

Creative Support Limited

Creative Support - Bradford Service

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Creative Support (Bradford) provides a home care service to people living in Bradford. This includes older people and people with mental health needs. Between the dates of the inspection, 28 February to 7 March 2017, 21 people were using the service.

At the last inspection the service was rated as 'Good.'

At this inspection we found the service remained 'Good' and had improved in the 'effective' section from 'Requires improvement' to 'Good.' The service had improved in the 'caring' section from 'Good' to 'Outstanding.'

Why the service is rated Good.

People and relatives provided very positive feedback about the service. They said it was safe; staff were well skilled and very caring.

Staff were recruited safely and there were enough deployed to ensure people received a reliable and consistent service. Staff training provision had improved since the last inspection and people received a greater continuity of care workers due to the way rotas were now organised.

Medicines were safely managed and action was promptly to address any shortfalls. Risks to people's health and safety were assessed and clear and person centred plans put in place. The service worked well with external agencies such as the police to help keep people safe. Safeguarding procedures were in place and were well understood by staff.

People were supported appropriately to eat and drink. People's healthcare needs were assessed and the service worked with external health professionals to ensure these needs were met.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which helped to ensure people's rights were protected.

Staff demonstrated an outstanding commitment to providing person centred and dignified care for people. We saw numerous examples where staff had gone 'the extra mile' for people to ensure their comfort and wellbeing. Feedback about staff from people and relatives was extremely positive. The service worked exceptionally well at helping people maintain or gain independence and measured and evaluated its success in this area.

Care plans were very person centred and up to date. People's likes, dislikes and preferences were recorded and care workers knew people well.

Incidents, accidents, complaints and safeguarding incidents were thoroughly investigated and used to drive further improvement of the service.

The service was well run and organised. People, staff and relatives all said communication was good and the management team acted on any concerns or queries they had. A range of audits and checks were undertaken to assess, monitor and improve the service. Electronic call monitoring had recently been introduced which alerted management if staff did not arrive at care visits, helping improve the safety of the service.

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 remains safe.

Is the service effective?

Good ●

The service was effective.

People said staff had the right skills and knowledge to care for them. Staff received a range of training specific to the requirements of their role.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service worked with health professionals to ensure people received effective care and support and to ensure their healthcare needs were met.

Is the service caring?

Outstanding ☆

The service was very caring.

People and relatives said staff were exceptionally caring, kind and treated them with a high level of dignity and respect. We saw examples where staff had gone out of their way to help people and demonstrated a high level of dedication to ensure people's comfort and wellbeing was maintained.

The service was very good at ensuring people remained independent. We saw exceptional support had been provided to help people stay at home for longer and support goals were routinely evaluated and celebrated by the service.

People were listened to and their views used to shape and improve the service.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Creative Support - Bradford Service

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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 28 February and 7 March 2017 and was announced. On the February, 2,3,6,7 March we made phone calls to people who used the service and staff. On 1 March 2017 we visited the providers' office. The provider was given a short amount of notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case experiences of services for older people and mental health.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with six people who used the service and seven relatives over the telephone to ask them for their views on the service. In addition we spoke with six support workers, the care co-ordinator, and the registered manager. We looked at four people's care records and other records which related to the management of the service such as training records and policies and procedures.

We asked the provider to complete 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. This was returned to us in a prompt manner.

Prior to the inspection we contacted the local authority commissioning and safeguarding teams to ask them for their views on the service. We also contacted two health and social care professionals who have experience of working with the service. We also reviewed all the information we held about the provider including statutory notifications.

Is the service safe?

Our findings

People and relatives said care and support was delivered by diligent staff aware of how to keep people safe. One person told us "They make me feel safe, they don't rush me to do things. They take their time. Like when going to the toilet." A relative told us "The care they provide is safe, they communicate well by email and phone and respond promptly to changes." Information on how to raise concerns was provided to people within the care and support plans located in their homes. Staff we spoke with had a good understanding of how to identify and act on safeguarding concerns which gave us assurance the correct procedures would be followed. They all told us they had no concerns over the way the service operated. Records showed safeguarding concerns were identified by the service and appropriate referrals made to the local authority to help keep people safe. Thorough and detailed investigations were undertaken by the registered manager with learning disseminated throughout the staff team. A procedure was also in place which allowed people to raise concerns with a manager independent to the service to make people feel more comfortable about raising concerns.

