

Chinite Resourcing Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Chinite Resourcing Limited is a domiciliary care agency, which provides personal care and support to people in their own homes, from daily visits to 24 hour live in care. At the time of the inspection there were 15 people using the service.

We carried out an announced comprehensive inspection of this service on 17, 18, 21 November 2016. The provider was given 48 hours' notice of our visit because they provide a domiciliary care service and we needed to be sure staff would be available at the location to meet with us.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 9 Regulated Activities Regulations 2014 - Person centred care
Regulation 11 Regulated Activities Regulations 2014 - Dignity and respect
Regulation 12 Regulated Activities Regulations 2014 - Safe care and treatment
Regulation 16 Regulated Activities Regulations 2014 - Complaints
Regulation 17 Regulated Activities Regulations 2014 - Good governance
Regulation 18 Regulated Activities Regulations 2014 - Staffing
Regulation 19 Regulated Activities Regulations 2014 – Fit and proper persons
Regulation 18 Registration Regulations 2009 – Notification of other incidents

The overall rating for this service was 'Inadequate' and the service was therefore placed in 'Special Measures'. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the registered provider's registration of the service, we will inspect them again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

We took enforcement action and served a Notice of Decision putting conditions on their registration which told them they must not take on any more people to provide care for and must not agree to increase the level of personal care being provided to current people using the service, without our written agreement. Additional conditions placed on them were that they report to us about how they recruited staff, arranged the staff rotas, checked the competency of the staff and how their quality assurance systems checked that care plans and risk assessments reflected the needs of the people who used the service.

We sent an urgent action letter requesting information and an action plan. We gave the provider until 24 November 2016 to ensure they complied with the Notice of Decision. The provider sent us a comprehensive plan with the actions they intended to take.

At this inspection in May 2017, we found the service had made significant improvements and that all the breaches of the regulations found in our visit in November 2016 had now been met. The provider had also

met the conditions which we had imposed on them and had embraced the opportunity to learn from the mistakes made and embed the necessary improvements. In order for these improvements to be sustainable in the longer term, we have proposed to keep two of the conditions, (staff rota arrangements and quality assurance), in place which we will review at a later date.

The service had a 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.

The registered manager had revised the risk assessments and care plans to ensure they were aware of how to support people to remain safe in their homes and to be as independent as possible.

There were sufficient staff to meet people's needs and to manage risk safely. Improvements had been made to the checks carried out on new staff to ensure recruitment was robust and safe.

The registered manager and staff had taken steps to ensure that accurate medicines records were maintained and improved checks helped ensure people were receiving the medicines they needed.

Staff had access to relevant training and regular supervision to equip them with the knowledge and skills to care and support people effectively. Staff were kind and caring and treated people with dignity and respect.

The legal requirements of the Mental Capacity Act 2005 (MCA) were followed when people were unable to make specific decisions about their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

Support with food and drink of people's choice was provided and records kept if staff had concerns. Staff worked in cooperation with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

Systems to monitor the quality of the service had been implemented which had improved the quality of the service which people received. These included systems to support people if they wished to complain or raise concerns about the service. The provider had appropriately notified the Care Quality Commission of any significant events as required by law.

Effective management systems had been put in place from lessons learnt which included a firm infrastructure, strong leadership and a staff team with the skills and knowledge to manage the service into the future and sustain the improvements made.

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.

Risks to people's health and wellbeing were managed to keep them safe.

Sufficient numbers of staff were employed to support people and checks to ensure they were safely recruited were now in place.

People were provided with their medicines in a safe and timely way.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training and supervision in order to effectively carry out their role.

Staff understood their responsibilities in relation to meeting the requirements of the Mental Capacity Act 2005 (MCA).

People's nutritional needs were met and staff were aware of their preferences and needs.

People's healthcare needs were monitored and referrals were made in a timely way to keep them well.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with people and they were friendly and kind.

People told us their privacy, dignity, preferences and wishes were respected.

People were involved in making decisions about their lives.

Is the service responsive?

Good ●

The service was responsive.

The service assessed people's needs with them and their families or representatives and arranged their care as required.

