Mears Homecare Limited

Mears Homecare Limited Nottingham

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced inspection of the service on 4, 8 and 9 August 2016. Mears Homecare Limited Nottingham is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 330 people.

A manager was in place and has been in post since May 2016. They were not yet registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. An application for the manager to become registered has been received by the CQC. We will monitor the progress of the application.

Some people told us they were not satisfied with the punctuality of the staff, which could indicate sufficient staffing levels were not in place. Others told us the failure of staff to arrive on time sometimes made them feel unsafe. A new electronic monitoring system has been introduced to reduce the impact of this on people. People told us they did feel safe when the staff supported them within their homes.

The assessments of the risks people faced were not always completed in sufficient detail which increased the risk of people experiencing avoidable harm. Accidents and incidents were investigated, however the manager felt the number of reports received from staff did not reflect the size of the service. People told us their medicines were managed safely, however people's medicines records were not always appropriately completed. A new competency assessment has been introduced by the manager to assist with reducing the number of medicines errors and improving staff performance.

Staff completed an induction prior to commencing their role and received regular supervision of their work. Staff felt supported by the manager and received regular training to enable them to support people effectively. People told us they did not always receive the same staff at their home.

The manager was aware of the principles of the Mental Capacity Act (2005); however the principles were not followed correctly when decisions were made for people.

Some people were supported with their food and drink and we found that care records did not always contain sufficient guidance on how to support people with their diet who were living with diabetes.

People's day to day health needs were met by the staff, however the records used to support staff in doing so lacked detail and could increase the risk to people's health. People told us where needed, staff supported them with contacting their GP or other healthcare professional.

People told us they thought the staff were kind and caring, treated them with respect and dignity and listened to and acted on their wishes. People felt able to contribute to decisions about their care. People's

independence was supported.
Staff discussed people's needs with them prior to them starting to use the service. People's care records had elements of person centred care. This included daily routines for staff to support people in the way they wanted them to. People's care needs were reviewed.

People were provided with the information they needed if they wished to make a complaint. Some people felt their complaints were handled appropriately, however others did not. We saw a high volume of complaints were received in a two month period, April to May 2016 with regards to staff punctuality. This had improved in June and July 2016. The majority of complaints were responded to in line with the provider's complaints policy, but we saw one had not been.

There had been a high turnover of managers at the service in the past 12 months. The current manager told us they wished to remain at the service and explained the processes they had in place to improve the service. Some people told us they did not know who the manager was. People told us they had been asked for their views on the quality of the service provided, but some felt this would result in little improvement.

The manager was respected by their staffing team and they understood their responsibility to ensure the CQC were notified of incidents that had occurred.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some people told us they were not satisfied with the punctuality of the staff, which could indicate staffing levels were not adequate.

A new electronic monitoring system has been introduced to reduce the impact of this on people. People told us they did feel safe when the staff supported them within their homes.

The assessments of the risks people faced were not always completed in sufficient detail.

Accidents and incidents were investigated, although there were concerns staff were not always reporting incidents to the manager.

People told us their medicines were managed safely, however people's medicines records were not always appropriately completed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The manager was aware of the principles of the Mental Capacity Act (2005); however these principles were not followed correctly when decisions were made for people.

Some people were supported with their food and drink and we found that care records did not always contain sufficient guidance on how to support people with their diet who were living with diabetes.

People's day to day health needs were met by the staff, however the records used to support staff in doing so lacked detail and could increase the risk to people's health.

People told us where needed, staff supported them with contacting their GP or other healthcare professional.

Is the service caring?

Good

The service was caring.

People told us they thought the staff were kind and caring, treated them with respect and dignity and listened to and acted on their wishes.

People felt able to contribute to decisions about their care.

People's independence was supported.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were provided with the information they needed if they wished to make a complaint. Some people felt their complaints were handled appropriately, however others did not.

The majority of complaints were responded to in line with the provider's complaints policy, but we saw one had not been.