The service classed missed calls as a safeguarding matter. Records showed there had been an increase in missed calls during November and December 2016. The reasons for these had been analysed and action taken to prevent a re-occurrence. An electronic call monitoring system had been introduced in January 2017. Since this time, no missed calls had been reported. The electronic system sent an alert to office staff if a call was over 30 minutes late. This greatly reduced the risk of missed calls and improved the safety of the service.

Other types of incident were recorded and an incident log was maintained which clearly showed the preventative action put in place. For example we saw that following falls, contact was made with health professionals to request a falls assessment. If concerns were identified over people's living conditions contact had been made with social workers. One person told us how they had experienced a safety incident which had been properly investigated and changes made with clear communication between all parties to reduce the risk of a re-occurrence.

Risks to people's health and safety were well managed. Risk screening was undertaken in a comprehensive range of areas. A risk summary document was in place which discussed the risk control measures considered for each person. For example in one person's records we saw bed rails had been considered but on weighing up all the information, had been discounted as unsuitable. Detailed risk assessment were formulated where significant risks were identified covering areas such as falls, weight loss and allergies. These were very detailed and person centred providing staff with clear instructions on how to keep people safe. When people were assisted with bathing, water temperatures were checked and recorded to minimise the risk of scalding.

Arrangements were in place to deal with foreseeable emergencies. People's care and support files contained information on how to contact the agency in an emergency and there was a 24 hours a day on call line which could be used. We saw examples where people had experienced a personal crisis and staff had implemented emergency welfare packages to help people safe. Where people were at risk of going

missing, protocols were put in place and the service worked with the police to help keep people safe. For example one person had gone missing on four occasions and was subsequently found by the police. Due to a protocol between the service and the police, the police made contact with Creative Support, who collected the person and settled them in at home with a warm drink

We found there were sufficient staff deployed to ensure people's needs were met. The registered manager told us they had experienced staffing shortages in recent months, however people's needs had been met through management staff assisting with the delivery of care, staff picking up overtime and the use of a small amount of agency staff. This was now improving with new staff recruited. We found calls were delivered to people at consistent times from day to day, and staff stayed the correct amount of time indicating staff were deployed in the right places. Staff told us they didn't need to rush and were able to spend the required time with people. They said that if rota's became too busy, they only had to discuss these with the registered manager and changes were made. We looked at a sample of staff rota's and saw they were manageable with appropriate travel time allocated between calls. This demonstrated to us there were sufficient staff deployed to ensure people received safe care. A health professional we spoke with told us "I am always happy when managers at Creative Support say that they cannot provide a support package because I feel it demonstrates that they know their limits. This is paramount when considering staffing levels and when accepting new service users into their organisation."

Robust recruitment procedures were in place which helped ensure staff were suitable to work with vulnerable people. This included a completed application form with full employment history, evidence of proof of identity, a criminal record check through the Disclosure and Barring Service (DBS) and two written references, which included the last employer. All these checks and an interview were completed before staff commenced work. We reviewed the records for two recently recruited staff and saw these procedures had been followed in both cases. New staff we spoke with confirmed these procedures had been followed. People who used the service were also involved in the recruitment of staff posing questions to candidates to further ensure staff were suitable to work with the client group.

Overall, medicines were safely managed by the service. People we spoke with said they received appropriate support with medicines. One person said "The staff ensured that medication is safely recorded." All staff completed medicines training and had their competency assessed and we saw evidence of this in the staff files we reviewed. New staff had to complete and pass three medicine observations before they were allowed to work unsupervised. This provided assurance staff had the competency and skills to support people with their medicines. Staff told us these were challenging and you "fail if you don't do right", demonstrating these checks were meaningful.

People's care records contained detailed information about the medicines they were prescribed. This included what the medicine was for, what it looked like and the dosage, any risks or side effects and the action to take if these occurred. Each person had a medicine assessment and support plan which showed the support the person required with medicines and how they preferred to take them. For example, one person's plan showed they liked to take their medicines with a glass of tepid water while they were sat in their chair in the living room.