Reviews of people's care needs were completed and care plans updated to meet their changing needs.

Information on how to make a complaint was available to people and complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led

There was visible and effective management of the service in place.

Staff were supported and motivated in carrying out their role and responsibilities.

Robust systems were in place to monitor the quality of the service for people who used it and worked in it.

The provider notified CQC without delay about any incidents they were legally required to do so.

Chinite Resourcing Limited

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 was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

This inspection was carried out by two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who had used this kind of service. Before the inspection we reviewed the information we already held about the service. We reviewed notifications, safeguarding alerts and the provider's monthly progress action reports.

During the inspection we spoke with the registered manager, the nominated individual, the recruitment and compliance officer, the lead care coordinator and two care staff. We reviewed seven people's records, including care plans and risk assessments. We also looked at five staff files, complaints information, and quality monitoring and audit information. We spoke with four people who used the service and seven of their relatives.

Is the service safe?

Our findings

At the last inspection in November 2016, we found that the service was in breach of Regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The enforcement action we took required the provider to send us monthly reports on the improvements that they had made to the service to keep people safe.

At our inspection on 3 May 2017, to check if the improvements had been made, we found that significant changes had been implemented in the service to keep people safe and the provider was no longer in breach of these Regulations.

People and their relatives told us that they felt safe using the service. One person said, "I feel safe because I have someone here with me to take me out. I feel more comfortable going out and being supported by someone who I know and trust. I don't go out unless I have a staff member with me these days." A family member told us, "My [relative] has to have someone with him overnight to make sure that he is alright and to help him when he needs something. I just wouldn't be able to sleep if I didn't know that there was someone who knew what they were doing in the room next door."

We saw that a system was in place for the safeguarding of people using the service. Our discussions with the registered manager confirmed that they had gained insight from the referral process and they were fully aware of the local authority's safeguarding adult's procedures and the action to be taken to report incidents. A safeguarding policy and procedure was in place. We looked at all safeguarding referrals which had been investigated and reported to relevant people appropriately.

Staff had received training in safeguarding and they told us they were encouraged to report any concerns about the safety or the quality of the service people received. One staff member told us, "I would report to the office, but if I was still concerned I would whistle blow." Staff understood what abuse was and could describe how they supported people to keep safe. For example, one staff member said they would look for loss of appetite, or changes in mood such as someone becoming more confused or more agitated than usual.

There was a wide range of detailed risk assessments in place, including environmental risks within a person's home, as well as their physical and mental health risks. These assessments also considered things that staff should look/ observe for. For example, when supporting a person whose behaviour was challenging, the risk plan detailed what might trigger a change in their behaviour and what staff should do to support the person. Medical histories documented clearly information that staff needed in order to support people and were detailed in a person centred way so that staff managed risks in line with people's wishes and preferences. One staff member said, "I check any concerns and dangers, I will call the office and they come out straight away to check."

There were sufficient staff to care for people safely. The rota arrangements were organised and staff had adequate time to be with and care for people. Staff told us that there was enough staff to meet people's

needs. One staff member said, "Yes I do think there is enough staff, I am waiting for work."

People told us that the staff visited them at the times agreed and they only experienced late calls very occasionally. People and their relatives said, "On the whole, the staff do arrive when they are supposed to, but they can occasionally be held up if the traffic is bad, or if they have to stay later with a previous person. It doesn't happen very often now," and, "I could probably only count on one hand the number of times that [Name] has been very late, and that is because they've been held up by the traffic round here," and, "Lately, the office have got much better and they will now call and let me know if [Name] has been held up. At least that way I don't have to worry about what has happened to them."

The service had arrangements in place to deal with emergencies, whether they were due to an individual's needs, unexpected staffing shortfall or other potential emergencies. The service operated an out of hours on call service so that any issues could be picked up quickly 24 hours a day. There was a system in place called critical care visits. This system ensured that people with specific needs such as people who were diabetic and needed their medicine and food at a particular time had their visits protected.

