Nestor Primecare Services Limited

Allied Healthcare Bristol/South Gloucestershire

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 7 February 2017 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

Allied Healthcare Bristol and South Gloucestershire is a domiciliary agency which provides personal care to people who live their own homes .There were 72 people receiving personal care at the time of our inspection

This was the first inspection of the service since it was registered with us.

There was registered manager in place. 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 told us they felt safe using the service. They said staff made them feel safe and treated them well. Staff had attended training in safeguarding people and knew how to report any concerns. They had access to information and guidance to remind them of their responsibilities should they have any safeguarding concerns. Staff knew about the different types of abuse and how to recognise abuse. Staff were confident about dealing with an emergency situation should one occur. People, family members and staff were provided with information about who they could contact for advice, guidance or support at any time of the day or night.

People told us that the staff were "brilliant" and "excellent" and that the staff respected and maintained their privacy, dignity and independence. People told us they enjoyed the company of staff because they cheered up their day and shared laughter and banter with them.

People told us that there were enough staff to meet their care and support needs. However, most people and their relatives gave us mixed responses about staff punctuality and attendance. People were happy that the regular staff who knew them well visited them.

People's wishes and preferences were reflected in the care plans and daily records were maintained to show people received the right care and support. Daily records were also used as a way of communicating important information to relevant others about people's needs.

People who used the service, family members and staff told us they thought the service was well managed. Staff felt supported by the management team.

The registered provider had a policy and procedure relating to medicine management. Staff who administered medicines completed the relevant training and had their competency checked regularly to

ensure they were managing people's medicines safely.
Staff received the training and support they needed. Recently employed staff completed an induction programme and all staff received on-going training relevant to their job specifications, responsibilities and the needs of the people the supported. Staff had one to one and team meetings. These offered them an opportunity to discuss their work and training and development needs. Staff felt well supported in their roles and had no concerns about approaching the registered manager or any other member of the management team should they need advice or support.

An assessment of people's needs was carried out and care plans were developed. Care plans detailed people's preferences with regards to how they wished their care and support to be provided. Care plans were regularly reviewed with the involvement of the person and other important people to them such as family members.

The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests. Staff were aware of the need to obtain people's consent prior to providing people with care and support.

People told us they were confident that any concerns they had would be listened to, taken seriously and acted upon.

Systems were in place to monitor the safety and quality of the service and to gather the views and experiences of people and their family members. The service was flexible and responded to any issues or concerns raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People said there were enough staff to meet their needs. However, people and the relatives gave us mixed responses about staff punctuality and attendance.

People said they trusted staff and felt safe with them.

Risks people faced were identified and minimised.

Recruitment procedures were thorough and safe.

Is the service effective?

Good

The service was effective.

People were fully involved in planning and reviewing their care and how it was provided.

Staff understood the legal process which they needed to follow when a person lacked capacity to make their own decisions.

People's healthcare needs were understood and met.

Is the service caring?

Good

The service was caring.

People's privacy, dignity and independence was promoted and respected.

People enjoyed the company of staff and formed positive relationships with them.

Staff knew people well, including their likes and dislikes

Is the service responsive?

Good

The service was responsive

People received all the right care and support to meet their

needs.

Staff listened to people and responded to their needs.

People had information about how to complain and they were confident about complaining.

Is the service well-led?

Good

The service was well-led

The leadership of the service promoted a positive culture for staff and people who used the service.

People were complimentary about the way the service was managed.

There were systems in place to assess and monitor the quality of the service and make improvements.

Allied Healthcare Bristol/South Gloucestershire

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.

This inspection took place on 7 February 2017 and was announced. The inspection team consisted of one inspector and 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.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law

We used a range of different methods to help us understand people's experience.
We visited one person in their home and spoke with two care staff. We spoke over the telephone with seven people who used the service and four family members. We visited the provider's office and spoke with five care staff, the registered manager and the care quality supervisor. We checked a selection of records held at the office, including care records for seven people who used the service, recruitment and training records for

four staff, policies and procedures and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us that staff treated them well and that they felt safe with them. Many of the people we spoke with had been receiving care for several years. People's comments included; "The staff help me to keep safe in my own home" and another said "My carer makes me feel safe". One relative said "I know my husband is safe with the staff; I can get on with things downstairs while they help him".

