

Surround Care Limited

Surround Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Surround Care is a domiciliary care agency providing personal care to people living in their own houses and flats. It provides a service to children above 13 years of age and adults who have a variety of care and support needs including: dementia, learning disability / autistic spectrum disorder and mental health. In addition to a personal care service, people can also choose to receive support with companionship and domestic tasks, such as shopping. At the time of this inspection there were 180 people using the service, all of whom were adults.

Not everyone using Surround Care receives a regulated activity; CQC only inspects the service being 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 last inspection on 28 September 2017, we rated the service Requires Improvement and asked the provider to take action to make improvements in the following five areas: person centred care, dignity and respect, safe care and treatment, good governance and staffing. The provider did take action to address our concerns.

During this inspection, which took place on 26, 27 and 28 November 2018, we found that progress had been made in each of these areas. We also received some very positive feedback from people using the service which confirmed the improvements that had been made so far. However, more time was needed to fully implement and embed some of the changes that had been made. We have therefore not changed the overall rating for the service on this occasion. This is the second time the service has been rated requires improvement. We will check these areas again at our next inspection.

Why we have rated the service Requires Improvement:

The provider had invested in a new electronic care system which would enable better oversight of care and support issues as they happened. However, the system didn't support staff with recording the level of detail required to mitigate assessed risks to people. The registered manager told us they would request a change to the system to address this.

Improvements had taken place with staff recruitment checks, but some staff files did not contain details of staff member's full employment history. This is a required check and needs to be obtained before new staff work at the service. The provider told us a new member of staff had been recruited to support them with making sure all required staff checks were in place in future.

Staff training had also improved, but some staff were not able to demonstrate they had the right knowledge to deliver effective care and support. Some staff were also not aware of changes in legislation and current good practice.

Improvements had been made to the systems used to monitor the quality of service provision. However, audits we looked at did not provide enough detail or in-depth analysis, to drive continuous improvement.

We found the service was providing a good service in other areas that we checked. For example:

Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure people received their medicines when they needed them, and to protect them by the prevention and control of infection.

Most people agreed that care staff arrived when they were expected and stayed for the correct length of time.

There was evidence that the service responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

People were supported to have enough food and drink to maintain a balanced diet.

Staff worked with external teams and services to help ensure people received effective care, support and treatment. People received appropriate support with their on-going healthcare needs.

People received personalised care from staff who were helpful, kind and compassionate. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

Arrangements were in place for people to raise any concerns or complaints they might have about the service. These were responded to in a positive way, to improve the quality of service provided.

If needed, arrangements could be made to help ensure people at the end of their life were supported to have a comfortable, dignified and pain free death. There were plans to improve the information held by the service to ensure the care and support provided reflected each person's individual wishes and preferences.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team encouraged people using the service, their relatives and staff to get involved in developing the service, through regular feedback and updates.

Further information is in the detailed findings below.

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 not always safe.

Improvements were needed to ensure records contained sufficient information about how to manage assessed risks to people.

Improvements were needed to ensure staff recruitment practices included all legally required checks.

People were protected from abuse.

Improvements had been made to ensure people received their medicines when they needed them.

People were protected by the prevention and control of infection.

When things went wrong, lessons were learnt in order to improve the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Improvements were needed to ensure people's care and support was always provided in line with current legislation and evidence based guidance.

Staff training had improved, but some staff were not able to demonstrate they had the right knowledge to deliver effective care and support.

People were supported to eat and drink enough.

Staff supported people to maintain their health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with kindness and compassion.

Good ●

Staff supported people to express their views and be involved in making decisions about their care and support.

People's privacy and dignity was respected and promoted.

Is the service responsive?

The service was responsive.

Improvements were being made to ensure people received personalised care that was responsive to their needs.

Systems were in place to ensure people's concerns and complaints were listened and responded to.

If needed, arrangements could be made to ensure people at the end of their life were supported to have a comfortable, dignified and pain free death.

Good ●

Is the service well-led?

The service was not always well led.

Improvements had been made to the systems used to monitor the quality of service provision, in order to drive continuous improvement. However, more time was needed to fully embed the changes being made.

A registered manager was in post.

Arrangements were in place to engage with people and involve them in developing the service.

The service worked in partnership with other agencies for the benefit of the people using it.

Requires Improvement ●

Surround Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was announced and was carried out on 26, 27 and 28 November 2018 by 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.

We gave the service six days' notice of the inspection, because we needed information to assist us with our planning, such as contact details for people using the service. We also wanted to ensure key staff members would be present on the day.