Staff discussed people's needs with them prior to them starting to use the service. People's care records had elements of person centred care which included daily routines for staff to support them in the way that people wanted them to. People's care needs were reviewed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There had been a high turnover of managers at the service in the past 12 months. Some people told us they did not know who the current manager was.

People told us they had been asked for their views on the quality of the service provided, but some felt it would result in little improvement.

The manager was respected by their staffing team and they understood their responsibility to ensure the CQC were notified of incidents that had occurred.

Mears Homecare Limited Nottingham

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.

This inspection took place on 4, 8 and 9 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector and two people working in the role of an Expert-by-Experience. These are people who have personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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. We reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted a local authority who funded some of the support people received for their feedback about the service.

At the provider's office we reviewed the care records for six people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with five members of the care staff, a care coordinator, interim service manager, operations manager, regional director and the manager of the service.

After the inspection we contacted some people who used the service and some relatives or carers for their

feedback about the service. We spoke with 23 people who used the service and five relatives or carers.

Requires Improvement

Is the service safe?

Our findings

We reviewed the staffing levels at the service and asked people whether staff arrived on time. Adequate staffing levels would normally be reflected with staff arriving for their calls on time. We received mixed feedback. One person said, "The timekeeping's pretty good. Since Christmas we've no complaints at all. If someone is going to be late they let us know." Another person said, "Yes, they do arrive on time. Although now and again, there's a hiccup."

However other people told us that staff arrived either too early or too late. One person told us staff recently arrived an hour and fifteen minutes late and said, "They should come at 10:05 but they never get to be here until 10:30, then it's stretched to 10:45 and later." Another person said, "The timekeeping's very erratic. It's not the carers, it's the office. Sometimes they'll let me know and sometimes they don't."

We spoke with the manager and asked them how they ensured that they had sufficient staff in place to ensure people received their calls on time and that calls lasted for the agreed duration. They told us that prior to two months before the inspection, they relied on staff to advise them when they had attended a call and left. They told us on occasions this had meant some staff had turned up late or too early; and in some cases staff had not turned up at all. They told us to assist them in rectifying this, a new computerised logging system had been introduced which logged when staff had entered a person's home and when they had left. That then enabled the care coordinators to monitor each call and address these issues quicker. The manager told us they had seen a significant improvement in relation to the punctuality and reliability of staff, but understood there was still further progress needed to reassure the people they supported. This was evident in the feedback we received from people.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the manager had ensured that appropriate checks on a prospective staff member's suitability for the role had been carried out. This included checks on a staff member's identify and criminal records.

People told us they felt safe when staff were in their home and many of the people told us they would contact the office staff if they felt unsafe. One person said, "I haven't had any reason to be concerned yet." If the person had any concerns to raise, they said, "Well, I'd ring the office first." Another person said, "Oh yes, they're very nice people." Another person said, "Yes, I feel safe with them all."

However some people raised concerns with regards to staff not following the agreed process or time for coming to their home, which made them feel unsafe. One person said, "I'd feel a lot safer if I knew when they [staff] were going to arrive." They also told us the high turnover of staff meant they were not always sure who was going to arrive to support them, which made them feel unsafe. Another person told us they felt scared if staff arrived after the time they should arrive.

The risk of people experiencing avoidable harm was reduced because staff could identify the different types of abuse that they could encounter and how to act on any concerns they had. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse.

Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. One staff member said, "I would ring the office to report any concerns. I also would call the CQC, social services or even a doctor if I needed to."

We reviewed records which showed when safeguarding concerns had been identified they had been reported to the local authority and to the CQC. However the manager had raised concerns with staff that they did not feel that staff were reporting accidents and incidents to them when they had occurred. Records showed that the number of incidents recorded in the last two months had decreased. The manager told us for a service this size, they would expect a higher number of reports to be sent to them. They told us they had held a staff meeting to discuss the importance of reporting any concerns staff had, no matter how small. Other records showed that when an accident or incident had occurred, that these had been investigated appropriately.