We looked at a sample of medicine administration records (MARs) and found these were well completed showing medicines had been administered as prescribed. They provided a clear audit trail of the medicine support provided. Arrangements were in place to ensure controlled drugs were given correctly. For example one person had a pain relief patch applied weekly. Detailed protocol's was in place to support staff safely and the MAR chart we reviewed showed it had been given consistently as prescribed. We did identify in two people's records, there were inconsistencies between the MAR and medicine support plan as to the creams

they were prescribed. We raised this with the registered manager who took immediate action to address and improve audit and checking procedures. Protocols were in place for 'as required' medicines to provide staff with information on when to offer these kinds of medicines. This helped ensure consistent and safe use of these medicines.

Is the service effective?

Our findings

People and relatives told us high quality care was delivered by staff with the right skills and knowledge with staff described as "professional." One person told us "The staff are well trained....they know when to ask for help. They also know when to offer advice and request it from others." Another person said, "The quality of care is first class." A third person said, "The people who visit are well trained."

Staff received a range of training and support relevant to their needs. New staff completed a full induction and had a period of shadowing which could last for two weeks or more depending on identified need. This also included direct observations and supervisions to ensure staff understood and were competent in areas such as medicines, safeguarding and dignity. Staff we spoke with confirmed these processes were in place and told us the induction and shadowing process was very thorough and they were given time to build up their skills and be introduced to people before working alone. New staff without any previous care experience were also enrolled on the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they needed to provide safe and compassionate care.

The training matrix showed all staff received regular training in subjects such as safeguarding and moving and handling and we saw a training action plan was in place to ensure any required updates were actioned. The service supported people with mental health needs and staff told us they had received a range of training in this area. For example two staff told us that 'Hearing Voices' training had been especially valuable and gave examples of how this had been used to improve their working practices. The training matrix confirmed additional training had been provided to staff in specialist areas relating to people's specific needs such as autism, schizophrenia, dementia, diabetes and epilepsy. Formal training was complemented by direct observations and supervisions which tested staff's knowledge and assured their competency. For example, we saw evidence of detailed discussions and observations of practice around dignity which included choice, promoting independence, person-centred care, privacy and alleviating loneliness. Similarly records relating to safeguarding tested the staff member's knowledge of the procedures including whistleblowing, types of abuse and how to recognise and report.

Observations of practice were meaningful. We saw examples where staff had failed observations and had to retake them before being allowed to work alone. This helped provide assurance staff had the required skills and knowledge to meet people's needs.

Personnel records showed staff received regular supervisions and had received appraisals. We saw an annual planner was in place which identified when supervisions and appraisals were due. Staff confirmed to us these took place and said they felt well supported by the management team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA. Where people lacked capacity to consent to their care and support, assessments had been carried out on the restrictions placed upon them to determine whether they were being deprived of their liberty. This showed the service was aware of its legal responsibilities and recognised the importance of people's freedom.

People and relatives reported that people had choice and control over their care and support. Daily records of care showed people were offered choice, and refusals were respected. Care records also showed people had consented to their plans of care and support. Where the service suspected people lacked capacity to make decisions, capacity assessments had been made and best interest processes followed in line with the legal framework of the Mental Capacity Act (MCA).

Detailed information was recorded on people's nutritional needs. This included how to prepare food specific to people's individual requirements and information on their likes and dislikes. A section of the daily records recorded the food and drink support provided to people, which demonstrated people were offered choice and a range of meal options which met their needs. Records showed people were supported appropriately with nutritional supplements that had been prescribed and these were recorded on MAR charts.

Information on people's healthcare needs was detailed within care and support plans to provide staff with information on how to support people appropriately. Care records we reviewed showed people were supported to access healthcare services as and when required. We saw staff contacted healthcare professionals appropriately when they visited and people were unwell.

Is the service caring?

