Numada Home Care Limited

Numada Homecare

Inspection report

63 The Avenue
Gosport
Hampshire
PO12 2JS

Tel: 02392520011

Date of inspection visit:
22 November 2016
24 November 2016

Date of publication:
30 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 22 and 24 November 2016 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The service was last inspected by CQC on 12 August 2014, at which time it was compliant with the regulations at that time.

Numada Homecare is a domiciliary care provider and is registered to provide personal care to people who live in their own homes. The service focusses on helping people regain their independence, for example after a stay in hospital, by providing short-term support, usually for a maximum of six weeks.

There were 30 people using the service at the time of our inspection.

The service had a registered manager in place. 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 using the service felt safe and we saw the provider operated an out-of-hours phone line in case of unforeseen circumstances. Staff had received training in safeguarding and displayed a good understanding of what signs could indicate someone who used the service was at risk of harm.

Risks were initially assessed and managed well through an ongoing review process.

We saw there were sufficient numbers of staff on duty to meet the needs of people who used the service. Pre-employment checks had been undertaken to ensure staff were suitable to work with potentially vulnerable people.

Staff had received medication training and demonstrated good knowledge of people's needs in this regard.

Training and induction included safeguarding, moving and handling, infection control, health and safety, first aid and dementia awareness. Refresher training was planned via the use of a training matrix.

Staff liaised well with external healthcare professionals to support people to regain their independence in a timely fashion.

People who used the service, relatives and healthcare professionals told us staff were caring, compassionate and treated people with dignity and respect. People also confirmed staff were supportive and encouraging in helping them regain their independence.

People who used the service and staff confirmed they received generally good levels of continuity despite only using the service for short periods of time.

Staff were well supported through regular supervisions, appraisals and ad hoc support.

People were encouraged and supported to contribute to their own care planning and review, with family members also involved. We saw that personal sensitive information was stored securely.

People who used the service and healthcare professionals told us staff were accommodating to people's changing needs and preferences.

People who used the service knew how to complain should the need arise and we saw this information was provided to all people who began using the service.

The registered manager and office staff were described in positive terms by people who used the service and we found the leadership of the service had successfully managed the service through a period of organisation change without any impact on people who used the service.

We found auditing and quality assurance systems were in place, with accountability at all levels, although the manner in which audits were recorded required improvement. The culture of the service was focussed on the individual and their regaining independence, in line with the goals of the statement of purpose and the 'Service User Charter', as set out in the service user guide.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments had been recently improved and contained a range of environmental and personal factors to ensure staff knew how to manage risks.

People and their relatives told us they felt safe with the care and support provided by staff and we saw pre-employment checks were in place to protect against the risk of unsuitable people working with potentially vulnerable people.

Safeguarding training was in place and staff displayed a good understanding of how to identify and escalate any concerns.

Is the service effective?

Good

The service was effective.

Staff liaised regularly and effectively with the Community Response Team and other healthcare professionals to ensure people were supported back to independence.

People confirmed staff regularly arrived on time; likewise staff confirmed they were supported to cover an appropriate amount of care visits through effective rota planning.

Staff were trained in a range of areas the provider considered mandatory as well as in topics specific to people's needs.

Is the service caring?

Good

The service was caring.

People consistently told us they were treated with dignity, respect and warmth by staff.

Rota planning took into account staff home locations so the majority of people confirmed they received good levels of continuity of care.

People were involved in the planning of their care and were

asked to give their consent to care planning at the start of using the service, but also during individual care visits.

Is the service responsive?

Good

The service was responsive.

Care plans contained adequate information regarding people's needs and were person-centred to a degree. The registered manager agreed to improve the means by which person-specific information such as likes, dislikes and preferences, were incorporated into care planning.

All staff we spoke with displayed a good knowledge of people's likes, dislikes and preferences, and people who used the service confirmed this to be the case.

Care plans were reviewed regularly with the involvement of people who used the service and their relatives.

Is the service well-led?

Good

The service was well-led.

The registered manager was consistently described as approachable, enthusiastic and accountable by staff and by people who used the service.

The registered manager was supported by regional managers who provided both ongoing support and challenge to seek ways to improve service provision.