People were protected against the risk of abuse and harm. Staff had access to a range of information and guidance about safeguarding people from abuse. This included a copy of the provider's procedure and the staff handbook. As part of their induction staff were introduced to safeguarding procedures and they completed training in the subject. Staff knew the different types of abuse and recognised potential signs of abuse. The registered manager was aware of their responsibilities for alerting the relevant local authority safeguarding team of any allegations of abuse and for notifying CQC in the event of an allegation of abuse being made.

Risks were identified through assessments and how to minimise risks people faced was clearly written into their care plans . Care plans contained risk assessments for areas such as manual handling, environmental risks, and mobility. Where risks had been identified the care plans contained clear guidance for staff on how to reduce the risks to people. For example, when people needed to be hoisted in order to change their position, the plans contained details of the hoist and how to use it safely. Staff confirmed that they had received training on how to move people safely and that they had refresher training regularly. One person using the service said "The staff have to hoist me, but they do it properly Risk assessments were regularly reviewed and risk management plans updated as required.

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Medicines were managed safely. Care plans contained assessments that indicated what level of support, if any, that people required with their medicines. When staff were required to assist people, this was clearly detailed within the plans. Staff confirmed that they received training on how to support people with any medicines and medicine administration records (MARs) were recorded correctly. One person said "Some of the tablets have to be given half an hour before food and the staff know that and always wait before making the breakfast". When topical creams or ointments had been applied, this had been documented. Regular audits had been undertaken of MAR charts and when issues had been identified, it had been documented how these were rectified.

In one of the care plans, it had been documented that the person needed to have their medicines administered covertly. This is when tablets are disguised in food or drink. The service had sought input from the multi-disciplinary team and a mental capacity assessment and best interest decision meeting had taken place. The discussion and process that had taken place was clearly documented and it had been agreed that it was in the person's best interest for them to receive their medicines in this way. However, the documentation was dated April 2013 and there was no documented evidence to indicate if the decision been formally reviewed. We discussed this with the registered manager. They told us the person's need had not changed and they would ensure this decision was updated with all concerned.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff who administered medication had completed the required training and competency checks annually. Medication and medication administration records (MARs) were kept safe in people's homes and checked regularly by a member of the management team to ensure they were accurate and up to date. People told us that they always received their medication on time and that staff were careful when administering them and completing records.

The process for recruiting new staff was safe and thorough. The registered provider had a recruitment policy and procedure which clearly set out the process for recruiting new staff. Records which were maintained for each member of staff and they showed they were subject to a number of checks prior to starting work at the service. Recently employed staff completed an application form which provided details of their previous employment history, qualifications and experience. A record of interview was taken and in addition a minimum of two references were obtained, including one from the applicant's most recent employer. A check was also carried out by the Disclosure and Barring Service (DBS). The DBS helped the registered provider make safer recruitment decisions about the staff they employed.

People were supported by the enough levels of staff to keep them safe. The level of support people needed was based on an assessment of their needs. However,people and their relatives gave us mixed responses when asked about how punctual staff were for visits. Comments included "They nearly always arrive on time or a bit early even" and "They always arrive on time". Although several people said that if staff did ever run late, they were informed, others said they were not always told. Examples of comments included "They (the office) used to call you if the staff were going to be late, but they don't now" and "The carer might ring if they're running late, but not the office". We also received mixed comments from people about the service at weekends. Although some people felt the service was as good at weekends as during the week, others did not. Comments included "During the week, it's wonderful. But they've let us down at weekends for the past ten weeks. The other week the carer turned up at 10.45 but it should have been 9am" and "There is poor reliability at weekends". Generally people confirmed that a member of staff always did attend. They said that if nobody turned up they would call the office and another member of staff would be provided. However, one person said "If it says "relief" on my rota for the weekend, I just accept that nobody will come". People who used the service and their family members told us that the enough staff had always turned up at people's homes to provide the care and support they needed. All of the staff we spoke with said there was enough staff on duty to meet people's needs. In addition, all of the staff confirmed that they felt they had enough time with people to meet their needs and didn't feel rushed.

