

Carers Trust Thames

# Carers Trust North Bucks & Milton Keynes

## Inspection report

Unit 3 Stable Yard  
Mount Mill  
Wicken  
Buckinghamshire  
MK19 6DG

Tel: 01908260444  
Website: [www.buckscrossroads.org](http://www.buckscrossroads.org)

Date of inspection visit:  
28 March 2017  
29 March 2017  
30 March 2017

Date of publication:  
21 April 2017

## 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

Carers Trust North Bucks and Milton Keynes provides people with personal care and support in their own homes. They have a rural office in Buckinghamshire and provide people with care packages around north Buckinghamshire and Milton Keynes. When we inspected they were providing 39 people with personal care support packages.

At our previous inspection on 30 March 2016 we found that the service was in breach of one legal regulation. The service had not taken steps to assess risks to the health and safety of people, or taken sufficient action to ensure that risks would be mitigated against. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan to tell us what action they would take to meet this breach. We reviewed their action plan and carried out this visit to ensure they had carried out the improvements within that plan, as well as improvements in other areas of the service. Following the inspection we found that the service was no longer in breach of our regulations.

We found that there had been improvements to the way that risks were managed at the service. Risk assessments were in place and were more comprehensive in identifying areas of risk. Future work was also planned to improve the way these documents provided staff with information about actions they should take to help mitigate risks.

People felt safe in the care they received from the service and staff had a good knowledge of abuse and potential indicators that abuse had taken place. There were systems in place to record and report any incidents, including concerns around abuse, which took place and appropriate contact was made with external organisations. Staffing levels were sufficient to meet people's specific needs and people were usually able to see regular and familiar staff. Staff had been recruited following robust procedures to ensure they were appropriate and of good character to be working with people.

If necessary, staff were able to support people to take their medication but where possible, people did so independently. There were systems in place to ensure medicines were recorded when staff did support people with them and these were reviewed to ensure this was done so properly.

Staff members received training and support from the provider to ensure they were able to perform their roles. New staff received induction training and there were regular updates and ongoing training for established staff. Supervisions took place to provide staff with opportunities to discuss their roles, any concerns they had and future training needs.

People's consent to their care, treatment and support was sought by staff on a daily basis. People signed their care plans to show they agreed to them and were empowered to make decisions for themselves. None of the people the service cared for were assessed as lacking capacity to any decisions, however, the service

did have systems in place to ensure they were meeting the principles of the Mental Capacity Act 2005 should the need arise. People were able to choose what they wanted to have to eat or drink and staff only provided the assistance that people required, so as to maintain people's independent living skills. If necessary, staff were also able to support people to access appointments with healthcare professionals, such as their GP, and took action to ensure their recommendations were followed in people's care plans.

Staff treated people with kindness and compassion. They took the time to get to know the people they were caring for and were motivated to perform their roles and make sure people got the care they needed. People had been involved in the writing of their care plans and were provided with information and updates about the service. Staff members took action to ensure that people were treated with dignity and respect at all times and that their privacy was maintained.

Care plans were based on information that was received from people and their family members, to ensure they were person-centred. Initial assessments were made so that the service could make sure they could meet people's needs and care plans were based upon this information. They were reviewed with people and their family members on a regular basis, so that they were kept up-to-date. People were able to provide the service with feedback and make complaints and these were used to help drive improvements in the way that care was delivered.

There was a positive and open culture at the service. People were happy with the care that they received and staff were motivated to meet their needs. People and staff members felt well supported by the registered manager and office staff and there were quality assurance systems in place to allow the registered manager and provider to review the care being provided and make improvements where necessary.

## 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.

There had been improvements to the way that risks were assessed and recorded. There was still some further improvement needed in this area, to provide staff with details of how to manage risks.

People were safe at the service. Staff members were trained in abuse and safeguarding and knew the procedures to follow if they suspected that abuse had taken place.

There were enough staff to ensure that people's current care needs were being met. Staff members had been through a robust recruitment process to ensure that they were suitable to work with people.

People were encouraged to manage their own medicines, however; staff were trained and able to provide people with support in this area if required. There were systems in place to record when support with medicines was provided.

### Is the service effective?

Good ●

The service was effective.

Staff members were provided with training and support to help them develop and maintain the skills needed to perform their roles.

People's consent to their care and support arrangements was sought and the service had systems in place to ensure the principles of the Mental Capacity Act 2005 were followed.

