East Midlands Crossroads-Caring For Carers

Crossroads Care East Midlands - South Leicestershire Office

Inspection report

Wycliffe House
Gilmorton Road
Lutterworth
Leicestershire
LE17 4DY

Tel: 01455560046
Website: www.carerstrustem.org

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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

We inspected the service on 2 June 2016 and the visit was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that someone would be available to speak with us at the office.

Crossroads Care East Midlands provides personal care to people living in their own homes who have a variety of needs. These include older people, people who have a physical disability, people living with dementia and people who have a learning disability or Aspergers. At the time of our inspection 93 people were using the service.

The service had a registered manager. 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 and their relatives felt safe with the care offered. Staff understood their responsibilities to support people to keep safe and to protect them from abuse. They dealt with accidents and incidents appropriately. The provider had made sure that people were being protected from avoidable harm. Risk assessments were in place which set out how to support people in a safe manner.

People received support from staff who had been checked before they had started work. This had helped the provider to make safer recruitment decisions about the suitability of prospective staff.

People received their medicines as prescribed in a safe way. Staff were trained in how to administer people's medicines and were checked for their competency to do so.

People were receiving support from staff who had the appropriate skills and knowledge. Staff received regular training. Care workers were supported through training and supervision to be able to meet the care needs of the people they supported. They undertook an induction programme when they started to work at the service.

People were being supported in line with the Mental Capacity Act (MCA) 2005. The provider had recorded where people had legal representatives to make decisions on their behalf. Staff understood their responsibilities under the Act and asked people's consent before providing their care.

People were supported to maintain a balanced diet and had access to healthcare services when required. Staff knew how to monitor people's health and to seek support when needed.

People received support from staff who showed kindness and compassion. Their dignity and privacy was being protected. Staff knew people's communication preferences. People were being supported to be as

independent as they wanted to be. People had been involved in decisions about their support.

People or their relatives had contributed to the planning and review of their support. People had care plans that were person-centred. This meant that the support people received was focused on them as individuals. Staff knew about the people they were supporting including their interests and hobbies.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place and followed this when a complaint had been received.

People had opportunities to give feedback to the provider.

People and staff felt the service was well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The provider carried out monitoring in relation to the quality of the service that people received.

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.

People were being protected from abuse and avoidable harm. The provider had effective recruitment procedures and enough staff were deployed.

People received safe support with their medicines.

Is the service effective?

Good

The service was effective.

Staff sought people's consent prior to providing their support. People were supported by staff who had received appropriate training.

Where staff supported people with eating and drinking people were supported to maintain a balanced diet. People were supported or prompted to access healthcare services.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was being respected.

People were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received care which had been discussed and planned with them and was responsive to their needs.

There was a complaints procedure in place. People felt confident to raise their concern.

Is the service well-led?

Good

The service was well led.

People knew who the manager was and felt that they were approachable.

There were quality assurance procedures in place.

People had been asked for their opinion on the service that they had received.

Crossroads Care East Midlands - South Leicestershire Office

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 visit took place on 2 June 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that someone would be available to speak with us at the office. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This 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. We also reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us.

We spoke with three people who used the service and twelve relatives. We also spoke with the care manager, a registered manager from another branch, the learning and development officer, a team leader and three care staff.

We looked at the care records of six people who used the service and four staff files. We also looked at other records in relation to the running of the service. These included the health and safety and quality checks

that the manager had undertaken.

Good

Is the service safe?

Our findings

People felt safe with the support they were receiving. One person told us, "I feel safe when the carer is here." Another person said, "I feel safe because when she goes she [the care worker] always makes sure the door is secure." Relatives agreed that people were safe when they were receiving care. One relative said, "They keep [person's name] safe by walking alongside her to make sure she doesn't fall." Another relative told us, "The carers keep [person's name] safe by always being in the same room."

People were receiving support from staff members who knew their responsibilities to protect people from abuse and avoidable harm. One staff member told us, "If I have concerns I would always speak with a manager and record my concerns. If you are worried you must do something." Another said, "I would contact one of the managers or you can contact on call. If needed I would go to a social worker or the police." Staff told us that they were confident that any suspicions of abuse would be investigated by the provider. The provider had an abuse policy in place that told staff what actions they should follow if they suspected abuse. Records confirmed that staff had completed training in safeguarding adults and that this covered the different types of abuse. The care manager was aware of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission.

Risks to people's health and well-being had been assessed and reviewed. For example, for one person assessments had been completed on how to keep them safe when assisting them with personal care, within their home environment and with their mobility needs. We saw that where possible, people had been involved in these assessments and this had been documented in their care records. Risk assessments were reviewed at least annually unless a change had occurred in a person's circumstances. This meant that staff had up to date guidance, based on people's preferences, about how to keep them safe. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people, these issues had been addressed and resolved promptly.