Before the inspection we checked the information, we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service. No concerns were raised.

During the inspection we used different methods to help us understand the experiences of people using the service. The inspectors visited the office location to speak with staff and review records. The Expert by Experience made telephone calls to a random selection of people using the service; to gain their feedback about the service they received. In total, we spoke with 20 people using the service or their relatives, the provider, the registered manager, a care coordinator and five care staff - including two seniors.

We then looked at various records, including care records for three people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes so

that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Is the service safe?

Our findings

At our last inspection in September 2017, we identified concerns with how risks to people were being managed. We found that risk assessments did not adequately identify all the risks that people faced, or include a robust plan to mitigate these risks.

During this inspection, the provider showed us they had invested in a new electronic care planning system to address this concern. We saw that risks to people were now being identified such as: not eating or drinking enough, mobility and medicines. A plan to minimise these risks was also evident, but at times this only provided minimal information for staff, to keep people safe and promote their well-being. Staff explained that the new system prompted them to enter 'yes' or 'no' responses, limiting their ability to add more personalised detail. The registered manager acknowledged this and told us they would request a change to the system to enable staff to add more detail.

Despite this, people and relatives told us that staff supported them to manage identified risks and keep them safe. One relative told us, "Staff put her pendant on her in the morning and keep an eye on potential pressure sores." Other people consistently said the staff took the time to provide their care properly and safely.

At our last inspection in September 2017, we identified concerns with recruitment practices. This was because the service was not completing all the safety checks necessary to ensure those employed by Surround Care were suitable to work in the care sector.

During this inspection, we checked a sample of staff records and found that these contained more information than at our last inspection. However, we still found three files that did not contain full details of each staff member's complete employment history. The registered manager showed us that a risk assessment form had been developed to aid them with auditing staff files. However, they also acknowledged these checks had not been carried out properly, and they had recruited a new staff member to support with this role, two weeks before the inspection. The provider told us that the new staff member had been tasked with going through all staff files, to ensure these contained all the correct checks and information. They also showed us that the application form completed by new staff had been adapted, to ensure all required information was in place for all new staff before they started working at the service in future.

At our last inspection in September 2017, we identified concerns with medicine management because some people had not received their medicines at the prescribed times - due to staff not always turning up on time. In addition, we found delays in how often people's medicine records were being audited.

During this inspection we saw that an electronic system had been introduced which enabled senior staff to monitor call timings. The registered manager explained that people could be prioritised on the new system according to need. This meant that if someone needed their medicines at a certain time, the call could be made a higher priority and the system would flag up if staff were late.

No one we spoke with reported any concerns with the medicine support they received on this occasion. One person told us, "They remind me to take my tablets." In addition, another electronic system had been introduced. This enabled senior staff to access medicine records live; enabling them to carry out audits at any time. We saw evidence of these taking place. We also checked a sample of medicine records and found that these had been completed correctly and appropriately by staff, with no unexplained gaps. Staff confirmed they had received training to be able to administer medicines safely and records confirmed this.

People told us they felt safe and protected from harm. One relative told us, "I feel safe leaving my husband with the carer. I trust the carer. He does what I say." Another relative made a similar comment.

Staff told us they had been trained to recognise signs of potential abuse, and understood their responsibilities in regard to keeping people safe. They were very clear that they would report any concerns to a senior member of staff. One staff member said, "I would report to my manager and make sure that the manager follows it up." Records we looked at confirmed that staff had received training in safeguarding and that the service followed locally agreed safeguarding protocols.

Nearly everyone we spoke with confirmed that care staff arrived when they were expected and stayed for the correct length of time. One relative said, "I don't know where I would be without this company, I can't fault them. If I had to rate them I would give them 1000%. I have a sitting service and [name of family member] feels safe. I don't hesitate going out." They went on to tell us that the service provided consistency in terms of sending the same care staff, which they appreciated. They said, "I could never be without them – a lifeline. I don't need to worry. With dementia the company knows it's important to have the same carer - it avoids confusion for the person. Our carer understands. If they are running late they let me know."

Some people did tell us that staff were sometimes late, but staff explained they were allowed a 15-minute leeway for care calls, so if they arrived 15 minutes earlier or later than planned this was acceptable. People confirmed they received a weekly rota, so they could be clear about the time of their calls and who was providing these. One person confirmed the rota stipulated 15 minutes either way to be allowed for visit punctuality. The service had introduced an electronic system, which enabled senior staff and the main funding authority to monitor when care calls were carried out and how long staff stayed for, in real time. We checked the timings of calls for six people over a two to four-week period. We found that most calls were taking place as planned and no calls had been missed. One staff member told us, "My clock is nothing to me. My clients come first."