The culture of the service was in line with the statement of purpose, focussing on supporting people to regain their independence as efficiently and safely as possible.

Numada Homecare

Detailed findings

Background to this inspection

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

The inspection took place on 22 and 24 November 2016 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service. The expert in this case had experience in caring for older people.

During the inspection we reviewed six people's care files, looked at a range of staff records and policies and procedures. We contacted seven people who used the service and three relatives. We also spoke with nine members of staff: the registered manager, the registered provider, the office manager, care co-ordinator, two area managers and three support workers. We also spoke with two external healthcare professionals.

Before our inspection we reviewed all the information we held about the service. Prior to the inspection we spoke with the local authority commissioning and safeguarding teams. We also examined notifications received by the Care Quality Commission and spoke with the local Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Good

Is the service safe?

Our findings

People who used the service told us they felt staff helped them to stay safe through a range of means. One person told us, "I don't have any issues with safety. I always say 'Don't forget the door!' but they never do," whilst another said, "I trusted them 100% and had no fears. They were all very good." We spoke with relatives who were similarly confident in the ability of staff to keep people who used the service safe. One relative told us about a time their relative had experienced complications during the night, "I rang Numada's emergency number and they came quickly. One girl came first and then another within a couple of minutes – they sorted everything out within 35 to 40 minutes and after that my [relative] wasn't so restless." Another relative told us, "I know if there was something urgent I could ring and someone would come quickly – they have been very good." Other people who used the service we spoke with confirmed they were aware of the out-of-hours on call arrangements should they need to contact the service.

People who used the service and relatives we spoke with confirmed they had never experienced a missed call. One person told us, "They've been good but sometimes I've had to wait." We found the strong consensus of opinion of people who used the service was that staff arrived at the agreed time and stayed as long as was necessary. People told us that, if staff were due to be delayed, they received a telephone call from either the support worker or the office. One person who used the service said, "The timing's impeccable. One of the carers phoned me this morning to say they were going to be a little late but they weren't late in the end." The service had recently started using an electronic call monitoring system, which alerted office staff if a support worker had not arrived at their planned care visit. This helped ensure people were not at risk of neglect but also helped ensure office staff were assured of the safety of support staff.

In each person's care file we reviewed we saw risks assessments were in place. Initial risk assessments were made by a senior support worker on first visiting the person who used the service. Standard risk assessments included environmental risks, such as trips and falls hazards, and risks specific to the person who used the service, such as forgetting to take their medication.

Support staff we spoke with were able to describe the particular risks people faced, for example the risk of falling on the stairs due to not using the hand rail, and how they supported people to reduce those risks.

We saw care plans had recently been improved to include more information regarding the actions staff needed to take to reduce these risks, for example describing the tone of voice staff should use when supporting particular people to mobilise, and where to position themselves. Where staff identified that risks to people who used the service may increase we saw additional advice had been sought from, for example, the Community Response Team.

Safeguarding training had been delivered to all staff we spoke with. Staff knowledge was good and they were able to describe what they would do if they had concerns about a person who used the service being at risk of abuse. Staff were clear about how to raise concerns they might have about people's wellbeing and how to escalate concerns by whistleblowing (telling someone) if they had concerns about the organisation. We found the service had in place whistleblowing and safeguarding policies and that staff knowledge and

awareness was consistent with these.

We reviewed a range of staff records and saw that all staff underwent pre-employment checks including enhanced Disclosure and Barring Service (DBS) checks. The DBS restrict people from working with vulnerable groups where they may present a risk and also provide employers with criminal history information. The registered manager had also asked for at least two references and ensured proof of identity was provided by prospective employees prior to employment. This meant that the registered manager ensured the risks of employing unsuitable people were reduced. We saw the registered manager also asked to see proof of people's car insurance, driving license and latest MOT to ensure they were able to safely drive between care visits.

With regard to infection control, all staff had received training in this regard. We saw the registered manager had responded to a recent concern by a person who used the service about a member of staff not using personal protective equipment (PPE) on one occasion. We saw all staff had been reminded of the importance of the need for such equipment, such as gloves and aprons, to prevent the spread of infection when delivering personal care. When we spoke with people who used the service they all confirmed staff used PPE, stating, for example, "They insist on hygiene. They wear gloves, wash their hands, wear badges and the uniforms are sparkling clean. You think, 'If they're like that with themselves, they will be with us,'".