An extensive audit of staff files had been carried out to ensure all relevant recruitment checks were in place. The staff files we looked at contained the necessary checks required to protect people from the risks of unsafe care. We saw that staff had completed an application form outlining their previous experience and employment history. Satisfactory references, identification, a Disclosure and Barring Service (DBS) check as well as evidence of a person's right to work in the UK had been obtained. Risk assessments were in place if additional assurances about a person's suitability to work with people in the community were needed.

During this inspection we checked that all staff had received training in the safe administration of medicines. The records we looked at, and staff spoken with, confirmed that they had. Staff had received an update of medicine administration training to ensure that they still had the knowledge and skills to carry out this task safely. Competency checks had also been conducted by senior care staff during spot checks. We saw from information recorded on these checks that any issues identified were then used as part of the individual staff's supervision or they were required to attend further training. A member of staff told us, "We can only do this if we are trained, I have completed my training."

Two family members told us, "The staff member has to really encourage [Relative] to take their tablets. On some occasions it is a struggle even for the regular staff member, so they will sometimes have to ask me to see if I can persuade them to take them as well. They will always get there, but it can take some while before they have taken them. Once they have gone, it always gets written down in the records," and, "They help [Relative] with their medicine at night time and sort a drink out for them to take their tablets with and then they write in the records to say that he has taken them."

A new Medicine Administration Record (MAR) had been introduced following our last inspection and although the service was only supporting six people with their medicine, we found that recording had improved. MARs were returned to the office for auditing and archiving by a senior member of staff.

Is the service effective?

Our findings

At the last inspection in November 2016, we found that the service had failed to meet people's needs as staff did not have a clear understanding of the principles of the Mental Capacity Act 2005 and people had not consented to the care and support they received. Also, that staff had not received the training, supervision and support they needed to care for people effectively. This was in breach of Regulation 11 (Consent) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The enforcement action we took required the provider to send us monthly reports on the improvements that they had made to the service to ensure it was effective in meeting people's needs.

At our inspection on 3 May 2017, to check if the improvements had been made, we found that significant changes had been implemented in the service to provide effective care for people and the provider was no longer in breach of these Regulations.

Staff providing care and support had the skills and knowledge that they required to care for people effectively. An audit of the training, induction, support and appraisal of staff had been undertaken and a comprehensive system put in place.

We saw records in the staff files which showed that there was an induction, training and supervision process in place. Staff told us, "I did some of the training on line, then shadowed staff, the training is good," and, "The managers come to wherever we work, to check we are doing the right things, they are very good and I can discuss things with them," and, "We have staff meetings and they visit to check our progress."

All staff had undertaken an induction programme which included understanding the service's policy and procedures and training in their role and responsibilities. Staff files we checked identified they had completed a full induction programme in line with the Care Certificate. The Care Certificate represents a set of minimum standards that social care and health workers should stick to in their daily working life. They were also rostered to work alongside other more experienced staff so they were able to get to know people who used the service and gain confidence.

Competency checks were undertaken to ensure they had the skills and knowledge to work with people alone and unannounced spot checks continued so that their competency and performance could be regularly monitored.

The registered manager provided us with the training programme which showed the date when staff had completed training and also prompted when training needed to be updated. The recruitment and compliance manager told us that a range of training courses had been identified as mandatory and regular refreshers were completed. We saw records which identified that staff had completed refresher training courses such as moving and positioning people, safe administration of medicines, safeguarding vulnerable adults from abuse, Mental Capacity Act 2005, food hygiene, first aid, infection control and health & safety. Where needed specialist training was provided, for example, we saw that arrangements had been made with the district nurses to train staff in continence and catheter care.

Staff were encouraged and supported to study for additional qualifications. These included levels two and three in the Qualifications and Credit Framework (QCF) in social care. The registered manager, recruitment and compliance manager and the lead care coordinator were up to date with their knowledge and skills in order to support staff in their work effectively. The lead care coordinator was undertaking a 'train the trainer' course to enable them to provide training for the staff in the mandatory subjects related to health and social care.