Prior to the commencement of people's care packages, an appropriate member of staff visited them to carry out an assessment of the environment people lived in and asked them how much support they needed with medicines, domestic tasks and maintaining their personal care. These assessments were carried out to ensure that people's freedom and level of independence was not unnecessarily restricted.

People told us they felt supported in a way that did not restrict their freedom. One person said, "I do what I want." Another person said, "I wouldn't let them anyway."

Records showed that when the initial assessments had been completed and the care package had been agreed with people, a care plan with risk assessments was then put in place to enable staff to support people. However, in each of the records that we looked at we saw the risk assessments were limited in detail and did not provide staff with sufficient information to support people safely and to reduce the risk of avoidable harm. For example, we saw one person had been assessed as being incontinent. The person's risk assessment stated, 'Has incontinence pads', with no guidance on how staff should support the person safely.

Another person's records stated they required assistance with moving and handling. Their risk assessment stated, 'staff should follow moving and handling position training.' This contained no individualised guidance for staff on how to support the person safely. We identified other areas where more detailed risk assessments and guidance were needed to ensure people's individual support needs were carried out safely by staff.

We asked people if staff supported them with their medicines. The majority of people told us where staff supported them they were happy. One person said, "I'm happy with what they do." The person also said they received their medicines on time. Another person said, "Yes I get help with medication. I can't do it myself and it works well and I get them on time." A relative said, "They pass the box so [my family member] can take [the medicines] themselves."

The staff we spoke with told us they felt confident when supporting people with their medicines. Many of the staff said this was due to the manager introducing a new competency assessment. One staff member said, "I have done the medicines training and we do a competency assessment. It has changed recently. We answer a lot more questions, and it is much more in-depth. It is much better."

The manager told us they were not happy with the number of errors that had been identified with the administration of people's medicines and felt the previous competency assessment did not test staff knowledge in sufficient detail. We viewed the new assessment and saw this focused not only on the practical

element of administration, but also staff knowledge of the medicines they were administering and their side effects. The manager told us they expected this new process to show a significant improvement in the management of people's medicines.

The manager told us as part of their auditing process they planned to review 10% of people's medicine administration records (MAR). They told us this would enable them to identify any errors more quickly. We checked a sample of six people's MARs. Whilst the majority of each person's records were completed appropriately we did find gaps in each record. This meant we could not be certain that people had received their medicines. The manager assured us that people had not complained about not receiving their medicines but assured us their new auditing processes would reduce these errors. We viewed the manager's action plan for improving medicines administration. Plans included using one trainer to ensure consistency with training and also to discuss specific medicines errors with staff in one to ones and in group meetings.

Requires Improvement

Is the service effective?

Our findings

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.

People told us staff asked for their consent and respected their wishes before providing care and support for them. One person said, "They usually check what has to be done first. I am happy with the way they do things." Another person said, "They only do what I want anyway so it doesn't worry me."

The staff we spoke with had a good understanding of the MCA. A staff member said, "MCA is about presuming a person can make their own decisions and then supporting them if they can't."

In each of the records that we looked at we saw attempts had been made to assess people's capacity to make decisions for themselves. However, we saw the principles of the MCA were not fully followed. This included a lack of formal involvement of people and/or their appointed relatives in decisions that were made for people who had a diagnosis of dementia. We raised this with the manager, operations manager and regional director. We noted there were differences of opinion between these staff members in the way the MCA should be used to ensure people had decisions made for them that were in their best interest and followed the appropriate legal guidelines. The manager told us they would be implementing a review of the processes to ensure all decisions made for people were done so appropriately.

The majority of the people and the relatives we spoke with, told us they thought the staff who supported them understood their needs and supported them in an effective way. One person said, "They make sure I'm secure standing up and moving. They're very good in that way." Another person said, "They seem to know what to do without me having to say too much." Another person said, "Yes they do. The carers are great. They are well trained and good." A relative agreed; they said, "The carers are great. They are well trained and good." Another relative said, "We're quite happy [with the staff]."