The registered manager had regard to the safety of staff, for example ensuring the provision of a supply of PPE, a torch and a personal alarm. Staff we spoke with were clear about the service's lone worker policy and how to seek help if they felt at risk.

We saw that accidents and incidents were recorded and were systematically reviewed to see if any patterns or trends had developed. Where appropriate, we saw the CQC had been notified of such incidents. We saw one member of staff had witnessed a person who used the service have two similar falls and that they had sought help from the registered manager in the first place, who had liaised with external medical professionals to see if the service could put any additional support in place. This demonstrated the registered manager had regard to any patterns or trends that might present a heightened risk to people who used the service, and took action to reduce those risks.

In line with the service's focus on independence, most people self-medicated. Staff had received training in medicines management and displayed a good understanding of the medicines people were prompted to take, as well as how they administered medication where people required. When we spoke with people who used the service and their relatives, they confirmed staff helped people to take their medicines. We reviewed a sample of medication administration records (MARs) and found there to be no errors.

Good

Is the service effective?

Our findings

People who used the service told us they were satisfied with the levels of support offered by staff and their ability to meet their needs. One person told us, "They come in twice a day and help me. They help shower me, dry and dress myself; they're extremely good." Another person told us about the positive impact of having regular support by staff who were suitably trained and skilled to perform their role: "The shower, that was my biggest phobia. I went eight weeks in hospital without one but when the carers came in they put me at ease. The way they talk to you, they're very reassuring and they help with the towels. They managed to talk me into it when the hospital couldn't – they're good at instilling confidence." Thank-you cards presented further evidence of people achieving their goals, with one person stating, "I am now living here quite happily having survived the flat move, which I knew would be stressful, but was made much less so by the help, advice and assistance of the team." This demonstrated that staff had the necessary professional skills and knowledge to help people regain levels of confidence and independence.

The registered manager showed us the rota planning system and we found it factored in travel time between care visits, scheduling care visits for staff closest to those who required visits. The National Institute for Health and Care Excellence (NICE) guidance, 'Home care: delivering personal care and practical support to older people living in their own homes (September 2015)' states providers should, "Ensure service contracts allow home care workers enough time to provide a good quality service, including having enough time to talk to the person and their carer, and to have sufficient travel time between appointments." We found the provider had acted in line with this guidance. One person, for example, told us, "They listen to you and aren't clock-watching all the time. That makes a difference."

We saw that the registered provider's induction process consisted of a range of initial training such as safeguarding, moving and handling, infection control, dementia awareness, first aid and medicines administration. Where people's needs changed we saw appropriate training had been provided, for example catheter care training. New staff accompanied experienced staff on shadow inspections until they were suitably confident to work alone. One staff member told us, "I've never had as much training as I've had here," and another said, "I went out on five shadow visits to make sure I knew what I was doing." We saw existing staff received a range of refresher training, for example safeguarding, tissue viability awareness, infection control and health and safety. This was planned and delivered via e-learning packages and face-to-face training. The registered manager used a training matrix to plan and monitor who required what training. People who used the service we spoke with were confident in the ability of staff. One person told us, "They're highly experienced and know what they're looking for and what to do."

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. We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and displayed a good understanding of

capacity.

With regard to nutrition, we saw each care file contained details about what foodstuffs people did or didn't like and, when we spoke with people, they confirmed staff had regard to these preferences and supported them to have a balanced diet. One person said, "They're very good like that. I have a tea machine next to the bed but they're always topping up the milk and juice, or making me a sandwich for lunchtime. They're always checking if there's anything else I want."

Support workers told us they were well supported by office staff, including the manager. One member of staff told us, "We work as a team and everyone knows what they need to get done." Another said, "The support is always there and we have regular meetings." We saw regular supervisions took place, as well as team meetings. A supervision is a discussion between a member of staff and their manager about any concerns they may have, and their professional development.

