and dignity in care amongst many others. The office base had a well-equipped training room which had equipment such as a hoist and a hospital bed for staff to practice manual handling and transfer techniques. The registered manager told us they had purchased the equipment to ensure staff were appropriately trained in manual handling and could refresh their knowledge and techniques at any time. The service had three staff who were manual handling trainers and could support staff and facilitate training sessions at any time.

Staff confirmed they received regular supervision sessions which they found supportive and had an annual appraisal of their performance. Records showed that supervision was conducted on a regular basis and included discussion of any training needs. In addition we saw that spot check visits were undertaken by senior staff within the community and these acted as part of a direct observational supervision session. Staff confirmed that spot checks were

undertaken unannounced, and the format of spot checks covered a number of areas such as, the way staff were dressed and presented and if they were wearing appropriate foot wear, care delivery and communication, engagement with people and record keeping.

New staff were provided with an induction period of shadowing experienced members of staff, introductory discussions on the provider’s policies and procedures and mandatory training. A care worker who had recently joined the service told us they were supported to learn their new role and their induction included shadowing other staff, completing mandatory training and completing quizzes and tests on training completed. The registered manager told us they were in the process of changing over to the Care Certificate for all new staff on an induction and this was confirmed from records we looked at. The Care Certificate is a new nationally recognised qualification for people working in the health and social care sector.

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that most of the people using the service had capacity to make decisions about their care and treatment. However if they had any concerns regarding someone’s ability to make decisions they would work with the person, their relatives, if appropriate, and any health and social care professionals to ensure appropriate capacity assessments were undertaken. People told us staff sought consent before care was provided. One person said, “They are thoughtful and always ask me for permission or what I would like done and how.”

Staff told us they had received training on the MCA 2005 and understood the need to gain consent when supporting people. One staff member said “I always speak with people and ask what they would like and how they want things to be done. I never just do anything without first asking.” The



## Is the service effective?

registered manager had good knowledge and understood the need to assess people's capacity to make specific decisions. Records confirmed that people's capacity was assessed and any actions required were taken, where appropriate, in compliance with the law.

People told us their nutritional needs were met and people who required support with shopping for food or with cooking meals, we saw that this was recorded in people's care plans to ensure the correct support was provided. Care plans included guidance for staff about people's nutritional requirements, any known allergies and any known risks such as choking. People told us that care workers prepared meals for them, and most people told us that they were happy with the way in which care workers cooked their meals. One person said, "The carer comes every lunch time to make sure I have a hot meal. I choose what I want to eat and they cook it for me." A relative told us that when their family member first had care workers

visit, due attention was not always given to the person's diabetes, as inappropriate food was sometimes prepared. However, after bringing this to the care worker's attention, the situation was resolved. They said "Now they give her a choice, whilst giving her a balanced, healthy diet, it's much better now."

People had access to health and social care professionals when required and we saw that staff worked well with professionals to ensure people's health needs were met. Assessments of people's physical and mental health needs were undertaken prior to the service commencing and were included in their care plan to inform staff about their needs. Care records contained details of how to contact relevant health and social care professionals and their involvement in people's care, for example, information from the GP or district nurses. Staff told us they would notify the office if they noticed people's health needs change or if they had any concerns.

# Is the service caring?

## Our findings

People told us that their regular care workers showed great compassion and understanding in the way in which support was given to them. Most people told us they had a regular group of care workers that provided care and support and knew them well. One person told us, “They are very polite and caring, really helpful to me.” Another person said, “They are so kind and caring and they know just what to do.” A third person said, “Some are very very good, marvellous, excellent! They’re kind, friendly and chatty.” A relative told us, “We’re very happy with them all. On one occasion mum wasn’t well, and the carer stayed with her until help arrived.” However, some people told us that there had been changes in staff and different care workers visited them but they preferred to keep to regular care workers. One person said, “The regular carer is very good, thorough and really cares about us both. Others don’t seem so bothered, and I feel I’m being a nuisance to them when I ask them to do something.” We spoke with the registered manager about the continuity of care and they told us they were in the process of employing more staff to meet people’s needs and to ensure continuity of care as much as possible.

People told us they were treated with dignity and respect. One person said, “Most are very considerate and make sure my modesty is respected when I’m having a shower.” A relative told us, “Mum doesn’t think of them now as carers, she refers to them as her friends. I think that says it all.” Staff we spoke with provided us with examples of how they tried to respect people’s dignity during personal care and how they maintained and promoted people’s independence as much as possible. Staff demonstrated detailed knowledge of people’s needs and preferences and commitment in recognising what was important to them.