People were supported to have enough to eat and drink and were encouraged to be as independent as possible with food preparation.

There were systems in place to record people's healthcare needs and the service was able to provide people with the support they needed in this area.

### Is the service caring?

Good ●

The service was caring.

There were positive relationships between people and members of staff. Staff worked hard to ensure that people were treated with kindness and compassion.

People were involved in planning their care and were provided with information about the service and the care they would be receiving.

Staff members worked hard to treat people with privacy and respect and uphold their dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which was specific to their individual needs and wishes.

Care plans were in place and were tailored to the individual. They were updated on a regular basis to ensure they were reflective of people's current needs.

Feedback and complaints were welcomed by the service. They took action in response to these to help improve the care that people received.

### Is the service well-led?

Good ●

The service was well-led.

There was a positive culture and ethos at the service. People were happy with the care they received and staff were motivated to perform their roles.

The registered manager was a visible presence at the service and both people and staff felt well supported by them.

There were quality assurance procedures in place at the service to monitor the quality of care being provided and to drive improvements.

# Carers Trust North Bucks & Milton Keynes

## **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 was carried out on 28, 29 and 30 March 2017 and was announced. We gave the service 48 hours' notice of the inspection because they provide a domiciliary care service and we needed to be sure that the registered manager and members of staff would be available. The inspection team comprised of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, they supported us by making phone calls to people and their relatives.

Prior to this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and clinical commissioning group (CCG) to gain their feedback as to the care that people received.

On the second and third day of the inspection we carried out phone calls to people and their relatives, to seek their views about the care they received. In total we spoke with six people and five relatives. We also spoke with staff members over the phone on days two and three and in person during our site visit on day one. We spoke with five care support workers, a senior care practitioner and two locality managers. We also spoke with an administrator, the registered manager and the chief executive officer from the provider.

We reviewed the care records of six people who received care from the service to see if they were up to date

and contained information which was reflective of their current care needs. We also reviewed records relating to the running of the service, including recruitment records for five staff members, training records and quality assurance procedures.

# Is the service safe?

## Our findings

During our previous inspection on 30 March 2016 we found that systems in place for managing risk were not always effective. The service had not taken steps to assess risks to people's health and safety, or done all that was reasonably practicable to mitigate such risks. This was a breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made to the way that risks were assessed and planned for. People were aware of risk assessments being in place for them and members of staff told us that the risk assessments provided them with the information they needed to keep people and themselves safe. We asked one person about the risks assessments which were in place for them. They told us, "This was completed when I first started with the agency."

Staff members told us that risk assessments had improved and they contained the information they needed in respect of risks to people. One staff member said, "Risk assessments are in place and give you the information that you need." The registered manager informed us that risk assessments had been reviewed since our last inspection, to ensure they were up to date and provided staff with information about the risks associated with people's care. They explained that these were reviewed regularly and that there had been recent changes to the staffing structure at the service. Part of this was to ensure that senior care practitioners would be able to maintain people's care files on a regular basis, including their risk assessments.

We reviewed people's risk assessments and saw that they were more robust in identifying risks to people's health and well-being. They dealt with a range of specific risks including those posed by the environment as well as individual risks, such as people's mobility or falls. At times these risk assessments could have benefited with additional information about how staff could manage risks. The registered manager acknowledged this and explained that this was part of the reason for the changes they were making to the staffing and the responsibilities of each staff role. They explained that senior care practitioners would each be responsible for a number of people's care records, including their risk assessments. They would work with people and their families to ensure that risk assessments were up-to-date and provided staff with the information they needed to mitigate risks to people.

People and their relatives told us that they felt safe when receiving care from the service. One person told us, "I do feel safe." Another said, "Yes I do feel safe with the carer." A relative told us, "[Person's name] is definitely safe with the carers, if [Person's name] didn't feel safe or happy they would soon say." Another told us, "Safe, yes, everything seems to be working and [Person's name] is happy."

Staff members knew about safeguarding and abuse and were aware of the action they should take to keep people safe. They received training in this area and were able to tell us about potential signs of abuse. They were also able to describe the provider's policy in terms of recording and reporting, which ensured that any concerns were documented and acted upon. One staff member said, "We have safeguarding training and do updates every year." Another staff member told us, "I would write everything down and report it to the



office."