People's home environment had been assessed to make sure it was safe for the person and for staff. This included checking that the property was accessible and that there were no trip or slip hazards. We also saw that there were plans available in case of an emergency, for example bad weather, or a fire at the office. These included the support people would need in such an emergency and also plans for how the service would continue to operate. This meant that the provider had considered people's safety should an incident have occurred.

People told us that there were generally enough staff to meet their needs. One person told us, "It is always the same carers who come. They have never missed a call. A relative told us, "It's mainly the same staff who come. They are never late and have never missed a call." Another relative commented, "When I asked not to have one carer they said there would be gaps in the calls until a new carer had been found who was suitable for the call." One relative said, "They have never missed a call so they must have enough staff." Staff told us that they felt there were enough staff to meet people's needs. The rota showed that staff had regular calls and that these were in a similar geographic area to make it easier to travel between calls. The care manager

told us that they had procedures in place to let people know if staff were going to be late or were unable to attend a call. They told us that staff were matched with a person and that a team of staff were linked to each person to try and ensure consistent cover when people were on holiday or sick. The care manager told us that each person had a number of staff allocated to their calls to try and avoid situations where people would receive care from people they didn't know. However in cases where it was not possible to have a regular member of the core staff group, there was an absence team who were employed by the organisation who could provide cover if this was required at short notice.

People were cared for by suitable staff because the provider followed recruitment procedures. We looked at the files of four staff members and found that appropriate pre-employment checks had been carried out before they started work. This meant that people could be confident that safe recruitment practices had been followed.

People received their medicines as prescribed by their GP. A staff member said, "I have done training in administering medicines. I want to know everything is correct before I sign for it." We saw that people's support plans had documented how people preferred to take their medicine. We saw that people's medicine records had been completed and returned to the office. The care manager told us that these were audited to make sure that they had been completed correctly. However we found that there had been limited checks on the medicine records we looked at. The care manager said that they had employed a new member of staff in the office who would help to complete these checks. We saw that where problems such as missed signatures had been identified these were passed to the manager to discuss with the staff member and take appropriate action.

Staff knew what to do should a medicines error occur as the provider had a policy that gave them guidance. Staff told us that they always checked that medicine was correct before they administered it. One staff member said, "I noticed that the medicine records and the information on the medicine didn't match. I checked and sorted it out with the chemist and the GP." We saw that staff had received training and had their competency regularly checked. In these ways people received their medicines in a safe way and staff knew their responsibilities.

Good

Is the service effective?

Our findings

People generally received support from staff with the appropriate skills and knowledge. One person said, "They are good at their jobs." A relative told us, "The staff are very well trained. They show great competence in carrying out their tasks." Another relative said, "I have had to train the staff about epilepsy and how to communicate with [person's name]."

The staff told us that they had an induction when they started work. They described how they had been given time to complete training, get to know the service and the policies and procedures. Staff told us that they had spent time shadowing more experienced staff before working alone with people. One relative confirmed this had taken place. They said, "If there is going to be someone new they come and shadow the normal carers." All staff we spoke with told us that their induction had been useful for them. Records we saw confirmed that staff had completed an induction. The care manager told us that they had introduced the Care Certificate for new staff members. We saw that this was being used. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by trained staff. Staff told us that they had completed different courses and that they enjoyed the training. One staff member said, "The training is fantastic. We have training quite often. They used a video to get the message across when we did the training about professionalism." We looked at the training records for all staff. These showed that staff had completed a range of training including courses that were specific for the needs of the people who they supported. For example, where staff supported someone who had a PEG feeding tube they were trained in how to use this safely. A learning and development role had been developed and part of this was to monitor the training for all staff. This was a new role for the branch but had been used in other branches successfully. The learning and development officer told us, "Part of my role is that I can offer tailored training to the staff when it is required." We saw that where training was need to complete specific tasks such as PEG feeding that this had been carried out by the appropriate health professionals. Staff told us that they had completed the healthcare passport training. This was a full two day course where staff completed a range of healthcare based tasks and were assessed as being competent to complete these in the community. The care manager told us that they monitored training through an electronic system that identified when staff had completed training and when this needed to be refreshed.

