

Tamar Care UK Limited

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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

We undertook an announced inspection of Tamar Care UK Limited on 28 August 2018.

Tamar Care UK Limited is a domiciliary care agency registered to provide personal care to people in their own homes. The Care Quality Commission only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection, the service provided 'personal care' to 11 people.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 previous inspection on 20 July 2017 found three breaches of regulation and made two recommendations. We rated the service as "requires improvement". During this inspection on 28 August 2018, we found that the service had made improvements in respect of care documentation, staff employment checks, staff training, supervision, quality checks and audits. However, during this inspection we identified that risk assessments and medicines management could be improved.

People who used the service and relatives told us that they were satisfied with the care provided. People told us they were treated with respect and dignity and felt safe when cared for by care workers. They spoke positively about care workers and management at the service.

Our previous inspection found a breach of regulation in respect of recruitment checks. We found that appropriate recruitment checks were not carried out prior to staff commencing work. Our inspection in August 2018 found that the service had made improvements. We found that the service had a recruitment procedure in place and carried out necessary checks to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed.

Risk assessments were in place which detailed potential risks to people. However, we found that these did not consistently include sufficient information to support care workers on how to effectively and safely mitigate identified risks. We raised this with management and they confirmed that they would ensure that risk assessments consistently included this information.

Systems and processes were in place to help protect people from the risk of harm. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

At the time of our previous inspection in July 2017, the service did not support people with their medicines.

During this inspection in August 2018, the registered manager confirmed that the service supported two people with their medicines. We saw that Medicine Administration Records (MARs) were completed by care workers when administering medicines. These included details of the prescribed medicine and dosage. We discussed with management the importance of ensuring that copies of completed MARs were kept at the office and they confirmed that this information would be kept at the office. However, there was no documented evidence that MARs were consistently audited by management and we raised this with management.

The majority of people and relatives we spoke with told us that there were no issues with regards to care worker's punctuality and attendance. They told us that care workers were usually on time and if they were running late, the office called to inform them of the delay. At the time of the inspection, the service was in the process of implementing an electronic system for monitoring care worker's timekeeping and duration of their visit and advised that this would be running by November 2018.

Our previous inspection found a breach of regulation as we did not see sufficient evidence to confirm that staff had been consistently supported to fulfil their roles and responsibilities through training, regular supervisions and appraisals. Our inspection in August 2018 found the service had made improvements in respect of this. We saw evidence that the service had a training programme to ensure care workers were competent and able to care effectively for people. Training was provided by an external organisation and included infection control, safeguarding adults and children, fluids and nutrition, moving and handling, medication administration, health and safety and equality and diversity. We also saw documented evidence that care workers had received necessary support and supervision from management staff and this was confirmed by care workers we spoke with.

The service had a Mental Capacity Act 2005 (MCA) policy in place. Our previous inspection of the service found that some care workers had not completed training in the MCA. During this inspection in August 2018, we found that staff had completed MCA training. When speaking with care workers they had a basic understanding of the MCA.

Our previous inspection found that care support plans contained limited information about people's dietary needs. Since our previous inspection, the service had reviewed and amended their care support plans. Care support plans now included information about people's dietary needs as well as their individual preferences. We saw documented evidence that care workers had completed nutrition and hydration training.

Care workers were aware of the importance of respecting people's privacy and maintaining their dignity. They told us they gave people privacy whilst they undertook aspects of personal care. People who used the service told us that they felt confident in care provided by the service.

Our previous inspection in July 2017 found that there was a lack of information in people's care support plans to indicate that that people were supported to express their views and be involved in decisions about their care and support and we made a recommendation in respect of this. During our inspection in August 2018, we found that the service had taken steps to address this. Care support plans now included information about people's preferences and choices and details for staff on how to meet people's needs. Care plans identified people's religion under the 'personal details' section and where necessary included further information under the "personal profile" section of the care support plan.

Our inspection in August 2018 found that the service had implemented two formal systems for obtaining feedback from people through feedback questionnaires and reviews with people. People and relatives we

spoke with told us that they were involved in the care provided and said that the service encouraged them to provide feedback.

There was a management structure in place with a team of care workers, office staff, the care manager and registered manager. Staff spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns.

We previously found that the service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided and we found a breach of regulation in respect of this. The previous inspection found that the service failed to carry out regular and consistent checks and audits in relation to recruitment, care plans, training and development and accidents and incidents. Our inspection in August 2018 noted that the service had made improvements. We saw that there was a formal system in respect of monitoring training and development through supervisions and spot checks. Care plans were reviewed and we noted that the service had carried out formal recruitment checks. We also noted that there was a system in place for monitoring accidents and incidents.