We saw staff were also supported to attain health and social care qualifications. For example, one staff member we spoke with told us how the registered manager sat with them on a regular basis to review the evidence they needed to submit to attain a qualification. Another staff member explained to us how they were being shown how to use some of the office based systems, such as the rota-planning system, alongside their care duties. This meant staff were supported to deliver the care people needed but also to develop their skills with a view to improving service provision.

When we spoke with healthcare professionals who worked closely with support staff they were complimentary about the level of detail staff made in their daily notes. We saw examples of these daily notes and found them to be clear, detailing factors like tasks undertaken by the person, any personal goals achieved and any areas of concern, such that other professionals could use the information to help meet people's needs. This meant people could be assured their personal care support was recorded in such a way that supported their return to independence.

Staff communicated effectively and efficiently with health and social care professionals to provide care that met the needs of people who used the service and to ensure good health outcomes were met. We saw that where contact time with a person who used the service was reduced, this was following an assessment of their changing needs. People who used the service told us they received the necessary levels of care to get them, "Back on their feet."

Good

Is the service caring?

Our findings

One person who used the service told us, "They're very kind, very helpful, really brilliant. They stay and chat and before they do anything they ask 'Do you mind if…'" One relative said, "Some of the staff can be a little too blunt, how they word things, they could encourage more," although we found a significant majority of people we spoke with were complimentary about the attitudes of staff, both support workers and in the office. More representative comments included, "They're a lovely bunch of people and make you feel like you're their priority. They don't rush you and have great patience. Sometimes when you have a disability you can get down but a laugh and a joke lifts your mood and does make a difference. They're so caring and understanding," and, "They do everything with a smile. No tuts, just cheerfully, happily and politely."

People were particularly complimentary about the tact and discretion staff showed when supporting them with personal care needs. One person said, "Nothing's too much trouble. They put you at ease. For me not to feel embarrassed means a lot to me and they're able to make me feel relaxed and not self-conscious. I feel better in myself. It can be very frustrating when you're not able to do all the things you used to do but they're very understanding." This demonstrated that staff delivered care to people in a dignified and respectful manner and that this had an impact on people's emotional wellbeing, as well as their physical independence. We also saw the registered manager planned to introduce dignity champions to further highlight the importance of treating people in a dignified fashion, although these champions had yet to be appointed.

The service provided support to people on a time-limited basis, usually for a maximum of six weeks, in order to help people regain independence. Within this context we found people who used the service did form positive relationships with staff and that people did not generally feel disadvantaged by not always receiving care from the same carer. One person said, "They are all different carers. Perhaps six different ones, but they're all quite helpful in what they did," whilst another person said, "They've done very well by me and have looked after me. I have made good friends. There are probably ten different carers (five different pairs) – quite a nice mix really. Some are more jovial than others but all very nice people. They're helpful, kind and understanding. When I say 'thank you' they say 'It's our pleasure.'"

We saw the rota planning tool the registered manager used ensured that staff proximity to people who used the service was a factor in planning care visits, meaning that people who used the service did receive a degree of continuity of care. Where people did not regularly receive the same support worker, there was a strong consensus of opinion that this was not detrimental to people recovering their independence over the six week period, and that staff formed positive trusting relationships with people who used the service.

We saw thank-you letters which provided further evidence of the caring attitudes of staff. One said, "I have appreciated the kindness and professional care we have experienced over the last six weeks. There has never been any feeling of haste, just a quiet caring and help." We asked people who used the service whether they ever felt rushed or hurried by the service, given the six week timeframe and the majority of people were positive in their responses. One person stated they felt the number of support workers they met as, "A bit unsettling," but we found staff made efforts to ensure people felt relaxed. One person, for

example, said, "They're very patient," and another, "They never rush me and understand I am a bit slow on a morning." This demonstrated that, whilst the service focussed on efficiently helping people to regain independence, people generally felt this happened at a comfortable and appropriate pace.

We saw consent was sought by senior support workers who visited people when they first started using the service and that this was included in care plans. This included, for example, people's consent to share their medical information with relevant healthcare professionals. One person who used the service also told us, "They always ask before doing anything," whilst another said, "They've always got a kind word and with the hoist, they always ask if my legs are comfortable and remind me to 'give them a shout if not'. I'm in control of the hoist."