One person said, "I do think the staff have the right level of skills. I need support to have my shower and they manage this perfectly for me. I haven't had a fall since the staff have been coming in to me, for which I'm very grateful."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and found that staff had a good awareness of capacity and consent. We saw that the service had considered if people had the capacity to make decisions. People told us that their consent was obtained before any support or care was given. They said, "Yes, they do ask me if I'm ready to make a start when they first come to me in the morning," and, "The staff always ask me what I would like to do first when they come in the afternoons. Sometimes I get them to do jobs before we go out, or at other times I will need them to do other jobs which are more urgent."

Care plans included information about the person's capacity to consent to care and treatment. We inspected people's information and found that consent had been obtained and was recorded within each care plan. Where a person had a Lasting Power of Attorney (LPA) in place, it was clearly recorded. An LPA is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity.

We also saw in the records that advice had been sought from other professionals about a person where the service was concerned that there could be restrictions on the person's freedom. Staff had an understanding of people's rights. One staff member said, "If a person has not got capacity to make decisions, then we need to look to others to support them in their best interests like their family, other professionals or a lawyer who can act on their behalf." Another said, "What people want to wear day to day it is up to them, I don't choose their clothes or their food, they do."

People's care arrangements worked well and met their needs. One person said, "It is nice to be able to have someone here for a number of hours because it means there is never any rush to get everything done and any extra jobs can easily be fitted in." A family member told us, "The staff never mind staying a little bit longer to make sure that everything is done and that [relative] is comfortable before they go."

People were supported in maintaining a healthy balanced diet. Where people required assistance with food and drink, this was detailed in their care plan. One person said, "I don't really feel like drinking a lot, but [Staff member] always makes me a hot cup of tea when they come in and will encourage me to drink during the day as much as they can." Family members told us, "I organise all of [Relatives] food shopping and make sure that there is enough for the staff to make the meals throughout the week," and, "[Relative] has frozen

ready meals which are delivered every two weeks to their door. I know the staff will usually ask them what they would like, before heating it up "and, "My [Relative] has to be really encouraged to drink and that is one of the main tasks that the staff has to do whilst they are here. The staff member is very patient with [Relative] though and has a real caring manner about the way they persuade [Relative] to drink more."

People's care records showed the involvement of health and social care professionals. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, GP's, occupational therapists, the local mental health team, and social workers.

Records reflected the advice and guidance provided by external health and social care professionals. This meant staff had the correct information available to work with professionals to ensure the individual needs of the person were met. For example, in one person's care plan we saw that guidance was included from health care professionals for a person who experienced seizures. One staff member told us, "I looked after a person until they died, their needs were complex. On one occasion I called an ambulance and went with them to the hospital, their family member met us there."

Is the service caring?

Our findings

At our last inspection, improvements were required in relation to staff maintaining professional boundaries. We saw that this had been addressed through training, supervision and on-going monitoring and staff were clearer about their role and responsibilities.

People and their relatives were very complimentary about the management and the staff who supported them and told us they were very professional, caring, considerate and friendly. Family members told us, "My [Relative] is in bed at present, but the staff always make time to sit and have a chat with them because the days can be very long and boring, " and, "Whenever I call in to see [Relative], they always have clean clothes on and their hair is always tidy. I know [Relative] is not aware of so many things these days, but their appearance was always important to them in the past and I'm sure they would be pleased that the staff take the time to ensure they are presentable now."

Good relationships had developed between people, their relatives and staff who visited them. They felt listened to and enjoyed good conversations. One family member said, "When you have someone living in with you full-time, it can take some getting used to, but the staff are very good and very considerate of the belongings that we have around. They always ask if it's alright to have something to eat and they'll tell me if we are running out of things." Another family member told us, "They do look after [Relative] really well, so I would recommend them to others."

People received care and support from staff who were consistent and they had got to know. A family member told us, "I definitely feel supported because the staff come in to sit with my [Relative] so I can have some hours to myself to get out and do some jobs and also meet my friends. I only have a small amount of hours a month and those hours are very precious to me and to be honest, are the only thing that keeps me being able to look after my [Relative] for all the hours that I do."

Staff knew the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this. One staff member said, "Person centred care is where you work with people individually, and look beyond their dementia and find out about them as a person." Family members told us, "The staff always ensure that the curtains are closed once the daylight is gone and that the door is shut before they start undressing my [Relative] and giving them a wash," and, "I always hear them knock on [Relatives] door and they always wait for an answer before they go in, which I think is nice of them to do considering they do the same routine every day."