Our previous inspection identified areas of improvement and we rated the service as "requires improvement". During this inspection on 28 August 2018, we noted that the service had made improvements but found that medicines management and risk assessments could be improved. At the time of the inspection, the quality systems in place had not identified these areas for improvement. However, following discussions with management we were confident that the service would be able to address these promptly.

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 mostly safe. The service had made improvements in respect of recruitment checks. However, we found that risk assessments lacked detail about how to mitigate risks.

Medicines management systems were in place. However, the service did not carry out medicines audits.

People we spoke with told us that they felt safe around care workers. This was confirmed by relatives we spoke with.

There were processes in place to help ensure people were protected from the risk of abuse.

Systems were in place to record accidents and incidents.

Requires Improvement 

Is the service effective?

The service was effective. Care workers had received support from management and been provided with an induction, training and supervision.

People's care needs and choices were assessed and responded to.

The service had systems in place to monitor people's nutritional needs and support.

Good 

Is the service caring?

The service was caring. People who used the service and relatives told us that they felt the service was caring. People were treated with respect and dignity.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

Care records were person centred and specific to each person's needs. They included information about people's preferences and their likes and dislikes.

Good 

Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

People and their relatives knew how to complain and felt that their concerns would be listened to and responded to appropriately.

There were systems in place for the service to obtain feedback from people and relatives.

Is the service well-led?

Good ●

The service was well-led. The service had a system in place to monitor the quality of the service being provided to people using the service.

The service had a management structure in place with a team of care workers, office staff, the care manager and registered manager.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Tamar Care UK 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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 August 2018 and the inspection team consisted of two inspectors. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

Our previous inspection found three breaches of regulation. Following that inspection, the service provided us with an action plan which detailed what they were going to change and implement within the service to make improvements.

During our inspection we went to the provider's office. We reviewed six people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with two people who used the service and five relatives. We also spoke with three care workers, the care manager and the registered manager.

Is the service safe?

Our findings

People who used the service told us that they felt safe around care workers and raised no concerns about this. When asked about this, one person told us, "I absolutely feel safe around care staff." Another person said, "I feel safe." Relatives we spoke with confirmed this and told us that they were confident that their relative was safe. One relative said, "I am confident that my [relative] is safe." Another relative told us, "Yes, my [relative] is definitely safe. I am absolutely certain."

Our previous inspection in July 2017 found a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to fit and proper persons employed. During that inspection we found that appropriate recruitment checks were not carried out prior to staff commencing work. Our inspection in August 2018 found that the service had made improvements in respect of this. We found that the service had a recruitment procedure in place to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of six records for care workers. We noted that these records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. However, we noted that one care worker's file had one personal reference and no other references. We raised this with the registered manager and he explained that this person had not been in employment previously for a long time and therefore was only able to provide one reference. He confirmed this in documentation the service had received from the tax office. Another care worker had only one reference from a former employee. The registered manager stated that their recruitment policy stated that care workers needed a minimum of one professional reference.

We also noted that one care worker required a risk assessment to determine if she needed extra support in her role. There was no documented evidence that this had been done and we raised it with the registered manager. Following the inspection, the registered manager provided us with documented evidence of a risk assessment which included details of actions in place to minimise risks as well as confirming that this would be reviewed every six months.

Our previous inspection found that care support plans did not always have sufficient information to support care workers on how to effectively and safely mitigate identified risks. During this inspection we looked at six care support plans and found that some risk assessments were in place. Since the previous inspection, the service had introduced new format care support plans which included a new format risk assessment. These covered risks associated with the environment, moving and handling, medication and nutrition and hydration. Risk assessments included details of the risk and level of risk to people's safety. However, there was limited information in respect of measures needed to be taken to reduce potential risks. We raised this with the registered manager and care manager and they advised that they would ensure that risk assessments included more information about how to avoid potential risks. We also noted that one person's care documentation indicated that they were diabetic.

However, we did not see evidence that a risk assessment was in place to address this person's diabetes and the potential risks associated with this. We raised this with management. Following the inspection, the

registered manager sent us a diabetes template risk assessment and advised that they would ensure this was put in place for the person concerned.