Staff members received effective and regular support to enable them to undertake their duties. One staff member told us, "I had my last supervision the other week. The one before that was before Christmas. I feel very supported though, I can talk to any of the managers." Another staff member said, "I had supervision after I had been here for two weeks. I am very much supported." We saw that the managers were available to staff during our visit and they offered solutions and practical advice to questions asked of them. We also saw that people had received supervision with their manager. Supervision is a process where staff meet with their supervisor to receive feedback and guidance on their work. We saw that the supervision meetings had not taken place as frequently as suggested within the provider's policy. The care manager acknowledged this and they told us that part of the learning and development role was to complete supervisions with staff.

The learning and development officer told us that they had started to complete supervisions with all staff and had a plan to show when their first supervision with each staff member had met with them. We saw that team meetings had taken place approximately every three months. The minutes of the team meetings demonstrated that issues raised by staff had been addressed and resolved.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. The care manager advised that no one who used the service had been deprived of their liberty and no applications had been made for this. The registered manager explained the process they would follow if they thought someone was being deprived of their liberty and this was in line with the requirements of the MCA.

We checked whether the provider was working within the principles of the MCA and found that they were. A relative told us, "I hear the carer chatting away to [person's name] telling them what they are going to do and asking if that is okay." Staff understood the requirements of the MCA. One staff member told us, "I have done training in the MCA. I always ask for consent. It is important to respect people's decisions and they can say no." Another staff member said, "I always ask for consent and tell people what I am doing." Staff told us that they had received training in the MCA and records confirmed this. We saw that people's care plans had detailed if they could make decisions for themselves. People had signed their care plans where they could to consent to their planned care. Where people had a person who had the legal authority to make decisions for them this had been recorded. In these ways people's human rights were being protected.

People told us that the staff supported them to eat and drink. One person told us, "They ask me what I want to eat and they provide me with hot drinks as well. The food is tasty." A relative said, "The carer's make sure the food is hot and tasty." We saw that where people had been assessed as needing their food prepared in a specific way, such as softened to reduce the risk of the person choking, this had been included in the care plan.

People's healthcare was monitored and where a need was identified they were prompted or supported to contact the relevant healthcare professional. One person told us, "If the carer has any concerns they call the office and would ask the doctor to come and see me." A relative said, "If the carers have concerns about [person's name] health they discuss it with me so I know what is going on." Staff were aware of their responsibility for dealing with illness or injury. Staff told us that they would support someone to contact a health professional if they felt this was needed. The care manager told us that they worked with healthcare professionals who were involved with the people who used the service and would make referrals if they felt someone needed further assessments or support if their needs had changed. We saw that care plans contained contact details of people's relatives, GP's or other involved health professionals so that staff were able to contact them in the event of an emergency.

Good

Is the service caring?

Our findings

People were being supported by staff members who showed kindness and compassion. One person told us, "They are wonderful and caring. They look after me very well." Another person said, "They are kind and considerate." Relatives agreed with this. Comments included, "They are caring, compassionate and well mannered. They talk to [person's name] as it was their own mother. That's how friendly they are," "They are always caring and polite," They are caring, loving and nothing was too much trouble," "They are very polite and caring. They treat [person's name] with care and compassion," and "It is a wonderful family of carers."

People told us that they felt involved in making decisions and planning their care. One person told us, "Staff talk to me to make sure that the jobs they do for me are still okay." A relative told us, "We talk about the care that's provided and if it is still suitable." The staff told us that people were involved in making decisions about how they wanted to be supported. They gave us examples of people being offered a bath or a shower, and a choice of food and drink. One staff member told us, "I always ask people what they want to do." We saw that as part of the initial assessment that had been completed people were asked what days and times they wanted their support and information about their personal preferences and routines. This meant that people were asked about how they wanted staff to meet their needs and were involved in planning their own care.

People told us that they had the same staff regularly. One person told us, "It is always the same carers who come unless someone is off sick but they always tell me if there is a change." A relative said, "We have a group of carers specifically for the care that has to be provided." Staff told us that they worked with the same people as much as possible for consistency and to help them get to know the person. One staff member told us, "I get to see the same people regularly. It is important as people like to have continuity." Staff knew about the people they were supporting. They told us about what people liked and disliked and that this information was in people's care plans. One staff member told us, "The paperwork is up to date and contains relevant information. I always check the folder and have a quick chat with people to make sure that the care is correct." We saw that each person's care plan contained information about what the person liked, and how they wanted to be supported.

People were being treated with dignity and respect. One person told us, "The staff treat me with respect and dignity." Another person said, "The carers treat me with respect and talk to me as a person." A relative commented, "The carers offer dignity and privacy." Another relative told us, "They provide personal care which is done with lots of dignity and privacy." Staff told us that they respected people's privacy and dignity. This was through asking people before supporting them and making sure that people were covered up during personal care. One staff member said, "I think if this was my mother or myself what would I like. I like people to have the same care and respect I would want."