Whilst no one using the service at the time had an advocate in place staff understanding of how people could be supported by an advocate was good and relevant information was made available in the service user guide. We saw that staff liaised well with people's relatives to ensure they were supported as fully as needed to make decisions. The guide also contained a range of useful information for people who used the service, such as links to befriending services, a local dementia advisory service and carer support groups. The guide also contained the 'Service User's Charter', a set of standards people who used the service could expect. We found staff had successfully upheld the promises this charter made, such as treating people as individuals, treating them with fairness and courtesy and involving people in decisions that affected them.

We saw sensitive personal information was stored securely and the entrance to the service's office was via doors requiring an access code to enter them. This meant people's sensitive information was treated confidentially.

We found the culture to be a genuinely caring one, with all staff we spoke with passionate about the health outcomes people achieved with their help, and the help of healthcare professionals.

Good

Is the service responsive?

Our findings

People's needs were initially assessed by the Community Response Team (CRT), a team within the local authority who referred people to Numada Homecare for support with, for example, a programme of rehabilitation. We saw that a senior support worker from the service would then visit the person to introduce them to the service, assess risks, gather more information about their preferences and agree the care plan. We saw documentary evidence of these assessments being completed in line with the service user guide, whilst all people who used the service we spoke with agreed they had their needs assessed prior to using the service.

People who used the service and their relatives told us staff had regard to their preferences and acted on them. One relative said, "One time they sent a chap at lunchtime and (person's relative) said I don't want a man undressing me – I could understand that – so I phoned them and made them aware of it and a lady came back that night, even though the original member of staff was pencilled in. They responded straight away." Another person who used the service told us, "If I ask them to come a bit earlier in the morning (if I have an appointment, say), they'll ensure I'm ready – they're very flexible. I'd ring the office usually. They rang me back and were quite happy to accommodate me." This demonstrated that office staff were able to respond to the changing needs of people who used the service and that they communicated well with support staff to ensure those preferences could be met promptly.

People's needs were assessed regularly. We saw in each person's file we looked at there had been a three day, two week and four week visit to establish if levels of support were still appropriate. These visits were also informed by the local authority's 'Personal Progress Tracker', a scoring system intended to review what levels of support people required. We also saw staff regularly assessed a range of input, such as advice from GPs and physiotherapists, to ensure people's care plans were accurate and responsive to the changing needs of people. This demonstrated people's care was regularly reviewed to ensure people were receiving the right amount and type of care.

We saw people who used the service and their family members had been involved in these regular reviews. When we spoke with people they also confirmed this to be the case.

Where contact was made with external professionals, this was documented and updates were incorporated into people's care documentation. Relatives confirmed with us that care delivered by staff was in line with this up to date information in the care file. This demonstrated staff ensured information regarding people's changing care needs was accurate and up to date.

We saw there was a clear complaints policy and process in place and that this was made available to people in the service user guide. When we spoke with people who used the service and their relatives they told us they knew how to raise any issues they had, and who to raise these issues with. One relative said, "I'd be the first one to call and complain but they haven't given me cause."

Where complaints had been raised, we saw these were acted on promptly and comprehensively. For

example, when one person raised concerns about the standard of one support worker's regard for hygiene, this was dealt with by the registered manager by way of individual action, a staff meeting and re-training. Likewise, we saw one person who used the service had raised a concern about the attitude of one support worker towards another. Whilst this had been investigated and not found to be a serious concern, the registered manage used the opportunity to remind staff of the importance of dignified interactions around people who used the service, including interactions with a colleague. This demonstrated that the service encouraged people to share their feedback about the service, including negative feedback, and acted on that feedback to improve service provision.

We saw that care plans described people's immediate needs well, including risk assessments and the levels of tasks they could currently complete, as well as what goals they had in place in order to regain independence. We saw the information in care files relating to people's specific likes, dislikes and personal histories could be improved to give new staff more of an introduction to the person they were going to be supporting. Despite this we found existing staff we spoke with displayed a comprehensive knowledge of people's backgrounds and we found care plans to be easy to follow, with a range of information from the local authority and other professionals, as well the person's care plans and reviews. The registered manager agreed to review the initial assessment process by senior support workers to include more of a focus on establishing these person-centred considerations to ensure other staff had regard to it at future visits.