Staff had completed training in topics of health and safety including first aid, fire awareness and infection control. Staff showed a good understanding about their responsibilities for ensuring the safety of people who used the service and their own safety. They were confident about dealing with an emergency situation should one occur. The service had a contingency plan in an event of unforeseen circumstances.

The office was staffed during office hours and there was an on call service outside of those times. People who used the service, their family members and staff told us that they had the contact details should they need to contact anyone for advice or support at any time.

There were accident and incident reporting systems in place at the service. In the event of an occurrence staff completed accident and incident report forms which were reviewed by the registered manager and the provider's health and safety department to see if appropriate action had been taken. The reviews also helped to identify any patterns or themes and to help prevent reoccurrence

When staff did any shopping for people, transactions had been well recorded and receipts had been

provided and stored within the care plan. In addition, people had signed to indicate they agreed with the record.

Staff had been trained in infection prevention and control and they were aware of their responsibilities to report any concerns they had so that a solution could be found. Personal protective equipment (PPE) was available at the office which staff could access when required. PPE available to staff included hand gel, gloves and aprons to help prevent the spread of infection. We saw staff were wearing aprons and gloves while supporting the person we visited with personal care.

Good

Is the service effective?

Our findings

People told us that the staff provided them with care and support that met their needs. They said they thought the staff did a good job and were well trained. People's comments included; "They know what they are doing" and "I am really happy with them [staff] they are so good".

Staff received required training and support for their job. All staff received induction programme when they first started work at the service. Staff also confirmed that they had received an induction when they started employment for the service and attended regular training. Comments from staff included "My initial training was very impressive, I thought the standard was very high" and "I've done all the mandatory training, we have regular updates too. I feel like I've had the right training to do the job". The registered manager told us that during induction new staff were introduced to the policies and procedures. This was to ensure they were uptodate with current practices.. They also completed key training and shadowed existing staff before they worked alone. Topics of training completed during induction included; moving and handling, medication, safeguarding and emergency procedures. Throughout induction the care quality supervisor carried out checks to assess new workers understanding of the training they had completed. This was done through direct questioning and observation of their practice. A record of the training staff completed during their induction and of their progress was kept. Following induction staff continued with an on- going programme of training to refresh their knowledge and skills in relevant topics and to enable them to meet the specific needs of the people they supported. Staff confirmed that they had completed regular training and they said it was relevant to the work they carried out. We saw the staff training record kept by the registered manager which enabled them to monitor staff progress and plan for their future training needs.

Staff said they attended regular supervision sessions from their line manager. All said they felt well supported. Staff said they attended formal one to one supervision meetings and they were invited to attend regular team meetings. These meetings provided staff with an opportunity to discuss their work, the people they supported and to explore any training and development needs. All formal supervision meetings were recorded and outcomes agreed by the staff member and supervisor. Staff attended team meetings and staff who were unable to attend had access to the minutes of the meetings. During visits to people's homes staff told us the care quality supervisor carried out observational checks on their attitude to people who uded the service and their practice. In additional people who used the service were invited during reviews to provide feedback about staff, including their appearance, attitude and puntuality. Records also showed that staff received formal yearly appraisals to check all the work they had done in the past year and any support they would require for the future. All information obtained in relation to staff contributed to their personal development.

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. In community services, where people do not have the mental capacity to make decisions on their own behalf, an authorisation must be sought from the Court of Protection (CoP) to ensure that decisions made in their best interests are legally authorised. At the time of the inspection we were informed that no one who used the service was subject to an authorisation made by the CoP. The registered manager told us and record confirmed that staff had received training in the MCA, and were also provided with written information and guidance in relation to the act and how it applied to their work. Staff knew the main principles of the act and the need to respect people's decisions and how this relates to gaining consent from people. All staff members confirmed they had received training on Mental Capacity Act. Staff said "I know who has capacity and who doesn't. I give people choice. For example if (person's name) wants to stay in bed, they can" and "If someone doesn't have capacity, I still give them a visual choice, such as holding up two outfits for them to choose from".