At the time of our previous inspection in July 2017, the service did not support people with their medicines. During this inspection in August 2018, the registered manager confirmed that the service now supported two people with their medicines. During the inspection, the care manager explained that the service completed Medicine Administration Records (MARs) that were provided by people's pharmacist and that these were kept in people's homes. The service therefore did not have MARs available for inspection on the day of the inspection. Following the inspection, the service provided us with a sample of most recent MARs. We noted that MARs included details of the prescribed medicine and dosage. The care manager confirmed that the service's policy was to only administer medicines to people when they were in a blister pack which is a monitored dosage system dispensed by the pharmacist. We noted that the names of the medicines contained in the pack were listed on people's MAR so that it was clear what medicines formed part of the blister pack. We found that MARs we looked at did not have any unexplained gaps.

We noted that management were unable to provide us with all completed MARs and we queried this with the care manager. She explained that previously the MARs were kept with people and their relatives and that the service did not keep these. We discussed with management the importance of ensuring that copies of completed MARs were kept at the office so that there was a clear audit trail of medicines administered. The care manager confirmed that in future she would ensure copies of completed MARs were kept in the office and would be easily accessible.

Management explained that care workers checked the completion of MARs when they visited people's homes. However, we noted that these checks were not documented. There was therefore no documented evidence that MARs were consistently audited. We raised this with management. Following the inspection, the service sent us their medication audit template and said that they would ensure these were completed monthly.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. The service had a whistleblowing policy and contact numbers to report issues were available in the office. We saw documented evidence that care workers had received safeguarding training. During our previous inspection, we were unable to speak with care workers and were therefore unable to check their knowledge and understanding of safeguarding procedures. During this inspection in August 2018, we spoke with care workers and found that they were aware of safeguarding procedures and knew what action to take. They told us that they would contact management immediately and were aware of the importance of informing the local safeguarding team and the CQC.

The registered manager and care manager confirmed that they were safely able to meet people's needs with the current number of care workers they had but said that they were always recruiting to ensure they had a sufficient workforce. When speaking with care workers about staffing levels, they told us they received their rotas in advance and their visits were planned well in relation to the time allocated for each person and the distance they needed to travel between visits.

We spoke with people and their relatives and asked whether there were any issues in relation to care workers punctuality and if there were any missed calls. Except for one person, people and relatives told us that care workers were on time and there were no missed visits. One person told us, "Timekeeping is great. They always stay for the full time and they never look at their watch. They are generous with their time." One relative said, "They are punctual. It is not an issue."

At the time of this inspection the service did not have an electronic system for monitoring care worker's timekeeping and duration of their visit. We noted that staff recorded their visit times on daily notes and these were checked by management. The registered manager explained that they were in the process of introducing an electronic telelogging system which would flag up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late. The care manager explained that they expected this system to be implemented by November 2018. This system would enable the service to effectively monitor care workers punctuality and attendance.

Our previous inspection found that the service did not have an effective system in place to record incidents/accidents. Our inspection in August 2018 found that the service had made improvements in respect of this and had a system in place for recording these. We noted that the form included information about the facts surrounding the incident, witnesses present and details of action taken by the service. We however noted that there was a lack of information about "lessons learnt" and raised this with management. They advised that in future this information would be included and following the inspection sent us evidence that they had amended their incident form to include a "lessons learnt" section.

People who used the service and relatives informed us that care workers followed hygienic practices when providing care. The service kept a stock of protective clothing and equipment in the office. Care workers said they had access to protective clothing including disposable gloves, aprons and hand sanitiser which were stored in the office.

Is the service effective?

Our findings

People who used the service and relatives told us that they had confidence in care workers and the service. Relatives also told us that they were confident that care workers knew what their responsibilities were and what to do. One person said, "The carers are extremely knowledgeable." Another person told us, "Carers are lovely. They know what they are doing. They are very helpful." One relative said, "My [relative] can be difficult and care staff are patient. They are polite, courteous and their attention to detail is very good." Another relative told us, "The carers are very good. Nothing is too much trouble." Another relative said, "They know what they are doing in terms of care."

Our previous inspection in July 2017 found a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing. During the inspection, we did not see evidence that staff had been consistently supported to fulfil their roles and responsibilities through training, regular supervisions and appraisals. During this inspection in August 2018, we found that the service had made improvements in respect of this. We saw evidence that the service had a training programme to ensure care workers were competent and able to care effectively for people. Certificates were seen in the records of care workers. Training was provided by an external organisation and included infection control, safeguarding adults and children, fluids and nutrition, moving and handling, health and safety and equality and diversity. The care manager explained that the service provided staff with classroom based training as this was more effective than online training. We saw that there was a training matrix in place which enabled management to monitor what training staff had received and when refresher training was due.