People told us they were protected by the prevention and control of infection. They recalled staff maintaining good hygiene, using personal protective equipment (PPE), washing hands and tidying up after meal preparation. One person said, "They (staff) come three times a day and help me with food. They wash their hands and wear gloves, very hygienic." Training records showed that staff had received training in infection control and food hygiene. Staff told us the office maintained a supply of PPE such as gloves, and that they could collect supplies of these as needed. Two members of staff were seen collecting gloves during the inspection.

Lessons were learnt and improvements were made when things went wrong. Following the last inspection, the provider had invested significantly in areas such as out of hours support for the service and IT (information technology) systems; to improve the service. We found evidence during this inspection that these changes were starting to have a positive impact in terms of the wellbeing and safety of people using the service.

Is the service effective?

Our findings

At our last inspection in September 2017, we identified concerns with how well staff were trained to meet people's needs and inconsistencies in how the service checked staff competency to carry out their roles and responsibilities, and followed up on any issues found.

During this inspection, we found more evidence of staff training to meet people's individual care needs such as autism, pressure sores and PEG (percutaneous endoscopic gastrostomy). In addition, training that had been completed previously had been refreshed, such as dementia. One person using the service told us, "They (staff) understand dementia."

Staff told us they received a mix of face to face training and training through a computer, sometimes known as 'e-learning' (electronic learning). One staff member talked to us about the induction training provided to new staff and how they helped with this. They said, "We have shadow shifts. When they (new staff) come to me I let them get involved and show them how to do it." Records showed that new staff members also completed the Care Certificate on commencing employment with the service. The Care Certificate is a nationally recognised induction programme.

Posters were seen on display around the office providing accessible information for staff about areas such as dignity, respect, equal rights and the mental capacity act. Staff also showed us some handbooks that they had been given to carry with them. These contained more useful information including safeguarding, assessing capacity and pressure ulcers. Other records showed that key training areas such as safeguarding and mental capacity were discussed routinely with staff in meetings too. This showed that the management team provided information to staff in various ways, to ensure they had the right skills and knowledge to deliver effective care and support.

Despite this, this inspection has identified that staff were not yet aware of some key information that would ensure people's needs were met in line with current legislation and guidance such as the 'Accessible Information Standard' and Protected Characteristics. Some staff were also not confident when talking about the Mental Capacity Act (MCA) 2005 and assessing people's capacity to make their own decisions. In addition, we found that recruitment checks for new staff were not being carried out in accordance with the full list of required checks, as stated in the regulation that registered services such as Surround Care as expected to be compliant with.

The registered manager told us they would revisit the MCA with the staff team at the next team meeting. They also told us they had signed up to receive updates from us, the Care Quality Commission (CQC) and that they were part of a provider group run by the local authority. This would help them to exchange ideas and information and support them to deliver effective care and support, based on current guidance and legislation.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager confirmed that no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made. The provider added that they sought advice from the local authority where there were concerns about potential restrictions on people.

There was however some confusion around capacity assessments and the responsibility of the service. We were told that everyone using the service had capacity and even those people living with dementia were not at the point where they lacked capacity. After speaking with relatives and given the size of the service we felt this was unlikely, as the mental capacity of a person with dementia can change over time, so a person may have capacity at some times and lack it at others. We therefore raised this again with the provider after the inspection. The provider confirmed there were people using the service who had limited or fluctuating capacity. They told us that if there was a decision to be made at the point the person did not have capacity then they would involve someone, such as a relative - with power of attorney or guardianship (decision maker), who would make this as best interest decision on the person's behalf. They provided evidence of capacity assessments and examples of where this process had recently been used.

Although staff had recorded on the capacity assessments that they had checked to make sure proper Lasting Power of Attorney (LPA) arrangements were in place, they had not made a record of any specific decisions that might have been included within these documents. The provider told us they planned to update the capacity form being used, to ensure that this information was captured in future.

Staff confirmed that competency checks were being carried out by a care coordinator or the registered manager, to check the quality of service staff were providing to people. We looked at sample of these checks and found areas such as: timekeeping, appearance, professional approach, delivery of service, medicines, infection control, food preparation, moving and handling, record keeping and safeguarding were being checked. There was also evidence that any issues identified were fed back to the staff member in a timely way. Where the feedback came from people using the service, there was further evidence of more spot checks being carried out to ensure any areas for improvement had been acted on.