There had been no recorded safeguarding incidents at the service since our previous inspection. We did see that there were systems in place to record such incidents, and to make sure that external bodies such as the Care Quality Commission (CQC) and the local authority safeguarding team were notified. We saw that general incidents were recorded and actions taken to make sure people were safe, and that future incidents were mitigated against.

Staffing levels at the service were sufficient to meet people's needs. People told us that they usually saw the same staff members and that they did not experience missed calls. They told us that there were times when staff would be slightly late, but understood that this was usually due to unavoidable circumstances. One person told us, "The carers arrive on time, I have no complaints." Another person said, "The carers have never missed a call. The office call to say if there is a hold up."

People's relatives were positive about the staffing levels at the service and felt that there were enough staff to ensure their family members' needs were met. They also told us that staff were sometimes slightly late due to traffic or being held up at a previous visit, but told us that this did not cause a problem. One relative said, "If there is a problem someone will cover the call. The carers have never missed."

We spoke with the registered manager about staffing levels. They told us that they were carrying out recruitment on a regular basis, to help them develop the service they provided. They explained that they were not prepared to take on additional care packages unless they had enough staff to meet the care needs, without compromising the care that people currently received.

We reviewed records relating to staffing and found that there were sufficient numbers to ensure that people's needs could be met. In addition, we saw that staff were robustly recruited and that checks were carried out to ensure that staff were of good character. These included previous employment histories, references and Disclosure and Barring Service (DBS) criminal record checks. This helped the provider to ensure that staff members were of suitable character to perform their roles.

Where necessary, staff members supported people to take their medicines. People told us that they were encouraged and supported to be as independent with this as possible, which sometimes included family members helping as well. One person said, "Yes the carers do my medication and it is on time. The carers write in the book what I have had." A relative told us, "I do most of the medication. Then the carers help with some of the procedures. Carers will ask and get me to check that it has been done correctly."

Staff members told us that they had to be trained before they were able to give people their medicines. They confirmed that people were encouraged to do as much for themselves as possible, however; they were willing to help where required. They explained that they signed people's Medication Administration Record (MAR) charts when medicines were given and that these cross referenced with information contained within people's care plans.

We reviewed people's MAR charts and saw that they were completed in full. In some cases we saw that recording of changes or updates to people's medicines could have been clearer, however; there were systems in place to ensure that any changes were communicated to staff members. The registered manager assured us that they would look into this and identify ways in which they could improve the way medicines were recorded.

## Is the service effective?

### Our findings

People felt that staff were well trained and had the skills they needed to meet their needs. One person told us, "The staff have good training; they know how to help me in the shower." Another person said, "They seem to have updates." People's relatives also told us that staff members were well trained. One relative said, "The staff are well trained, over qualified I would say for some of them!" Another told us, "Oh yes the carers are all trained, they have to be."

Staff members told us that they received a lot of training and support from the provider. They explained that new staff members completed an induction to the service, which included training courses and shifts where they shadowed and observed experienced staff members. The registered manager told us that these shadow shifts went on for as long as the individual needed to ensure they were confident in the role. They also showed us that new staff were all enrolled on the Care Certificate, which is a nationally recognised induction program. This involved staff members completing a number of modules which helped them to develop an understanding of the essential standards needed to perform their roles. We saw that the provider completed extensive field observations of staff members, based on each of these modules, to help assess their competency and identify areas for further training and development.

Staff also received ongoing training and regular updates to help them maintain their skills. They also had supervisions and spot checks which gave them the opportunity to discuss any concerns they had and their training needs, as well as helping the provider to monitor their performance. One staff member told us, "We get loads of training; they are very good at keeping us up to date with everything." Another staff member said, "I get supervisions. They are good; it's good to talk about any problems or to get any updates for us." We reviewed records which showed that staff training was regularly scheduled to ensure that their skills were maintained. We also saw that supervisions took place on a regular basis as well as annual appraisals. These were used to discuss performance, concerns and to identify aims and objectives for staff members.

People told us that staff sought their consent before providing them with care. They explained that staff members would only do what they asked them to do and would always take their wishes into account when providing care. One person said, "Yes the carers ask permission before they start personal care."

Members of staff confirmed that they always asked for people's permission before they did anything. They explained that it was important to them that people were able to make their own decisions and choices about the care that they received. This was clearly recorded in people's care plans and we saw that their opinions had been respected and consent documented.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We saw that MCA assessments were in place to support decision making processes, and that staff members received training in this area. None of the people who the service provided care for lacked capacity to make any of the decisions being made; therefore the service made sure the person was able to make those decisions for themselves.