Surveys were also used as a means of routinely gathering feedback from people who used the service and staff and the results from these surveys were consistently positive, with over 50% of people who used the service returning surveys and approximately 75% of staff.

Good

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had recently registered with CQC and had significant relevant experience of working in adult social care. They displayed a good understanding of people who used the service as well as the systems, policies and processes of the organisation.

People who used the service, their relatives and external professionals we spoke with expressed confidence in the ability of the registered manager to sustain the service. One person told us, "I rang (registered manager) and they got back to me about the query the next day. They're a fabulous company, to be honest." Another person who used the service said, "I'd like to stay with this company but I need to move on. I'd be very pleased if you could pass on what I've said – they're absolutely great." One staff member told us, "They're always by our side and they have a great relationship with the Community Response Team (CRT) and Social Services. We found a consensus of opinion that the registered manager was approachable, accountable and committed to ensuring people achieved positive health outcomes.

The CRT manager told us, "I have regular meetings with (registered manager) and they are always up front and interested in what we're doing at our end." They went on to describe the positive working relationship between the service and CRT that the registered manager had continued to build on since becoming the registered manager.

We found the culture of the service to be focussed on the needs of people who used the service regaining their independence through focussed programmes of rehabilitation. This efficiency was not to the detriment of staff behaving in caring and patient ways with people who used the service and the registered manager had successfully maintained a caring culture. One relative told us, for example, "At whatever level, everybody is very polite, professional and very friendly, and warm. Whether it's the office staff or the carers themselves. I'd ask for them myself if I was coming out of hospital."

We saw the registered manager had reviewed all aspects of the service and had produced an action plan with actions set out, for example the implementation of a more detailed survey. We saw that previously, surveys had been sent out and had been well responded to, but these surveys did not distinguish between Numada Homecare and the CRT. This meant, whilst the majority of responses were positive or very positive, there was little opportunity to identify where Numada was excelling or, likewise, needed to improve. We saw the new surveys would allow the registered manager to gather more detailed feedback regarding the service they provided.

Staff we spoke with told us they had been well supported through a period of change by the new registered manager. One member of staff said, "It's been great since (registered manager) took on the role. I think we could have been getting a bit chaotic but they've looked at everything and we know where we're going." We saw full staff meetings were held once a month, with other staff meetings recently split into two to ensure as high a number of staff as possible could attend regularly. Staff told us this system was working well.

The area manager we spoke with also displayed a good knowledge of processes such as supervisions, rota planning and auditing. We saw there had been visits from head office on a monthly basis to see whether the service was adhering to the provider's policies in relation to, for example, training and dealing with complaints, but also that they were demonstrating compliance with CQC regulations. In February the Director of Care conducted a 'mock inspection' of the service to identify any areas of concern regarding CQC compliance. The action plan prioritised the need to have a registered manger in place and we saw this had been achieved by the time of our inspection. Corporate oversight and governance was therefore strong, with the registered manager confirming they received high levels of support but were also challenged and scrutinised to ensure they maintained the standards of care expected.

Audits were an area where the registered manager and area manager agreed improvements could be made, specifically in terms of documentation. We saw the registered manager undertook an audit of returned care file documentation from people's houses and inserted a note into the file to confirm it had been audited. We asked what happened when any concerns or practice improvements were identified and the registered manager was able to demonstrate that the reviews of returned care files had led to, for example, improvements in the level of detail in risk assessments. We also saw the registered manager's other audits had led to service improvements, such as the implementation of the electronic monitoring system. These outcomes were not currently well documented as actions resulting from the audits undertaken. The recording of audits of care files consisted of a post-it note and the subsequent follow-up actions. This demonstrated that, whilst the means by which individual audits were documented and recorded required improvement, the registered manager did audit all areas of the service and implement change on the basis of the findings.

We saw the registered manager had made appropriate statutory notifications to CQC. Registered providers must inform CQC about specific incidents, accidents and changes, in order that CQC can monitor services and plan future inspections.