People were being supported to be independent. One person told us, "I do all my own personal care so that is good it keeps me independent." Another person said, "They encourage me to do something if I can," A relative said, "The carers will only do what [person's name] can't. Staff told us that they encouraged people to be independent and to do what they can for themselves. One staff member told us, "I encourage people

to do what they can for themselves." This meant that staff were encouraging people to maintain the skills they had instead of doing things for people that they could do for themselves.

People could be sure that information about them was being treated confidentially. This was because the care records were stored in locked cupboards. We saw that the provider had made available to staff confidentiality and data protection policies. This meant that people's privacy was being protected by a provider who had suitable procedures and by staff who knew about these.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and that staff had a good understanding of how to support them. One person told us, "The carers are very flexible with my needs. They talk to me about what I want." Another person said, "I would be lost if they didn't do all the things they do for me." A relative commented, "They are flexible so If I need more time they will stay with [person's name] until I get back." Another relative said, "The carers meet all of [person's names] needs."

People and their relatives had contributed to the planning of their care. One relative told us, "We agreed the care plan and the staff follow this and it keeps [person's name] safe." We saw that assessments that had been completed included information about who had been involved in the assessment. Records we saw showed that people had all been involved in their assessment. The care manager told us that after they received an initial referral to the service that they would meet with the person and their family, if the person wanted them there, and carry out an assessment. This was to determine if the service was able to meet their needs. They said that care plans and risk assessments were developed based on information provided by the person, their relatives and information that had been provided by the funding authority. This involved discussions and input from the person and their family. This meant that people contributed to planning their care.

People's support requirements had been reviewed. One relative told us, "We have meetings about the care they provide and see if it needs changing." Another relative said, "The office staff pop in to see us to make sure that everything is ok and we talk about the care that is provided and if it is suitable." A relative commented, "There is a regular meeting about [person's name] care needs." Staff told us that they monitored people's needs and reported if changes were required. One staff member told us, "I told the office that [person's name] needed more time for their calls. They were increased by 15 minutes which made a difference for the person as we can now do things at their pace." We saw that staff could complete a form to identify if someone's needs had changed. The care manager told us that if this form had been completed it could trigger a review of a person's needs. We saw that people's support plans had been reviewed at least annually or when someone's needs had changed. The care manager told us that they were in the process of implementing a new review schedule where reviews would take place more frequently. However, the current aim was annual reviews. This meant that staff had up to date information and guidance on how to provide support to people in ways that were important to them.

People's care plans were person-centred and detailed things that were important to them. One staff member told us, "The care plan includes all people's likes and dislikes. I always check this. Some people do their own lists of what they like." We saw information in people's care plans that guided staff about people's preferences and choices, such as if someone prefers a bath or shower, if they like to wear their glasses and preferences about food and drinks. This meant that people received support based on their preferences and in a person-centred way.

People and their relatives told us that staff were usually on time or they were contacted if staff were going to be late. One person said, "The staff are never late." A relative told us, "They are sometimes a bit late but that

is okay. If they have been delayed they call and tell me how long they are going to be." Another relative commented, "If they are running a few minutes late they call me and tell me what time they will be arriving." The staff told us that they had enough time to get between calls and they would contact the office or the person if they were running late. The care manager told us that they had procedures in place if staff were running late. They told us that people were sent a rota to tell them all of their planned support and the times they would be arriving. We saw that there was a system in place that staff used to log in and out. The records from this showed that staff generally arrived within 10 minutes of the planned start time for each call and stayed for the correct length of time.

People had been given information on how to make a complaint and felt comfortable to raise any concerns. One person told us, "If I have any concerns I talk to the manager who puts things right for me." Another person said, "I have all the information I need in the folder." Relatives knew how to make a complaint or to raise a concern. One said, "The communication between us, the carers and the office staff is very good. I am asked how I feel about any changes. I have all the information on the service in the folder. I have no complaints." Another relative told us, "If I have any concerns or needed to complain I would call the manager but that hasn't happened yet." However one relative told us that they had made a formal complaint and this had taken a number of months to resolve. We saw that there was a complaints procedure in place which detailed how complaints would be responded to including timescales. Records showed that complaints that had been received had been recorded and tracked to ensure that actions had been taken within the timescales, or people had been informed of reasons for delays. This meant that the provider had ensured that their complaints procedure was known by people and their relatives and took action when a complaint was received.

Good

Is the service well-led?