Staff told us and records supported that staff meetings were held to enable the registered manager to meet with them as a group, and to discuss good practice and potential areas for staff development. In addition, a newsletter had been developed for staff which contained useful information and reminders. Records showed that some key areas had been shared with staff such as safeguarding, the Mental Capacity Act 2005, GDPR (general data protection regulation), training, supervisions and spot checks. Other records confirmed that staff received individual supervision; providing them with additional support in carrying out their roles and responsibilities.

The provider told us that an out of hours support and advice service was provided for people and staff to contact in an emergency. Staff we spoke with told us this worked well and they were always able to speak to someone if they needed to. People using the service echoed this feedback.

Where the service was responsible, people told us they were supported to eat and drink enough to maintain a balanced diet. They told us that this was done well by staff, with food prepared to their liking. One person told us, "They (staff) help me with breakfast, lunch and a hot evening meal. I choose what I want to eat." We

saw that people's care records contained very specific information to guide staff on how each person liked their meals and drinks prepared.

The service had developed positive working relationships with external services and organisations in order to deliver effective care, support and treatment to people. One person told us, "I was hospitalised recently but the company were very good and said they would be there as soon as I was home and they were."

People confirmed they or their relative were supported to have access to healthcare services and receive on going healthcare support. They consistently recalled how staff would protect their health and well-being whilst providing care. They told us they did this by alerting them of medical or other health issues and arranging for them to see a doctor or other service, if needed. A staff member told us, "Some people don't like hospitals so we work with the doctor to help them understand that they need to go in their best interests." A relative had provided the following written feedback, '(Staff) ring for the doctor when my [relative] isn't right and sometimes ring me so we can work together'. Another relative added, "The staff remind him of his blood sugar test and insulin. They know his needs and I am very grateful."

Is the service caring?

Our findings

At our last inspection in September 2017, we identified concerns with how staff interacted with people. They told us staff were not engaging with them or were treating them with disrespect.

During this inspection, people consistently told us they were treated with kindness, respect and compassion. We received lots of positive feedback from people about the care and support they received. Some examples included, "They (staff) are very kind. Some days they are the only people I see. They are brilliant and understand my needs," "They (staff) are very nice - like a friend. They understand my needs and I am very comfortable with them" and "I am well satisfied. I have nothing to complain about. I have the same lady who is nice and friendly and will chat if there is any spare time." We observed a staff member taking a call from someone using the service. The staff member was heard speaking to them in a kind and reassuring manner.

Staff were recalled as doing little extras or as being thoughtful about things that made a big difference to the experience of people using the service. One relative told us, "They are kindly and caring. They will do little errands to the GP for me, to save me leaving [person]." Another person had provided the following written feedback, '[Name of staff member] always goes above and beyond for me to ensure I am okay i.e. appointments, shopping lists etc'.

People confirmed they were supported to express their views and to be actively involved in making decisions about their care and daily routines. One person had provided this written feedback, '[Name of staff member] is very helpful and considerate and always has time to talk.' During our telephone calls, other people echoed this and told us that staff took the time to listen to them. Care plans contained information that would support staff to understand how someone wanted their care and support provided, if they were not able to express their views.

People confirmed their privacy and dignity was always respected and promoted. A relative had provided the following written feedback, 'They (staff) always treated [relative] with love and dignity and we thank them sincerely for this'. Staff talked to us about how they ensured people's dignity was upheld. One staff member said, "I would draw the curtains, cover the person and make sure that they are happy for me to be doing what I am doing." Other staff made similar comments. We saw that staff had been provided with information about dignity and respect.

Records showed that information was shared with staff, to ensure people's information was treated confidentially and ensure staff understood the organisation's responsibilities in terms of GDPR (general data protection regulation).

Staff supported people to be as independent as possible. One person told us, "Staff let me keep my independence as much as possible. They let me do as much as I can for myself, they are very good." Care plans were clear with regards to what people could do for themselves. They reminded staff specifically about what people did not want support with, as well as the support they did need.

Is the service responsive?

Our findings

At our last inspection in September 2017, we identified concerns with a lack of detailed information about someone's care and support needs in their care records, whilst another person's records were not found. In addition, there were concerns about the quality of the processes used to review people's needs and with the timings of care calls, being outside of the times agreed with people.