Staff members were flexible in their approach to supporting people with meals and drinks, depending on the needs of each individual. People explained that staff were more than happy to help with this, however; they did encourage people to be independent and relatives also provided people with support in this area. One person told us, "The carer will get me my breakfast; I choose what I would like. The carer will leave me a drink and usually my family member organises the other meals, but if they are not available the carer will support me with that too."

Staff told us that they knew people's culinary preferences and needs and worked with them to ensure they had food and drink that they liked. They encouraged people to be healthy but respected their wishes and made sure any specific needs were catered for. People's care plans contained information about their preferences in terms of food and drink so that staff could easily refer to this to meet their needs.

Staff members were also able to support people with accessing healthcare professionals, such as GP's or district nurses. They explained that people and their family members tended to take the lead with this, however; they were willing to step in if they were unable to do so. People's healthcare professionals were recorded in their care plans with contact information and any specific health needs. Any specific guidance or instruction in relation to healthcare needs was recorded for staff to refer to, which ensured that people's health needs were being met.

## Is the service caring?

### Our findings

People felt that members of staff treated them with kindness and compassion. They told us that staff were gentle and caring when they provided them with support and that this helped them to feel comfortable and at ease during care visits. One person said, "I am looked after very well." Another person told us, "I am looked after very well; the carers are kind and gentle." Family members were also positive about the caring nature of members of staff. One told us, "All the carers are different but they are all caring."

There were positive relationships between members of staff and the people they cared for. People told us that the staff were happy and chatty during their visits and went out of their way to get to know them and provide them with social engagement, as well as meeting their care needs. One person told us, "I couldn't want for anything better, very very good people." Another person said, "The carers are nice people, I get on with all of them. We have a laugh and a joke together; we talk about sport and music" Another person told us, "I am looked after very well; the carers are kind and gentle." Relatives were positive about the interaction between their family members and staff. They felt that staff members had worked hard to develop strong and trusting relationships with people, which helped them to feel relaxed when staff came to visit. One relative said, "I feel [name of person] has a good relationship with the staff and I try to be as helpful to them as they are to me. I can hear the carers laughing and joking with [name of person]."

Staff felt that it was important for them to develop strong and positive relationships with the people they cared for. They were motivated by their roles and wanted to provide people with the care and support they needed. One staff member said, "I love my job, I love getting to know people and trying to help them; trying to make a difference." Staff explained that each person was treated as an individual and they got to know about the ways that each person liked things to be done. As far as possible they tried to ensure that people saw regular staff, to help build strong relationships and an understanding of how people liked their care to be given.

People had care plans in place which provided staff with useful and important information about people's care needs and wishes. These had been written with input from people and their family members, which helped them to ensure that care would be provided in a way which they were happy with. This also ensured that people were involved and in control of the way they received their care and support. People explained that there was a copy of the care plan in their home, as well as at the main office, so that they were able to refer to them at any plan and review what staff had recorded. One person said, "The carer fills in a book, writes in the folder. Seems to be what they have done, yes I am happy with what they write." We saw that staff members completed records from each of their care visits to record how they had supported people and if there were any concerns raised.

We spoke with staff about how people were involved in their care and support and how they were provided with information about the service. They explained that people were asked questions about how they wanted their care to be provided and this was recorded as part of their care planning. Staff also told us that people were sent updates about the service in the form of regular newsletters, which helped to keep them informed of developments and ensure they had the information they needed. We saw that care plans

demonstrated people's involvement and agreement with their content, as well as the newsletter which the provider sent out to people. We also saw pictures and a newsletter relating to team parties which the provider hosted for people, to encourage them to come and meet with them and provide people with an opportunity to talk about how their care was being provided.

People were treated with dignity and respect by members of staff. They told us that staff took steps to ensure their privacy was maintained whilst care was being provided and always worked hard to make sure people were relaxed and comfortable when their care was provided. One person said, "They are respectful, gentle and speak nicely to me." People's relatives shared this view and felt their family members were treated well and that staff members respected people and their home and property. One relative said, "This agency is lovely, they treat people with respect." Another told us, "The carers are respectful of the home." They went on to say, "The carers always tidy up once the personal care has finished, they make sure the bathroom is tidy and any waste is bagged and given to me to take outside."