Our findings

People told us that they were satisfied with the service provided and the way that it was managed. One person told us, "I'm very happy with the service they provide." Relatives agreed with this. One relative told us, "The service is very good. I can't think of anything I would want to be changed." Another relative said, "It really is an excellent service." One relative commented, "I would recommend them to anyone who needs carers for their loved ones."

People told us that they were asked for their opinion on the service and that their views were listened to. One person told us, "I feel like they listen and respect what I'm saying." A relative told us, "I have filled in a form about what I think of the service." Another relative said, "I filled in a questionnaire about what I think of the service." One relative commented, "I fell listened to by the staff." We saw that a questionnaire had been sent to people who used the service and their relatives in 2015 and one was in process for 2016. The feedback from the 2015 survey was positive. The care manager told us that the results were analysed and actions were agreed to ensure that where people had raised concerns that these were addressed. The care manager told us that they had just started to complete quarterly phone calls with people to ask them about their service. This had only been started within the last month and very few calls had taken place. This was being implemented to make sure that people had more opportunities to discuss the service throughout the year. This meant that people were being asked for their feedback on a regular basis to make sure that they were happy with the service that they received.

Staff told us that they felt valued by the management team and could approach them. One staff member told us, "They are very approachable and make time to listen. They are very people orientated." Another staff member said, "The managers listen. They have dealt with it if I have raised concerns. I love working here." One staff member commented, "I feel valued and listened to. I can approach the manager if I need to." The care manager told us that they used reflective learning for all staff. This was used if there had been any problems with the care that had been provided and gave staff an opportunity to learn from any errors that had been made. We saw that following errors, such as a medicine error, staff were encouraged to reflect on what had happened and what they could do differently as well as undertake refresher training. The care manager told us that this meant that there was an open culture where staff felt able to raise issues immediately.

The care manager told us that they had undertaken a restructure in the management and the office team in order to develop the service. They told us that this had been in place for a few months and this meant that the service would be more effective with defined roles for people. We saw that people were developing action plans for their area of work to identify what actions they needed to take to make sure that their role was completed. For example, the learning and development officer had a plan of when they would complete an initial supervision meeting with all staff. The care manager told us that the redevelopment would ensure that the resources were available to drive up standards within the service. The care manager told us that they were supported by other managers within the organisation as well as senior managers. They told us that the registered managers had monthly meetings in order to discuss audits that had taken place and actions that were required as well as to review key performance indicators.

The registered manager undertook audits of quality. This included audits on the medication records, care plans, daily records, and risk assessments. We saw that the registered manager monitored records to make sure that they had been completed correctly and signed. They told us that if they found areas that had not been completed correctly they would follow this up with the individual staff member. However we found that audits on medication record sheets and daily records had not been completed consistently for a period of time. The care manager acknowledged this and advised that as part of the restructure someone had been appointed in an administration role and part of their role was to carry out audits on these records. As part of monitoring staff performance spot checks were carried out. This type of check was carried out at people's homes while staff were providing support. These checks monitor staff behaviour and work that they had completed. Records we saw confirmed these checks had taken place. However these had not been completed on a regular basis for all staff. The learning and development officer told us that this was part of their role. They said that they had focused spot checks where there had been any concerns about staff practice but that these would be completed for all staff on a quarterly basis.

The registered manager told us that there was a plan of themed audits to complete throughout the year. This included looking at different areas such as personalised support, safeguarding and safety and suitability of staffing. The actions from these audits were identified and an action plan was put in place that was reviewed by the management team at their monthly meetings. The registered manager also told us that the organisation carried out a full audit of each service annually. The care manager told us that the organisation believed that quality came first and they tried to take all opportunities to provide good care. This included looking at what went well and what didn't and putting measures in place to improve the service. This meant that systems were in place to monitor the quality of the service that had been provided.

The registered manager worked with external organisations to develop the services that were available for people. We saw that the service was providing a discharge response team that involved support for people when they left hospital and returned home. This team worked within the hospital services and offered people different options that would enable them to return home with support until an agreed package of care had been implemented. This service had been running since December 2014 and was designed to support a safe discharge for people. The care manager told us that they worked closely with an organisation that supported carers. This included referring carers to the service for additional support as well as for friendship and social opportunities. The care manager told us that this helped to provide a holistic service for the people who used the service as well as their carers. We saw that the service worked with the local health services and had a grant to provide additional support to people for a limited period of time to reduce the likelihood of someone needing to go to hospital. This allowed the health services time to make referrals for long term additional support for people. The care manager also told us that they worked with the local volunteer transport service to enable people to go out and access their community. This meant that people were able to access a range of services that were designed to improve their quality of life as well as provide care to them.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They reported events at the service that they were required to report.