During this inspection, the provider showed us they had invested in a new electronic care planning system which staff could update live, through a mobile phone. The registered manager explained that they were still in the process of transferring people's care plans over to the new system. They added that when this work was complete, the new system would enable the service to replace paper records with electronic records, and mean that senior staff could check people's records at any time, to ensure the care and support being provided was right for them. People and their relatives spoke of care staff recording their visits on their phones and said that staff were always happy to read out what they had written. The provider explained that it was possible for people or their relative - if appropriate, to have their own password and access their own records whenever they wanted to. Alternatively, hard copies could be provided.

The new system supported staff to provide people with personalised care that was responsive to their needs. The registered manager told us they could add any number of prompts into the system to remind staff what tasks they needed to complete at each call. She used a recent example of reminding someone when they needed to eat and drink. Staff told us the system would not allow them to complete a call without 'signing' the prompts off.

In addition, some new 'All about me' forms had been developed to record key information about each person's individual preferences, likes / dislikes and life history. This would be important information for staff to know about to ensure people's care and support was provided in their preferred way, and in terms of making meaningful conversation with them. We saw some written feedback that confirmed this information was being used by staff in the way they provided care and support. One person had written about their care staff, 'Thoughtful and respectful. Does what is needed'. A relative had written, 'We are fortunate to have a very good carer, who has formed a good relationship with my [relative]. He is always happy to see her'.

We also found evidence that people's calls were being arranged to suit them and their routines. One staff member talked to us about one person who was being encouraged to ring the office and let staff know when they needed their care and support. A letter from another person showed that this had already happened for them. They had written to the registered manager to thank them for changing the time of their care call, to suit their needs better.

People's needs were being routinely reviewed with them, or in response to a change in need. We saw evidence of this through telephone checks and onsite 'spot checks', carried out by a senior staff member. One person told us, "They did a spot check last week and asked a few questions to check all was OK. They are better than the previous company." A staff member added, "We get feedback from the carers and from the audits around whether a person's needs are changing. This prompts a review with the person and those

important to them."

Where required, the service supported people to take part in activities and avoid social isolation. We heard for example that staff would support people with their shopping or by providing some company whilst their main carer, usually a relative, had a break. One relative had provided the following written feedback, 'I would like to say how pleased we were with [name of staff member], she was very kind and caring towards my [relative]. They played some memory games up the table as my [relative] has speech problems and this helps her'. Another relative had written, '[Name of staff member] is very proactive and engages really well with my [relative], keeping him occupied and interested. We really appreciate her efforts'.

People confirmed they knew how to raise concerns or make a complaint. One person told us, "If I have a problem I can phone and speak to someone. They listen and respond. I have only used the out of hours number once and it was useful, the issue was resolved straight away." Another person added, "I have one issue...but the management know and are dealing with it."

The registered manager showed us they maintained a record of any complaints received. We noted from this that feedback from people was taken seriously and dealt with in a timely manner. There was a clear audit trail including any actions taken in response, such as spot checks on carers; to follow up on the concerns raised.

The registered manager confirmed that no one using the service had the need for, or was in receipt of, support with end of life care at the current time. However, it was evident from people's feedback that this had been provided in the past. One relative had written, 'Thank you and your team for the lovely care provided for [relative] in the last few months...[Relative] loved her daily visits, and the chats she had with the ladies kept her going during some difficult times'.

Care records we looked at did not yet provide information about people's preferences and choices for their end of life care, should they wish to remain with the service at that point. The registered manager showed us a blank 'rapid response' support plan that they explained would be used in the event of someone's health declining. However, they added that they also planned to involve people more at an earlier stage, such as the assessment stage, to establish their wishes. This information would assist staff, if the need arose, to know how best to support people to have a comfortable, dignified and pain free death.

Is the service well-led?

Our findings

At our last inspection in September 2017, we found that there was a lack of robust systems to enable the registered manager and provider to effectively monitor the quality of care provided to people.

During this inspection we found a number of improvements had been made. The provider had engaged the services of external consultants to support them in addressing the concerns identified at the last inspection, and with developing and improving the service in the future. An action plan had been drawn up based on the findings of the previous inspection and feedback from the consultants. The registered manager shared this with us during this inspection. It was clear that a lot of work had been undertaken since the last inspection, but there was still more to do, as many tasks were still 'in progress' rather than 'complete', which echoed our findings from this inspection.