Staff were also knowledgeable about people’s needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified needs or wishes.

People told us they had been consulted about their care and support and their individual needs were identified and respected. Care plans contained a personal account of people’s history, preferences about their care and detailed guidance for staff on how best to meet people’s individual needs. One person told us, “The office staff visit me to make sure everything is going well and I am happy with the support I get.” Another person said, “Before the service started they visited me and we discussed what support I needed. I felt very involved.” Staff told us they knew where to locate important information about people within their own home’s and had access to people’s identified care needs and risk assessments. They told us care plan records were updated regularly and were reflective of people’s needs. One member of staff said, “Whenever I visit someone I always look at their care plan to make sure I am doing everything I should be and meeting their needs right.”

People confirmed they were provided with information about the service when they joined and we saw that people were provided with a copy of the provider’s ‘service user guide’ which was kept in people’s homes. The registered manager confirmed this was given to people when they joined the service and this included information on their statement of purpose, philosophy of care and the complaints procedure with useful contact numbers for reference. The registered manager also told us they had plans to expand on their current staff quarterly newsletter to incorporate this and send to people using the service if they chose to receive it. They explained that they would produce a newsletter which would inform people of developments in the service, recruitment, training and general news about the service and staff.

# Is the service responsive?

## Our findings

People told us the care and support they received was personalised, respected their wishes and met their needs. They told us their needs had been assessed and a plan of care was developed with them and or their relatives. One person said, “The office manager visited me to discuss what help I would like.” Another person told us, “They usually call me and ask if everything is alright and if I would like anything to change.” People confirmed their care plans reflected their needs and were used by staff on a daily basis so they were aware of the support they required and could record any changes in their needs. One person told us, “The carers always write in the book. I think this lets others know what they have done or if there are any problems.”

Assessments of people’s needs and risks were conducted when people joined the service. The registered manager told us that prior to any person being accepted by the service a full assessment of their needs was undertaken by a supervisor. We saw that people had an initial assessment document within their care plans which consisted of detailed risk assessments, personal history, accommodation and environmental factors and risks, medicines management, physical and mental health needs and manual handling needs. The registered manager explained that if someone was assessed as needing equipment for manual handling then this would be sourced through health and social care services and or through the funding authority. We saw that reviews of people’s care plans and needs were conducted one or two weeks after the service commenced to ensure people’s needs were met effectively and to iron out any issues.

People told us the support they received was responsive in identifying and meeting their needs. One relative said they were impressed when a care worker noticed a problem with her mother’s arm, and phoned her to raise the alarm. They said, “It turned out she’d got a broken arm! I wouldn’t have known if they hadn’t rung me.” Another relative told us, “They’re quite pro-active. One carer rang me about a change in my mum’s skin and said would you like me to ring the doctor about it.” The relative told us they would not have noticed this change and was grateful that her mother’s care workers were quick to notice if there were changes in her mother’s health.

People’s support, care needs and risks were identified and documented within their care plan. Care plans were well

organised and easy to follow. Detailed assessments covered areas such as physical and mental health history, medicines and support required with medicines, personal history and preferences, nutrition, moving and handling, consent, financial transactions and daily care log records. Care plans detailed information and guidance for staff about how each person should be supported. We saw care plans were reviewed on a regular basis and kept up to date to ensure they met people’s changing needs. Care plans and risk assessments we looked at had been reviewed on a six monthly basis or more frequently if required. For people who were in receipt of the provider’s six week re-enablement programme, reviews were conducted on a weekly basis to ensure progress was being made, and any areas that required more input and support were addressed. We also saw daily log records which were kept by staff and detailed the care and support delivered to people. Care plans demonstrated that people using the service and their relatives, where appropriate, had been fully consulted about their needs.

People told us they knew about the provider’s complaints procedure and they felt able to tell staff if they were not happy or if they had any concerns or issues. One person said, “I have never needed to complain but if I wasn’t happy I would call the office.” A relative told us, “Mum’s morning call was too late for her and more importantly, I worried about the timings of her medication. I phoned up the office to complain, and I’m pleased they listened. They now come at a suitable time.” The provider’s ‘service user guide’ provided people with information on how to make a complaint and who to refer to if they were unhappy with the outcome. We looked at the complaints records and saw that six complaints had been reported and recorded appropriately. Details of the complaints were clearly documented and we saw that they were responded to in a timely manner. For example we tracked one complaint regarding one person’s medicines. We saw that in response, extra training was provided to staff, eight spot checks had been conducted over a period of four weeks to ensure that medicines were managed correctly, there had been a three month review and a meeting held with the complainant in which the issue was resolved.