People said they were always spoken to in a friendly, polite and respectful way. "I've never had anyone raise their voice or use bad language when they've been here with me at all," and, "I like that I have staff here so that we can have a good old laugh and a chat. I do know that everyone who comes here has been very polite." People also commented on the caring attitude of the office staff. One person said, "On the few occasions I've had to phone the office, I have found the staff there to be helpful and friendly. Certainly, when they have promised to phone me back, they always have."

People's needs were reviewed in order that the care and support provided was relevant. People directed their own care and stayed in control of their arrangements. The daily records about the tasks undertaken for people were written in a respectful way. Any change to people's mood, emotional state or behaviour was noted so that this could be monitored if required. One person said, "When I first met with [Lead care Coordinator] when they came to do an assessment with me, they asked me what sort of support I needed, what days of the week I would like it and at what times. They also asked if I preferred male or female staff. I did feel very involved in organising the care." A family member told us, "We were definitely involved in organising how the care was arranged for my [Relative]. It was important that the staff who were going to come were very patient and could assist them in a way that wouldn't stress them any further. So we needed to trial certain staff with them to make sure this worked well."

People's opinions and suggestions were regularly sought via telephone calls and monitoring visits by the registered manager, senior staff and questionnaires. We saw the results of the latest questionnaire sent out in 2017. The results were positive and comments included; "I am very happy with the service, my regular staff member [Name] is kind and compassionate," and, "It's terrific, my staff member is a diamond, we get on well," and, "We are very happy." One suggestion for improvement was more information for staff on a particular type of dementia, this was actioned straight away.

All information about people who used the service and staff was kept secure and confidential in locked filing cabinets.

Is the service responsive?

Our findings

At our inspections carried out on 17 November 2016, we found that the service had failed to meet people's needs in a person centred manner. This was because people were at risk of receiving inappropriate care as care records were out of date and did not provide accurate information to guide staff. There was no evidence that people's care needs were regularly reviewed to ensure their needs were met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The enforcement action we took required the provider to send us monthly reports on the improvements that they had made to the service to ensure it was effective in meeting people's needs.

At this inspection, carried out in May 2017, significant improvements had been made and the service was no longer in breach of this regulation.

People's care needs had been assessed before receiving the service, which helped to ensure the service was able to meet their needs. We looked at seven people's care plans. Care plan documentation had been updated to a new format and we could see that work had taken place to make sure that information in the care planning documentation was person centred and relevant. Each file contained assessments that had been carried out to identify people's individual support needs and the care plans contained appropriate information detailing how these needs should be met. Documentation included information about the person's background, any cultural needs, medical conditions, decision making, likes and dislikes. For example, in one care plan the person had stated, "I like my hair to look presentable."

Care plans were reviewed regularly and updated if a person's needs changed. One staff member said, "The care plan is detailed, we write everything in it daily." People and/or their representatives, had been involved in the planning of their care through the assessment and care planning process and at on-going reviews of their care and support. For example, in one person's care plan a person with diabetes had stated in the review, "[Named staff member] knows the signs if I have a problem and they let my [Family member] know."

The service took into account people's wishes and preferences. To do this they also recruited staff with particular interests and skills who would be compatible with people and their lifestyles and interests. We saw they were actively doing this for one person. They said, "I told the agency when I first came to them that it was really important to me that I had a regular staff member who could come most of the time because I needed to build up a relationship with that person so that I could trust them to do everything I needed to do and keep me safe particularly when we are out." Another person told us, "My regular staff definitely know what I like and dislike because they have been with me a long time. That's why I like to have regular staff because it is so much easier and they are just able to get on and do things without me having to explain over and over again."

People told us that they knew who to contact if they had any concerns or complaints. We saw that information about the service including the complaints process was clear and easy to read. People said, "I'm sure I've seen a leaflet about how to make a complaint. I think it's in the back of the folder," and, "When I met the [Lead care coordinator], they explained how to make a complaint to me. They explained to me in

detail who I would need to contact and they put the leaflet in the folder so I know where it is kept if I need somebody to get it out for me."