People said that staff always asked them for their consent prior to assisting them. One person's relatives said "I hear them asking my husband first, and explaining what they are about to do and why". When we visited one person at home we also observed and overheard them being asked for their consent in relation to inviting us in and allowing us to view their care plan. All of the care plans we looked at contained signed consent forms. This showed that people were routinely asked for their consent to care. People told us that staff always explained they care and support they provided and obtained their consent before proceeding.

People who required it were supported to access food and drink of their choice. The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. One person told us staff members reheated their food and ensured meals were accessible to them before they left. The registered manager told us that where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake in line with the person's care plan. Some of the people we spoke with said that staff prepared meals and drinks for them. Care plans also showed when staff were required to prepare meals and drinks. When this was required, the plans were very detailed and person centred.

People's preferences were clearly documented. For example, in one person's plan it had been written 'Likes cornflakes, milk, no sugar. Also likes 2 slices of toast but doesn't want this until has finished cornflakes'. In another plan it had been written that the person preferred the crusts cut off their sandwiches. Staff were knowledgeable about people's preferences in relation to their food and drinks. For example staff said '(person's name) likes soggy cornflakes' and "I know that (person's name) will eat sandwiches or cake if I cut it into bite size pieces for them".

People were responsible for managing most of their own health care appointments and health care needs with the help of relevant others such as family members. However, any help staff were required to provide was recorded in care plans. Staff had supported people to access healthcare appointments and when required they liaised with health and social care professionals involved in people's care.

People's care records included the contact details of their GP and other relevant healthcare professionals so staff could contact them if they had concerns about a person's health or for advice and guidance. Staff were confident about what to do if they had immediate concerns about a person's health and they said they would not hesitate to call emergency services.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the staff. They said "I have excellent care", "I am absolutely satisfied, all of the care is of a high quality", "I can't fault my carer" and "All of the staff are very good at their jobs. They do anything I ask". Other comments included "I treat the staff as my friends, I've got to know them so well" and "brilliant care".

People spoke of their "regular" care staff. One person said "I have the same staff all of the time" and another said "I have the same carer every day of the week; it's wonderful". One person's relative said "We have a very good relationship with my husband's two carers. It just wouldn't work if we had lots of different staff".

People said that their privacy and dignity was always maintained by staff. One person said "They are totally discreet" and another said "The carers always make sure I'm covered up as much as possible". People told us that staff were respectful of their homes and we saw that staff left everywhere clean and tidy before leaving the home of the person we visited.

We observed positive interactions between staff and people when we visited one person at home. The person said they had a good relationship with staff, that they enjoyed " laughter and banter" with them. We overheard them laughing and joking with staff during personal care.

Staff ensured people's privacy and dignity was respected and maintained. For example, we saw staff ensured doors and curtains were closed when assisting a person with personal care, they gave the person choices and listened and acted upon them. Staff knocked on their door before entering their bedroom.

Staff spoke positively about their job satisfaction in relation to supporting people with their care. Comments included "I go to the same people each time. People prefer to have the same staff" and "I see the same service users all the time. It's really good to build relationships with the people we're supporting". One member of staff told us about an occasion when one person had become unwell and needed hospitalisation during an episode of care. They had recognised that the person was not well and had called an ambulance for them. They said "That's the good thing about knowing people so well; you notice any changes". Other staff comments included "I find the job really rewarding" and "This is the most fulfilling job I have ever had. I take great pride in what I do". One said "I am always confident that people will have the care they need".

People's independence was respected and promoted. Care plans included information about people's abilities and they put a lot of emphasis on promoting people's independence. For example they included terms such as 'encourage'. Staff told us that they were very conscious about encouraging people's independence and encouraging people to do things for themselves as much as possible. People confirmed that staff encouraged their independence where ever possible and that staff were patient in their approach

Information about people's needs and what things was important to them was detailed in their care plan, including their wishes, preferences, likes and dislikes. Staff had a good understanding about people's needs

and what was important to them and they spoke about people in a caring and compassionate way.