Care workers had received necessary support and supervision from management staff and this was confirmed by care workers we spoke with. We noted that the service had a matrix in place to monitor this. We noted that this indicated that since January 2018, care workers received supervision sessions monthly. New care workers had received a comprehensive induction programme. This was followed by a period of shadowing by a more experienced care worker. Care workers had also completed their Care Certificate. The Care certificate provides an identified set of standards that health and social care workers should adhere to in their work.

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.

The service had a Mental Capacity Act 2005 (MCA) policy in place. Our previous inspection of the service found that some care workers had not completed training in the MCA. During this inspection in August 2018, we found that staff had completed MCA training. When speaking with care workers they had a basic understanding of the MCA. They were aware of the relevance and importance of obtaining consent from people or their representatives regarding their care. They told us that they explained what needed to be done prior to providing personal care or assisting people. They knew that if people did not have the capacity

to make decisions then they should refer matters to the care manager so that professionals involved and people's next of kin could be consulted.

Care support plans included some information about people's capacity to make decisions and their communication needs. However, we noted that this information was limited and not consistently documented in each of the care support plans we looked at. We raised this with the registered manager and care manager and they confirmed that they would ensure that this information was consistently documented.

We found that people or where applicable their representatives had signed a care support agreement to indicate that they had consented to the care provided.

Our previous inspection found that care support plans contained limited information about people's dietary needs. Since our previous inspection, the service had reviewed and amended their care support plans. Care support plans now included information about people's dietary needs as well as their individual preferences.

We spoke with the care manager about how the service monitored people's health and nutrition. She explained that care workers documented people's daily progress in records so that they could monitor people. The care manager explained that if care workers had concerns about people's weight they were required to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. We saw documented evidence that care workers had completed nutrition and hydration training.

Is the service caring?

Our findings

People we spoke with told us that they felt the service was caring and spoke positively about care workers. One person said, "The carers are more than caring. They are like family. Absolutely superb carers." Another person told us, "They are good at listening. I have no concerns." One relative said, "They are definitely caring and kind. They always ask me what my [relative] needs." Another relative told us, "They are very respectful and caring. They always look after my [relative] well. Staff are very kind." Another relative told us, "My [relative] is difficult. The carers are very good and patient."

Our previous inspection in July 2017 found that there was a lack of information in people's care support plans to indicate that that people were supported to express their views and be involved in decisions about their care and support and we made a recommendation in respect of this. During our inspection in August 2018, we found that the service had taken steps to address this. Care support plans now included information about people's preferences and choices and details for staff on how to meet people's needs. Care plans identified people's religion under the 'personal details' section and where necessary included information under the "personal profile" section of the care support plan. The service had checked with people what preferences they had regarding the gender of their care worker and this was documented in their care support plan.

The service had a policy on equality and diversity and respecting people regardless of their diverse backgrounds. The service also had a policy on religion and beliefs which detailed how the service supported people to meet these needs. Care workers we spoke with were aware of the importance of ensuring people were given a choice and promoting their independence. They were aware that all people should be treated with respect and dignity regardless of their background and personal circumstances. Care workers told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One care worker told us, "I make sure the door is shut and blinds are closed. It is important to make people feel special and know what their individual likes are." Another care worker said, "I call people by the name they wish. I always ask for their permission and inform them about what I am doing. I always talk to people." Another member of staff said, "I always respect people's privacy. I ask how they are and have conversations with them. I talk to them and help where I can. I take an interest in their lives."

The service had a guide which highlighted the organisation's principles and provided information about the service. This guide stated, "We believe in listening to you, our clients. This is at the centre of everything we do."

The care manager confirmed the service did not carry out visits of less than 60 minutes but advised that most of the packages were for two hours. She explained that this enabled care workers to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of 60 minute visits enabled care staff to do this.

During the inspection, the care manager explained that continuity of care was very important for the service

and was an important aspect of providing high quality care. We asked people who used the service and relatives whether they received care from the same care workers on a regular basis and had consistency in the level of care they received. This was confirmed by people and relatives we spoke with. One person said, "I always know who is coming." One relative told us, "We have the same carers." Another relative said, "Consistency is important. We have the same carers. My [relative] is familiar with them."

Is the service responsive?

Our findings

People who used the service and relatives told us that they were satisfied with the care provided by the service and said that the service listened to them if they had any concerns. One person said, "They always keep me informed. They keep me involved always." One relative said, "I never have to chase them. They always respond. No issues." Another relative said, "I could complain if I needed to. I have no hesitation. I am confident the agency would listen." Another relative told us, "I can reach the office no problem. I speak with [the care manager] regularly and she is very involved. We have a good open relationship."