Staff worked closely with health and social care professionals and with local authorities that commissioned the service. The registered manager told us they worked closely with one local authority who commissioned the service and who commissioned the re-enablement service.

## Is the service responsive?

They told us that weekly contact was made with them and reports on people's progress were delivered on a weekly basis to ensure the service's effectiveness. In addition, we saw that people's care plans and records documented the involvement from other health and social care

professionals. For example' if someone had swallowing difficulties, then a dietitian or the speech and language therapist team would be requested and involved in meeting the person's needs.

# Is the service well-led?

## Our findings

Most people we spoke with were complimentary about the care and support they received and the way in which the service was managed. People told us they thought the service was generally well run but there had been issues with staff retention. One person said “When I’ve rung the office, I can’t remember speaking to the same person twice. If they could retain their staff, continuity of care could be so much better.” Another person told us “The carers are lovely and the office staff are nice. I think it’s a good service but like anything there are always some issues.”

Staff told us they felt well supported and thought the service was well led. They said that staff located in the office were supportive and available for any advice and guidance they needed and were available at any time. One member of staff said, “If I have any concerns or issues I always contact the office and they support me and give me advice.” Another staff member told us, “The team in the office are good. They are always there when you need them and we have an on call duty service as well.” Several staff we spoke with had been in post for several years and were happy in their role and enjoyed their work. One staff member told us that they got regular communication either directly from the office or via e-mail on their work smart phone and that they always felt listened to by management. They said, “I have been doing this job for many years but this is the best service I have worked for. They are very organised and really listen to what you have to say about the service. I enjoying working here very much.”

Staff told us they were happy in their work and had a clear understanding of the provider’s core values. They told us communication was critical to the safe and effective delivery of the service and that they felt lines of communication were good. We saw that staff meetings were conducted for all staff employed at the service. Care worker meetings were held at six monthly intervals or sooner if required and office staff and senior worker meetings were held on a weekly basis to ensure the service ran smoothly. We looked at the minutes of recent meetings held which included discussions around commissioned work, staff spot checks, staff inductions and the introduction of the ‘Care Certificate’, policies and procedures and safeguarding. Minutes documented included advice and actions to be taken to ensure

improvements to the service were made when required. Staff told us they were provided with a staff hand book when they joined the service to act as a guide and to remind them about the provider’s policies and procedures.

The provider produced a quarterly staff newsletter which provided staff with information about the running of the service and any changes that may affect the way in which they worked. We looked at the most recent newsletters which provided staff with information on updated assessments, revised formats of log sheets, failed visit procedures and the carer of the month and year awards which the provider ran. The registered manager told us that they ran the carer of the month award and the carer of the year award to recognise and celebrate staff achievements. They told us that they had a strict criteria for scoring staff for the award that took into account any positive feedback from people using the service and the compliance rates for attending calls and meeting people’s needs.

The service had systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community. Staff records showed that where issues had been identified these were discussed in supervision sessions with individuals and if appropriate further training and development was provided.

There was a registered manager in post at the time of our inspection and they were aware of their responsibilities as a registered manager in relation to notifying CQC about reportable incidents. We were told there had been several notifiable incidents since our last inspection and these that had been documented and stored matched what had been reported to us.

There were effective processes in place to monitor the quality of the service and the registered manager recognised the importance of regularly monitoring the quality of the service provided to people. The registered manager showed us an external audit report which was like a mock CQC inspection report that was conducted in May 2015. The report covered areas of the CQC’s five domains of safe, effective, caring, responsive and well led and highlighted areas of good practice and areas where some improvements could be made. The registered manager showed us an action plan they had developed to address any recommendations made and we saw that actions had

## Is the service well-led?

been taken to address these recommendations. As part of the external audit report we saw that the service was awarded certificates of achievement in health and safety, quality assurance and environmental.

We saw that there were also internal systems in place to monitor the quality of service provided. Internal systems included verbal feedback sessions held by supervisors to check on people's progress, staff spot checks, accident and incident reports and service reviews held with people using the service. The systems also included telephone reviews, contracted weekly hours reports, weekly service user reports, quarterly care plan and care records audits, quality weekly staff meetings, monthly medicines audits and six monthly service user surveys.

The service took account of the views of people using the service through regular surveys. The registered manager showed us the results and an analysis completed for the service user survey conducted in June 2015. Results were largely positive for example, 66 people out of 68 strongly agreed or agreed that their care worker respected their privacy and 66 people strongly agreed or agreed that they were happy with the service they received. Where improvements needed to be made we saw actions required were documented to ensure the implementation of improvements.