People told us that they were involved in deciding which staff visited them. They said they were introduced to new staff and were asked their thoughts and opinions before agreeing to them visiting long term. People told us that staff were punctual and always remained at their home for the allocated call time. People said staff spent time chatting with them about things of interest and that staff never rushed to get things done.

People told us they were given information about the service which they kept at their home. Information included such things as how to complain and who to contact both during and outside of office hours.

The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services which they would share with people who may require the services of an advocate. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

Good

Is the service responsive?

Our findings

People had their of their needs assessed prior to them using the service. The assessments which were carried out by the registered provider or the care coordinator covered areas of need and any associated risks in relation to things such as mobility, communication, eating and drinking, personal hygiene and the environment. The registered manager told us they obtained information from the local authority and other health care professionals which contributed to their overall assessment and planning of people's needs.

Care plans were developed based on the identified needs of assessments and they were agreed by people and relevant others such as family members. People who used the service or where appropriate, those acting on their behalf were involved in the assessment and care planning process. Care plans were kept in people's homes and with the person's consent a copy was held at the office. The plans provided staff with information about people's needs and how people wished them to be met, for example, people's preferred routines, likes and dislikes

People we spoke with said they were aware of the content of theircare plan and had been involved in writing it. This was reflected in the care plans we looked at, which were all person centred. The care plan included all the information which staff needed to know about themincluding other details for staff to meet people's individual preferences and needs. For example, in one care plan it had been documented how one person's intimate personal care should be provided and how they should be positioned so as not to cause discomfort. In another plan, the person's preferences in relation to how they liked their clothes to be hung up were clear and detailed. Care plans also showed how staff should maintain people's independence as much as possible, for example, by getting people to wash as much of themselves as possible, before assisting them.

During a home visit we observed staff assisting one person to get comfortable in their chair. We saw them placing the person's TV remote, phone and other important items close to them. When we looked in the care plan, this level of detail had been recorded. The person told us that they liked all their things close to hand. We observed the staff checking the person had everything they needed prior to leaving them.

Care plans had all been reviewed regularly with people and we saw that when people's needs changed that the care plans were amended to reflect this. In addition, people were asked during the reviews if the timings of visits were suitable . We saw that when people requested different times that these were accommodated. One relative said "My husband had a care plan review at the end of last year. Their social worker and someone from Allied came to the house and we all discussed it together". Staff said that if people's needs changed they discussed this with the management team. For example, one member of staff said "I felt that one person needed a longer visit to help them shower properly. I told the office and it was all arranged".

People said they were regularly asked for feedback on the service. We saw that quality review calls were made by the care quality supervisor and documented. When concerns were raised we saw that these were acted upon. For example, in one person's review it had been documented that they were concerned about their call times. When we looked at the person's visit report book we saw that this issue had been resolved

and that staff visits were taking place between 08.30 and 09.00am.

In addition the registered provider also invited people and relevant others to complete a questionnaire seeking people's views about the service and staff performance. Topics covered included punctuality of staff, attitude and appearance of staff and courteousness. Review records and questionnaires completed in 2016 showed that people and family members had all provided positive feedback about the service.

At the end of each visit staff completed a daily notes sheet detailing the care and support they provided people with. This included a summary of any tasks and activities which they carried out during the visit and any significant observations which needed to be communicated onto other staff or others relevant to the person, such as family members. Details of any contact staff had with others such as the person's GP were also entered onto the daily notes record.