In addition, the provider had invested in two electronic systems, enabling senior staff to monitor care call times and care records, live. Regular feedback was being requested from staff and people using the service and analysis forms had been developed too, to support the senior team in monitoring areas such as accidents, incidents and safeguarding. In addition, spot check forms, used by senior staff to monitor staff practice in people's homes, had been amended to include more detailed information. The provider also showed us a report that the registered manager prepared on a weekly basis which covered areas such as missed/late calls, safeguarding issues, complaints, staff training, care files and medicine records.

This showed that quality monitoring systems had been introduced or improved since the last inspection. However, we identified further areas for improvement during this inspection. For example, we found there was no evidence of audits being carried out at provider level. The provider told us they were in regular contact with the service, both on site and off, but they had not yet developed an audit tool that demonstrated they had adequate oversight of the service - in terms of all the areas a registered service is expected to be compliant with. In addition, there was evidence that audits that were taking place were not always effective. This included audits of care calls and care notes (daily logs), which were sometimes basic in content with 'yes' and 'no' answers, rather than more in-depth analysis. One example was a late care call, which had been picked up by the auditor, but they then went on to record that all care calls had been provided on time. The auditor had not identified a possible cause for the late call and subsequent actions that might be needed to minimise the risk of it happening again.

Furthermore, we saw other audits that had not been completed on time or in any depth. We also found a number of areas during this inspection that still needed improvements such as: risk assessments, staff recruitment checks, staff knowledge of current legislation updates, staff training, capacity assessments and end of life care. The registered manager explained that due to staff absence, they had needed to cover care calls, which had reduced the amount of available office time to complete these tasks. The provider confirmed that new staff had now been recruited, which would support the registered manager to have more administrative time.

In summary, our findings from this inspection have shown that some good progress had been made since

the last inspection, and the provider's commitment to improving the service was evident. There was however more work to do, to embed and improve on the changes that had been introduced and enhance the effectiveness of the existing quality monitoring systems; in order to drive continuous improvement.

A registered manager was in post. 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 spoke highly of the registered manager and provider. They told us they were supportive and easy to get in touch with, if they needed to contact them. One person told us, "Communication is very good...The mobile number for out of hours on call was responsive when I needed it." Another person said, "I had to ring out of hours and they were prompt with their response." Another person added, "I would recommend this company."

Staff were equally positive. One staff member told us, "I have worked with her (the registered manager) a long time and I love the work. Boss, managers and colleagues are really helpful." Another staff member said, "We get to talk to the manager about the service and how things are running. We have meetings and supervisions in confidence. The manager doesn't hide anything from us." One staff member talked to us about the provider and said, "We are so lucky to have a boss like that" and added, "I can call him if (the registered manager) is not here and he gets back to you as soon as possible. It's good."

Staff were motivated and clear about their roles and responsibilities. They spoke positively about the changes that had been implemented and about how they worked collaboratively, as a team. One staff member said, "The new app (electronic) system means we can work better together." The provider told us, "My vision is having the perfect system so that staff have everything that they need to perform the perfect job." Another staff member added, "We work as a team. We are like a family and all support each other." It was clear from the atmosphere in the office and from speaking with staff that the management team treated staff in an open, respectful and supportive manner. We noted communications from the registered manager had been written in a positive, caring and supportive tone. For example, they always thanked staff for their hard work in team meetings. Other records showed that the registered manager encouraged people using the service to nominate staff who they felt had provided a good level of service to them. We saw that several people had done this and provided some glowing comments about the staff team.

The management team demonstrated an open and transparent approach towards people using the service too. They encouraged them to engage and to be involved.

Useful information had been developed for existing and prospective users of the service, setting out what they could expect from the service. A separate regular newsletter contained helpful, open and clear information about recent local authority and CQC inspections, emergency contact numbers, the new electronic care system, key staff members and a request for people's preferences for care over the Christmas period. The registered manager had even tried to set up a coffee morning for people and their families, but unfortunately the take up had not been good. People confirmed when we spoke with them they were kept updated and asked for their feedback. One person told us, "Questionnaires are sent out twice a year." Another person said, "I like it when I am notified of any change in advance because of my autism, it helps me."

The registered manager told us, and records confirmed, that the service worked in partnership with other key agencies and organisations such as funding authorities and external health care professionals to

support care provision, service development and joined-up care in an open and positive way. Where required, staff shared information with relevant people and agencies for the benefit of the people using the service. The provider commented on how the main funding authority, for people using the service, had been very supportive.