Our findings

Without exception people spoke very positively about the kindness, attitude and commitment of the staff team. They said staff treated them with a high level of dignity and respect, care and support was personalised to individual needs and they felt highly valued as staff did not rush and took their time. Comments from people and relatives included; "The staff don't rush me, that is important. They talk to me about things I need to talk about. I feel important", "They act with kindness. Natural, good people", "[Relative] finds it hard to deal with change, the staff are kind and take their time. They don't judge and understand to be patient", "The people who visit put my mum at ease, sometimes when they come at night, she is asleep. They don't just rush in....they let her know who is calling and reassure her....she gets disorientated with time and they care and make sure she understands in a caring and supportive way", "People come in and they don't make a fuss. They don't do things at their pace. They take time to do things. Like going to the toilet, it's difficult, but they make it caring and professional" and "The staff talk to me, they are all nice, they act professionally, but chat to me in a way which means they care. That offers a lot to me. They are great."

From our review of documentation and conversations with staff and management we saw they genuinely cared for the people they were supporting and we saw examples where staff had gone 'above and beyond' for people. Staff had responded at short notice with extra visits to comfort people that had become distressed. For example, one relative had regularly contacted the service when their relative became upset and distressed and staff had responded with extra calls and an additional welfare package to provide comfort and meet their emotional needs. In other cases where people had called the service stating they were in pain, staff had responded by attending people's homes for extra care visits to administer pain relief and help make the people feel more comfortable. One person had been feeling unwell during a care visit, so after contacting the GP, the staff member stayed with the person for two hours until their relative arrived. Staff explained to us that the staff team operated in a flexible way, and if one staff member was held up with a client as described above, other staff would assist to cover their planned calls to make sure people received timely care and support. In addition, if staff visited and people were not home, arrangements were made to go and see them later in the day, this demonstrated a flexible and highly person centred approach, representative of a very caring organisation.

People reported staff were exceptionally dedicated, one person said "People care, they wait if we are not ready. They go the extra mile." A relative told us how staff had an exceptional understanding of their relatives' emotional needs. They were impressed with the suggestions staff had come up with to get their relative out of the house to a museum which matched their interests rather than just support them at home as per the original plan of care. The relative told us how they thought this was an exceptionally thoughtful and respectful idea. We saw staff had researched, suggested and supported people to attend support sessions run by a mental health charity to help meet their emotional needs. A health professional told us "This organisation will go above and beyond what other agencies do to find a solution suitable to an individual's care needs. They went on to say this was due to the continuity of staff which supported person centred care.

People told us about the excellent, caring relationships they had developed with staff. Rota's were organised to try and ensure continuity of care workers. On reviewing daily records of care we saw a good consistency of care workers. One person said "The staff are nice. They remember me and who I am. That makes me feel cared for." "I get to know the staff....I have had a bereavement and miss company. The staff look after me and I trust them to talk to and do things." A relative said "They know what people are like; they make them feel pride and dignity."

Staff we spoke with demonstrated good caring values and a commitment to caring for people in a person centred, kind, dignified and compassionate way. Well communicated values were in place which provided staff with clear guidance on how to deliver care based on principals such as compassion, dignity, inclusiveness and hard work.

We found the service was exceptional in enabling people to maintain or increase their independence. For example we saw how the service had supported someone who had experienced self-neglect and refused all care and support interventions, to accept a substantial and meaningful support package. This had resulted in the person being able to live at home for an additional 12 month period, maintaining their independence rather than going into residential care. This had been supported by exceptionally dedicated staff building trust and fostering strong positive relationships, whilst empowering the person to remain in control of the support they were offered. The care package had gradually been increased as staff had gained the person's trust using a variety of methods including continuity of care workers and staff talking to the person extensively about their life and history to develop a trusting relationship. The service had devised and implemented strategies to manage risks associated with pressure area care and poor nutrition to allow the person to be supported at home for longer, for example considering the room layout and equipment, closely monitoring diet intake and changing call times to suit the times the person was more likely to eat. This had been done working closely with external health professionals. We saw a compliment had been received from the person's family which stated, "Carers were so kind and considerate to (my relative) and managed to overcome (relative's) reluctance to any form of external help. The way the care workers tried to build empathy with (relative) and how she related to that was both impressive and reassuring. (Registered manager) was outstanding... a fantastic support to help me keep (relative) where she wanted to be."