The service had a complaints procedure which people were given when they first started to use the service. The procedure clearly described the steps people needed to take if they were unhappy with any aspect of the service they receive. People and their relatives confirmed that they knew how to make a complaint if they needed to. There were 12 recorded complaints from May 2016 to January 2017 and we saw they were all responded to and investigated and the outcome communicated to the complainants. For example, one person did not get along with their carer this was rectified as soon as they raised it. Two people said they had complained in the past and both said they felt their complaint had been resolved satisfactorily. One person said "I'm happy to speak up". Everybody knew to ring the office if they had any queries or complaints, but several said they preferred to just speak to "their" carer.
One person said that when they didn't get along with their carer, that this was rectified as soon as they raised it. Another person said "Most of the staff are real carers, although some are a bit more focussed on the task in hand".

People who used the service had access to advice and support at all times. They were provided with details of the office opening times and the names and contact details of an on call arrangement which was available outside of office hours.

All of the people we spoke with said they had an out of hour's number to use. Most people were satisfied with this and said the system had worked for them, although one person said they had previously had a not so good experience when they called the number to report that no staff had turned up. We discussed this with the registered manager who assured us they would raise this at the team meeting with the office staff.

Good

Is the service well-led?

Our findings

There was a clear management structure operated at the service which was clearly understood by people and staff. It was evident through discussions with people, family members and staff that the registered manager demonstrated high standards of care and support for people which they promoted amongst the staff team. Staff spoke about how they provided people with personalised care and support, how they promoted people's independence and how they strived to improve the quality of people's lives. The management team regularly checked on staff performance and provided the staff team with on-going support.

People were asked for their views about the service and the quality of the care and support they received .Their comments were listened to and acted upon. Staff said meetings that they attended and informal discussions they had with the registered manager and senior staff gave them the opportunity to openly express their views and opinions and put forward ideas for improving the service. All of the staff said they felt well supported by the management team. One said "I can go to any of my colleagues or the staff in the office for support". All said there were regular team meetings held which were mandatory for staff to attend. Staff told us they had a lot of confidence in the registered manager and senior staff. Staff unanimously said they felt well supported by the manager and the management team in the office. They said "The office staff are very good" and "I feel well supported and able to make suggestions for improvement. We are listened to". They said the management team were approachable and supportive.

There were systems in place for assessing and monitoring the quality of service provision, which aimed to protect people who used the service against the risks of inappropriate or unsafe care and support. This included regular reviews of care plans and spot checks at people's homes to check on staff performance and the maintenance and accuracy of records, including care plans, daily notes, financial records and medication administration records (MARS). Other quality assurance methods included weekly meeting with the care delivery manager to check if there were any care delivery issues.

People and relatives were encouraged to provide feedback about the service in a number of different ways and from this, information was analysed and used to further improve the quality of the service provided. One person said (Name of Staff) in the office was "good as gold" and "I haven't really seen the manager". Another person said "Someone from the office comes and does spot checks".

The registered manager told us they had developed initiatives that would enable them to engage more with the people using the service and to obtain feedback. One of the initiatives implemented included 'customer days' where people who used the service would attend the branch or a local hall and get to know the management team in the branch and other people and carers from the community. These days would be held once a month to include activities such as bingo, pantomimes. They had also implemented carer of the month award, monthly carer newsletters and three monthly team meetings. The carers were then given the option to attend 'carer surgery days'. These were days where carers were able to attend the branch and meet a member of the external management team to discuss any issues, concerns or areas for improvement. The registered manager told us these initiatives had enabled them to engage more with the

staff members for service improvement.

There were processes in place for monitoring and learning from incidents and accidents. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to staff, resulting in improvements to people's safety.

The registered manager told us they regularly updated their practice by attending branch manager monthly meetings with senior management to ensure they fully understood any changes within the business and regulations. They also attended the three monthly local authority forums and attend any local authority training offered such as Mental Capacity Act 2005 and safeguarding adult training updates.

We had received statutory notifications from the registered manager about the service. This meant the registered manager had a good understanding of incidents and events which they were required by law to notify CQC about and they knew the process for sending notifications to us.

Policies and procedures were held at the office and easily accessible to staff and staff were issued with a staff handbook, which included copies of them. There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations without the fear of reprisals. Staff knew about the whistle blowing procedure and they said they would have no concerns about using it if they needed to. They said they trusted the registered manager to deal with any concerns they may have and in a discreet and professional way.