Records showed staff received an induction prior to commencing their role. The manager told us new staff went on calls with more experienced staff and when they were confident that they understood what was required of them, they could then go on calls on their own. We spoke with a member of staff who supported new colleagues when they first joined the service and they told us they thought the system worked effectively.

Records showed staff completed training in a number of areas to give them the skills needed to support people effectively. Training such as safeguarding of adults, infection control and health and safety was completed. The majority of training was up to date, or if it was not, then refresher training courses had been booked. We identified just one area of training, moving and handling, where a small number staff required refresher training that had not yet been booked. The manager told us they would arrange this immediately.

Staff told us they felt well trained and supported by the management team to develop their skills. One staff member said, "I'm doing my Level 3 NVQ in adult social care (now referred to as diplomas) and have had regular training. The office staff will call you if you need to do more training. I have regular supervision and am supported by the manager and care coordinators." Another staff member said, "I feel well trained and supported."

Records showed processes were in place to ensure staff received regular supervision and appraisal of their work. The manager told us a new system of supervision had been put in place with other members of the senior staff, including care coordinators, being responsible for ensuring people within their teams received a minimum of one appraisal and four supervisions each year. Staff spoken with told us they thought this process was working effectively.

We received a mixed response when we asked people whether the same staff member(s) attended their home each day. One person said, "I have the same carer each time, unless they're on holiday and then they have to change them." Another person told us they had, "Two regular ones in the morning and evening." However, other responses included, "I get all different people all the time, and I would really like the same ones. When you have to take your clothes off every night in front of different people, it's not very nice." And, "At weekends you never know who're you're getting or what time they're coming."

The manager told us they now had a system in place where as far as possible staff supported the same people each day. They told us they were also improving communication to ensure when changes were being made to people's regular staff, that people were informed as far in advance as possible. A staff member confirmed that this process was now in place and they allocated the same people each day.

Where people were supported by staff with their food and drink they told us they were happy with the way staff supported them. One person told us they were given choice but, "the regular carer always knows what I like anyway." Another person said, "They make me breakfast and I'm happy with it."

People's dietary requirements and guidance for staff to support people with following a healthy diet were recorded within their care records. We saw an example where there was specific guidance for staff when supporting a person with their diet. However, we also saw a further care plan and assessment where the information provided for staff was limited. For example, we saw a person was living with diabetes; however their eating and drinking health assessment made no reference to this. This could increase the risk to people's health. The manager told us they would ensure people's dietary requirements were reviewed and where risks were identified these were clearly recorded in people's care records.

People told us they felt staff supported them to maintain good health. People also told us staff had supported them with contacting their doctor or other healthcare professionals when needed.

We noted where people had been assessed as having specific health needs, or were living with a condition that could affect their health; their records were not always completed in sufficient detail. We noted a person had been assessed as having 'anxiety' but no reference was included to inform staff how they should support that person effectively within their care records.

Another care record stated a person was 'sometimes confused', but the only guidance recorded for staff was for them to 'remain vigilant'. These examples, plus others that we saw, could increase the risk of people's day to day health needs not being met effectively by staff. The manager agreed that people's care records required more detailed information for staff on how to support people with their day to day health needs and told us plans were in place to do so.

Good

Is the service caring?

Our findings

Almost all of the people and relatives we spoke with told us they felt the staff were kind and caring when supporting them or their family members. One person said, "They always do whatever they can to make things easier for me; they're very helpful." Another person said, "They're brilliant. I like their friendliness and the way they help me." Another person said, "They're nice girls and very caring." A relative said, "Yes they're all kind and caring."

Staff spoke positively about the people they cared for. They understood people's needs and their likes and dislikes. A member of staff said, "I really care about the people I support. I think the quality of the staff is definitely improving." Another staff member said, "I enjoy my job. I like helping people each day."