People told us that if they needed to contact the office, they would be confident that they would be listened to and their concerns or requests dealt with. One person said, "I have talked to the office about the fact that a couple of nice staff were arriving late a lot of the time. The office got onto it and I think has rearranged their duties, because since I complained, they have only been late once." Another person said, "When I've phoned the office, there has usually been somebody there who I could talk to when I've had issues that I've needed to get off my chest." A family member told us, "I have only complained once about a staff member, who really didn't fit in with us or the rest of the team. I phoned the office and explained and they said they would find somebody else to take over, and we didn't see that staff member again."

We saw that all communication with people who used the service and their relatives was recorded. We saw that any concerns which needed attention were dealt with quickly and acted upon. No concerns or complaints were outstanding at the time of our inspection. People told us, "Yes, I would definitely feel comfortable about raising a complaint if I felt that [Relatives] care was being compromised," and, "I certainly wouldn't hold back from making a complaint if I thought it was necessary." The registered manager told us that they had listened and learnt from the concerns and complaints. The improved monitoring system they had implemented meant that they would be more aware of issues and be able to respond appropriately to deal with matters of concern.

Is the service well-led?

Our findings

At our inspections carried out on 17 November 2016, we found that the service had failed to have systems or processes in place to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The enforcement action we took required the provider to send us monthly reports on the improvements that they had made to the service to ensure it was effective in meeting people's needs.

At this inspection, carried out in May 2017, significant improvements had been made and the service was no longer in breach of this regulation.

The service had assessed the report following the last CQC inspection in November 2016 and implemented a number of detailed actions that addressed each concern reported on. We saw that improvements had been made in each area. Systems to ensure standards were maintained and continue to be monitored and improved were in place. These systems included staff support with planned supervision and appraisals, meetings with staff and the management team to action areas for improvement and to communicate more effectively the visions and values of the service.

We discussed with the registered manager how sustainable the improvements would be in the longer term. They told us that the skills and knowledge of the staff team, their leadership, a stronger infrastructure and new monitoring systems would support the growth of the service and be able to maintain the provision of a high quality service. The improvements had shown how they had taken this responsibility.

Regular feedback on the quality of the care people received had been gained from those using the service, their relatives and staff. This had been achieved in a variety of ways and included telephone and written questionnaires as well as directly on a face to face basis. All responses that required action were responded to straight away. For example, in a staff questionnaire, the staff member had commented about their rota. The staff member was brought in for supervision straight away so they could explain their concern in more detail and it was recorded that the concern had been resolved. In another staff questionnaire, a staff member said, "I love working with you and I am grateful for all your support."

Regular audits were in place to ensure people received their medicines as the prescriber intended and that staff followed good practice. In addition, the daily notes written by staff for each person who used the service, were audited monthly. Care plans were comprehensive, organised and up to date. The registered manager was aware of their responsibilities to send the Commission relevant Notifications as required by law to inform us of the action taken in relation to accidents, incidents and allegations of abuse.

When we spoke with the registered manager about staff morale and support, they told us that the staff had worked extremely hard to improve all areas of the service. There had been a coordinated team approach to making the necessary improvements.

The registered manager was now very aware of the day to day culture and was open and honest about the

mistakes made and the commitment to put them right. They told us about how they had learnt hard lessons by not taking direct responsibility for the service which had resulted in poor quality care.

Care staff were also positive about the way that the registered manager and the "staff in the office" treated them. They said, "They have been very good, they listen to what we have to say and respond, I do not have any issues," and, "I have worked with other staff and it has been good this team," and, "The managers are very supportive, do you know when the trains and buses were bad, they came to pick me up and took me to work, and I live a long way."

People who used the service had noticed that improvements had been made. One person said, "They have improved a lot recently. They just need to have a few more staff so that I can have regular staff at the weekends as well as during the week. Once they are able to provide me with that, then I would be happy to recommend them to other people." Another person said, "I think the office staff are much better than they used to be. Now they will ring and let me know if the staff member is going to be late. Also, if I phone them and they need to phone me back, they usually will now."