We saw other examples where staff had persistently put dedication into fostering relationships with people to build the trust needed for them to accept support, overcoming a reluctance to accept help. This had led to people becoming empowered to do more for themselves, for example we saw success had been achieved in challenging circumstances to enable a person to take better care of their environment and medication. We saw several compliments to this affect had been received about the service. One read "Your team transformed (relative's) life, she was affected by mental illness for 35 years but enjoyed one of the best parts of her life when she had visits from you all. You were an amazing support to her."

A health professional we spoke with confirmed that an exceptional level of support was provided by the service and staff were always committed to create a positive outcome in terms of enablement. For example they provided this quote "I have received excellent support from Creative Support. They have helped me sustain a number of service users in the community who had previously declined support. Staff are always willing to try different approaches to create a positive outcome."

People's goals around independence were recorded and celebrated and demonstrated good progress made in supporting people to achieve goals. This included the use of social inclusion outside the home to meet mental health needs, developing life skills and assist people to manage aspects of their own finances. Goal outcomes forms were completed with people that use the service clearly setting out what they had achieved to offer praise and positive reinforcement. The provider also ran a 'Service User Award' scheme on

a monthly basis. People who had achieved goals could be nominated for the award, which was given on a monthly basis, with the judges made up on a panel of service users. The prize winner was awarded a badge, certificate and shopping voucher. This showed us people's goals and positive outcomes were celebrated and demonstrated a very caring organisation.

People and relatives told us the service got the correct balance between support and independence. One relative said, "They offer assistance to my relatives, they don't take over or do too much" Another person said, "They don't do everything for people. They offer support. That's key."

People told us that whilst the service delivered timely care, on the rare occasion staff were late, they would let them know via a telephone call. This showed a respect for people. One person told us "They are normally good at letting you know if they are late....and that helps....I don't want people worrying and rushing to me." Another person said, "The staff who come in are very kind and professional, they let me know if they are going to be late. That helps a lot." People and staff said they were usually introduced to new care workers before care and support and staff confirmed this was done through the extensive period of shadowing.

People were protected from discrimination in line with the requirements of the Equality Act 2010. Action was taken to seek information on people's individual requirements and needs and plan care and support that met people's specific requirements for example in relation to culture, sex and disability.

People told us they felt listened to and their opinions were valued. We found staff listened to people and valued their opinions. Where calls had been previously missed, we saw the service apologised to people and offered to help them to make a formal complaint should they wish to. Daily records of care showed people were offered choices, and any concerns or problems were listened to and responded to. People had the opportunity to have their voices heard through regular reviews, and quality questionnaires.

Is the service responsive?

Our findings

People and relatives told us that care needs were met by the service. They said that the service communicated information such as changes to care and support well. One person told us "They respond to needs practically." Another person told us "People communicate well. The office contacts people and responds by letter to say what action is taken." A third person told us "They have informed us about how to make the most use of the care....like how the GP could prescribe something we gave, to ensure it was consistently offered. That the difference. People who think and care wider and tell you what is happening." A fourth person said "The quality of care is excellent."

People's needs were assessed prior to commencing using the service and clear and person centred plans of care put in place. Care plans covered areas of identified need which included medicines, eating and drinking, personal hygiene and social aspects of care and support. Each care record contained detailed information regarding the tasks to complete at each care visit, for example specifying exactly how to prepare breakfast and the exact washing/hygiene regime required. People's likes, dislikes and preferences were recorded as to how they wanted the care to be delivered. This demonstrated a person centred approach and that staff valued the importance of the finer detail of care and support. Staff told us that a copy of the care plan was present in each person's house.

Daily records of care provided evidence people's care and support needs were met. This included detailed information on the social, personal and nutritional support provided to people at each care visit.

Care records demonstrated people who used the service and /or their relatives had been involved in decisions about their care. Records showed people received regular care reviews which was confirmed by the people we spoke with. One relative told us "I have regular reviews which I have found helped me as a family member. They give me a chance to discuss things." At these people's achievements, goals and progress was reviewed by the management team in order to develop an appropriate and adapted care and support plan going forward. We also saw examples people were kept involved about any changes to their care and support and consulted and their views and preferences valued.