Records showed that attempts had been made to gain information about people's life history and likes and dislikes. This included any preferences in relation to their cultural or religious needs. This information had been used in the care plans to support staff with building meaningful relationships with people. When we asked specific questions about people they supported, staff spoke confidently and knowledgably about each person.

People told us they felt involved with decisions about their care. One person said, "They [staff] ask if I want anything different [in relation to their care needs]. Occasionally someone comes and ask me questions about it." Another person said, "Yes. I feel involved." A relative said, "Yes we have. I can't complain at all. They always ask if there's anything else we need."

We saw a process was in place to regularly discuss people's care and support needs with them. This included visits by care coordinators or members of the management team to their homes, or taking part in short telephone interviews.

In each of the care plan records that we looked at we saw there was guidance for staff to assist them when communicating with people who may be living with a mental health disability or condition such as dementia. However, this information was limited in detail and required reviewing.

Almost all people told us they felt staff always treated them with dignity and respect. One person said, "I feel comfortable with them." Another person said, "I trust them with anything. They think about what they'd think if it [requiring home care] happened to them." Another person said, "They respect me." A couple of people raised concerns that staff could treat them with more dignity when supporting them in the shower. One person told us staff were normally respectful and offered them a towel when they left the shower, whilst others did not.

All of the staff we spoke with during the inspection spoke respectfully about the people they supported and could explain how they maintained their dignity when supporting them. The provider's service user guide, given to people when they first came to the home, explained how people should expect to be treated by staff. It stated, 'We aim to respect our customers' privacy, dignity and lifestyle in the way we work with them.

Our care will be provided in the least intrusive way possible. We will treat the service user and everyone connected with them, with courtesy at all times.'

People told us staff encouraged them to be as independent as possible. One person said, "Staff encourage me to do what I can from my bed; like taking my cardigan off by myself." Another person said, "The morning carer knows I can wash myself in the shower, apart from my back. And I can put the top part of my clothes on, so the carer helps with my socks and shoes."All of the staff could explain how they supported people's independence.

People's records were handled in a respectful way within the provider's office. Records were stored in a locked room and away from visitors to the office. This maintained people's right to privacy.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they were aware of the process for making a complaint and who they should make a complaint to. We saw people were provided with the process in their service user guide. Many of the people we spoke with told us they had felt the need to make complaints about the punctuality of the staff and the inconsistency of the staff who attended their homes.

One person said, "I've only complained when [staff] come late." They also explained the previous manager was aware of their concerns, but, "nothing changed." Another person told us staff had been sent on the wrong day to support them and they were not satisfied with the response they received when they called the office to complain. Others raised concerns about unsatisfactory responses from office based staff when staff did not arrive at the agreed times or unfamiliar staff had been sent and they had not been informed.

The manager told us they were aware of people's concerns in this area. They told us they were confident that the new processes they had put in place would result in an improvement in the number of concerns raised. This included the electronic monitoring of staff arrival times and improved planning to ensure familiar staff were sent to people's homes.

We checked the log of complaints and found nine of the 18 complaints received in April and May 2016 had been in relation to calls being missed or staff arriving late. However, we did note an improvement in the months of June and July 2016 with no complaints being received in relation to this matter.

Records showed the majority of complaints were responded to in line with the company policy. However we did note one complaint which had not been. The manager told us that they had recognised this issue and had now taken personal responsibility to monitor and respond to all complaints, which previously was sometimes carried out by other members of the management team.

Staff could explain what they would do if someone made a complaint to them. They all felt the manager would act on any concerns raised.

The majority of people told us they had been involved with the planning of their care. One person said, "I feel in control and I ask them [staff] to do things. They don't overstep the mark." Another person told us they remembered a member of staff coming to their home to talk with them about their needs. They also said, "We put it [the care package] all together then."

We saw in people's records discussions were carried out with them or their relatives before they started to use the home care service. We saw examples of person centred care planning with people's records. Each record contained information for staff about people's personal routines and how they wanted to be supported. This included how people wanted to be supported with personal care, what time they wanted staff to arrive and details of domestic tasks they wanted completing. Records were reviewed to ensure they met people's changing needs.