Our previous inspection in July 2017 found that care support plans did not always contain sufficient information and guidance to make sure that care was provided in a way that met people's individual needs and we made a recommendation in respect of this.

Our inspection in August 2018 found that the service had taken steps to make improvements in respect of this. The service had reviewed the format of their care support plans and made improvements. Care support plans now included an "essential information" section which provided details of what support people required with various aspects of their daily life such as health and medication, moving and handling, personal care, nutrition and hydration. This included information about what support the person required as well as details of what support the service would be responsible for providing. There was evidence that the service had considered people's religious and cultural needs. Care support plans were person-centred and specific to each person and their needs. They also included information about people's care preferences, daily routines, likes and dislikes. We however noted that care support plans varied in respect of their level of detail. Some included more information than others and we discussed this with the care manager. She confirmed that she would ensure that information was consistently documented in care plans in future.

Our previous inspection in July 2018 found that the service was in the process of obtaining feedback from people through feedback forms but that this was ongoing. Our inspection in August 2018 found that the service had implemented two formal systems for obtaining feedback from people through feedback questionnaires and in person clients reviews. The registered manager explained that they carried these out quarterly and we saw evidence that these were documented. People and relatives we spoke with told us that they were involved in the care provided and said that the service encouraged them to provide feedback. One person said, "They always ask me for feedback." One relative said, "They always ask me how things are and for feedback."

The service monitored people's progress through daily records. These recorded daily visit notes, meal log and medicines support. These were completed in detail and were up to date.

The service had a website which provided information about the service, their values and contact details.

The service had a complaints procedure in place. The care manager explained that the service had not received formal written complaints since the previous inspection. However, they did have a system in place

to record complaints. People and relatives informed us that they knew how to complain and had the office contact number. They also told us that they would not hesitate to raise concerns with management if they needed to.

Is the service well-led?

Our findings

People and relatives spoke positively about the service and told us they thought it was well managed and raised no concerns. One person said, "[The care manager] runs it very well. She is always there. The agency is running very well. Management are great." Another person said, "I can reach the manager. I text her." One relative said, "Management are approachable. I am satisfied with the care. I have no complaints." Another relative said, "The service runs smoothly. There were teething problems at the beginning but it is all resolved now. The care manager is proactive. She calls me and talks to me." Another relative said, "Management seem to be fine. They work with us and are accommodating."

There was a management structure in place which was made up of the registered manager, care manager, care workers and administrative staff. Staff we spoke with spoke positively about the management and culture of the service. All staff said management were approachable and they felt able to raise concerns without hesitation. They told us that they felt supported by their colleagues and management. One care worker said, "It has been absolutely great so far. There is good support. I feel I could ask for help no problem." Another care worker told us, "There are good opportunities here to develop. We work well as a team. We support one another. Management are supportive." Another care worker said, "I get wonderful support. The care manager is amazing. 110% approachable."

Staff we spoke with told us that communication within the service was good. They told us that management kept staff informed of developments, changes and updates within the service. The service did this through monthly staff meetings and regular telephone calls and emails.

Our previous inspection in July 2017 found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance. During the inspection, we found that quality monitoring systems had not been developed to ensure that management had proper oversight of the quality and safety of the care agency. The service previously did not have documented evidence of audit processes in place for areas such as recruitment, care plans, safeguarding, training and development and accidents and incidents.

Our inspection in August 2018 noted that the service had made improvements in respect of this. We saw that there was a formal system in place for monitoring training and development through supervisions and spot checks. Further, care plans were reviewed and we noted that the service had carried out formal recruitment checks. We also noted that there was a system in place for monitoring accidents and incidents. The care manager explained that they checked staff punctuality and attendance by checking daily records. However, we noted that these checks were not documented and raised this. The care manager explained that the new electronic monitoring system would enable them to check this. She also advised that they checked punctuality when obtaining feedback from people. We however noted that the service did not have a formal system in place for checking the completion of MARs and risk assessments and this has been addressed above under "Safe". At the time of this inspection, the quality systems in place had not identified these areas for improvement. However, following discussions with management we were confident that the service would be able to address these promptly.

Our previous inspection found that the service had no means of seeking the views of staff, people and other stakeholders to improve the quality of care being provided. However, we found during this inspection that the service had made improvements and had implemented various systems to obtain feedback through questionnaires, reviews and staff meetings.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.