On reviewing records of call times on both the electronic care system and paper records, we found a good consistency with people receiving calls at times that met their individual needs. Staff stayed the correct amount of time and we saw instances where they stayed longer to ensure care and support tasks were completed. Some people wanted calls at different times, for example at weekends. We saw arrangements were in place to ensure these needs were catered for. People generally said call times were appropriately although one person told us the only area for improvement was "one thing they could change is ensuring times are consistent. They do their best though and let people know as much as possible."

People were informed of how to complain through information located in their care files. We saw the service had a detailed complaints procedure which was also available in an easy read format. We looked at the complaints file and saw 12 complaints had been recorded since March 2015. The records clearly showed the investigation undertaken, how the complaint was resolved and how the outcome had been relayed to the

complainant. This showed the complaints had been taken seriously and were dealt with appropriately.

A significant number of compliments had also been received about the service and these were logged so the service was aware of the areas it exceeded expectations. For example one compliment read "Can't thank you enough for your help support and understanding over last couple of years...it eased our minds to know you were there." People were regularly asked for feedback on the service through questionnaires and telephone reviews and these comments were used to further improve the service.

Is the service well-led?

Our findings

A well-established registered manager was in post who had been at the service for several years. They were supported by support coordinators and senior care workers who helped out with organisation of rota's, management checks and audits. The registered manager told us that these support staff had recently had a lack of management time due to having to cover care and support shifts. However we did not find this had negatively impacted the service.

People and relatives spoke positively about the way the service was managed. They said office staffed answered the phone and responded appropriately to any issues. One person told us "The office is great, they respond promptly and in written form. They are available by email or phone....you get to know them." Another person said "...the office is available to contact and information is clear and well kept." People said communication was very good and they were particularly pleased about how the service responded to minor complaints such as about call timings.

Staff spoke positively about the service. One staff member said "Manager is really good, works hard and is approachable" and another staff member said "Registered manager is the best manager I have known, she is very approachable." They said they would recommend the service to their own relatives and the felt the service delivered very good care and support. Staff said they felt well supported by the manager who was friendly and approachable. They said the service was very well organised, they got their rota's in advance and were clear about their roles and responsibilities. Staff said the service was well led. They said management were approachable and they were able to raise concerns with them. They said if they had concerns over rotas and timeliness they only had to raise with the registered manager who would resolve them.

Systems were effective in ensuring consistent high quality care was provided by the service. The registered manager demonstrated a commitment to continuous improvement of the service, and was clear on how they planned for the service to develop over the coming months. They were open and honest with us during the inspection, and showed a commitment to improving any areas for improvement we suggested.

The service had recently implemented electronic call monitoring which allowed real time monitoring of staff activity and completion of care and support tasks. Any calls which were over half an hour late generated an alert to help ensure this was immediately investigated to support consistent and safe service delivery. The management team were able to monitor whether people received calls at appropriate times and ensure staff stayed the correct amount of time. Reports could be generated which analysed call length, and other timeliness performance measures. Although implementation was in its early days, we saw some reports had already been generated and the registered manager explained how they had used these to make some changes to staff rounds. Further audit and analysis of this information was planned in the future.

Audits and checks were undertaken by management staff in other areas including medicine records, daily records of care and people's finances. We saw these were effective in identifying issues and taking action to resolve. The provider also undertook audits which looked at a range of quality indicators with an action plan

being produced for the registered manager to address.

Incidents were thoroughly investigated and we saw the learning from these had been used to make changes to the service, for example more robust checks of controlled drugs and bathing water temperatures were now undertaken following previous incidents.

Staff performance was monitored through various means for example through medicines observations, dignity observations and regular spot checks of practice. The registered manager told us staff meetings were usually held once a month although the last one was in November 2016. We looked at the minutes from this meeting which were detailed and showed a wide range of subjects were discussed and were a mechanism to continuously improve practice. This included learning from safeguarding incidents to improve working practices.

We saw people's views about the service were continually sought through the use of questionnaires and telephone interviews. Records showed 87 people had been contacted by telephone in January 2016 and 20 had participated in feedback about the service. Questionnaires had been sent out to people and relatives in March 2016. These were overwhelmingly positive. The results from both of these consultations had been collated and a summary had been sent to everyone who used the service which showed the action that had been taken as a result. For example, information had been provided reminding people about the complaints procedure and where they could find this information in their own homes.