The majority of people told us that they did not receive support from staff with their hobbies and interests, which, for a service of this type is not uncommon. However a small number of people told us in addition to their duties staff did so. One person said, "I usually do crosswords but my eyes have gone now, but the carers encourage me to do them." Another person told us staff encouraged them to do more things that interested them.

We saw information about people's personal interests had been included in people's care records. Staff spoke knowledgably about people's interests.

The manager told us staff would try and support people with their hobbies and interests if they required it, although due to the type of service provided, opportunities for staff to do so was limited. However, the manager told us the provider had allocated a set amount of paid hours per year for each staff member to carry out some volunteer work. This could include visiting people and taking them out outside of office hours. The manager also told us they were considering arranging a coffee morning or activity where people could attend and meet others.

Requires Improvement

Is the service well-led?

Our findings

Some of the people we spoke with told us they had been given the opportunity to comment on the quality of the service provided by Mears Homecare Limited Nottingham. One person said, "I've received some questionnaires, I fill them in and generally speaking, apart from punctuality, everything's alright." Another person said, "I get a questionnaire every now and again. I'm satisfied with the carers as long as I get my regulars, I'm satisfied."

However others felt that when they had completed a questionnaire they did not feel their comments would make a difference to the quality of the service provided for them. One person said, "They send a questionnaire, but it doesn't seem to make any difference." Another person said, "I had one last year, but not since. It makes no difference, not the slightest." Another person said, "I think I've had two questionnaires the whole time I've been with them. I suppose it makes a difference, but how would I know?"

We checked the results of the latest questionnaire. We found the majority of people rated the quality of care, staff ability to meet their health needs and the staff being caring, as either good or outstanding. However, we found approximately 20% of people rated, 'being informed of change' as requires improvement or unsatisfactory.

The manager told us they acknowledged that more needed to done to ensure people were informed of the plans the service would put in place to address any issues raised. They told us each person was going to have an individualised action plan in place to ensure that where concerns have been raised they could be addressed individually, as well as for the service as a whole.

Some of the people we spoke with felt able to raise concerns with the office staff or the manager. Others did not know who the manager was. One person said, "They keep having different managers, there's been three going in the last year. I don't know who the manager is."

We discussed our concerns about the high turnover of managers at the service in the past year with the current manager and regional director. Both assured us they were confident that they now had a stable managerial team that would bring consistency to the service and continue to improve the quality of the service provided.

We asked the manager what processes they currently had in place and what they planned to introduce to improve the service. They showed us an action plan which included retraining and re-educating staff in a number of areas such as safe administration of medicines and reporting of accidents and incidents, regular team meetings to discuss risks and more regular monitoring of staff performance. They told these processes, along with many others, would improve people's experience.

The staff we spoke with welcomed the changes implemented by the new manager. "Although I don't know the manager that well, the general feeling is that things have improved in the last few months." Another staff member said, "Since she has come you can really see the changes that are happening. Things are much

better."

However, due to the limited time the manager has been in position and the feedback we have received from people, we are not yet able to judge whether the new processes put in place are effective.

The care staff were aware of the organisation's whistleblowing policy and felt able to report these concerns with the knowledge they would be acted on. A staff member said, "If I saw someone doing something they shouldn't be then I would report it."

Registered persons are required to notify the CQC of certain changes, events or incidents at the service. The submission of these notifications is important as it enables the CQC to assess whether a service is taking, or has taken, appropriate action when there is an allegation of abuse or if a person has been seriously injured. We discussed this with the registered manager. They understood the process for forwarding these to the CQC and our records showed they had been.

The staff we spoke with had a clear understanding of the provider's values and aims for the service and how they used them to provide people with a high standard of service. One person said, "I love my job. I'd really wanted to do this type of job for ages; I really enjoy going out and helping people in their own homes."