Staff members felt it was very important to take steps to preserve people's privacy and dignity. They told us that they made sure doors were shut so that personal care could be given in privacy and respected people's wishes about how their care would be given. Staff members received training in dignity and respect to help remind them of the action they should take to make sure people were treated as they should be. The provider also had policies in place to support this and ensure staff prioritised treating people in this way.

## Is the service responsive?

### Our findings

People received person-centred care from the service. They told us that staff knew them well and provided them with care which was individualised and specific to their individual needs and preferences. They told us that there was a care planning process which took place, which gave them the opportunity to talk to staff members about how they wanted their care to be provided. Both people and their relatives felt that this helped to ensure they received a personalised service from members of staff. The views and opinions of people and family members were an important part of the care planning process. One relative told us, "The office listened to me."

Staff members told us that a comprehensive assessment of people's needs was carried out prior to a care package starting with the provider. They explained that this helped them to ensure that they were able to meet people's needs and preferences before agreeing to commence that care package. It also gave people the opportunity to express any specific preferences they may have, such as the times that they wanted their care visits to take place and specific tasks that they wanted to be carried out at certain times of day. We reviewed people's care plans and found that pre-admission assessments were in place. They had been used to capture important information about people's care needs and preferences and had helped contribute to the care plan documents which were in place.

People felt that staff had a good knowledge of their care and support needs and that care plans were in place to help support staff with the information they needed. The care plans were reflective of their needs and wishes and were reviewed and updated on a regular basis to ensure they reflected the most up-to-date information about people's care needs. People and their relatives told us that these reviews took place on a regular basis and were a useful way of them ensuring that the information the service held was correct. One relative said, "Yes there are reviews and the office come out. They ask if everything is okay and if we are happy with the care given." Another relative told us, "It is updated every six months."

We spoke with the registered manager about care plans and the systems for reviewing them. They told us that each person had an individual care plan in place and that these were detailed and provided staff with the information they needed. They also told us that they planned to further improve the content of care plans to try to make them even more person-centred. They explained that they had introduced a change in the way that care plans were allocated, so that now senior care practitioners would be responsible for managing and updating a specific group of people's care plans. This would help as they would be able to develop a strong relationship and understanding of people's needs and wishes, therefore they would be able to improve the content of people's care plans.

We reviewed people's care plans and found that they provided staff members with the information they needed to meet people's needs. They were individualised and person-centred, however; we did find that some had more detail and useful content than others. It was clear that the new arrangements for care planning had been put in place to address this and that the registered manager was committed to making sure that each person's care plan was the best it could be.

People were able to give the provider feedback about their care and were familiar with the process for making complaints if they were not happy. Most people told us that they had not had to make any complaints, but were confident that they would be taken seriously and acted upon if they did. One person told us, "If I had a complaint I would speak to the manager, I think they would listen to me. I haven't made a complaint." Another person said, "One or two things I have questioned. I rang the office of the agency and they listened and put it right or they explained why it had to happen that way. I was happy with their answer."

Staff members told us that they welcomed people's feedback about their care and that complaints were a useful way of identifying where they needed to improve. One staff member said, "People can complain if they need to, we are all human and can make mistakes. It's important that we learn from them." We spoke with the registered manager about complaints and they showed us that there were systems in place to record any complaints received and log any action taken in response to them. We saw that there had not been any complaints raised since our previous inspection, but the service had received a number of thank you cards and other positive feedback and compliments.

## Is the service well-led?

### Our findings

The service had a positive culture. People and their family members were happy with the care being provided and the support that the service gave them. A number of the people we spoke with had been receiving care from the service for a long time and were happy to continue with them. One person told us, "I have used this agency for ten years. I am very happy with the care." People and their family members went on to tell us that they saw regular members of staff who worked hard to make a difference in their lives and provide the care that they needed.

Staff members were motivated to perform their roles and wanted to make sure that people received the care and support that they needed. We spoke with staff who were new to the service as well as staff who had been employed for a number of years. They were all aware of the provider's ethos to provide people with the support they needed to live at home as independently as possible. One staff member told us, "I love working here, we work hard to make a difference to people's lives." Another staff member said, "I like this company and what they stand for. It's a charity so you know they don't make a profit and just want to make sure people get the care they need."

Members of staff were also aware of their responsibilities in terms of ensuring people were safe and protected from harm or abuse. They explained to us that there were safeguarding and whistleblowing policies in place. They explained that they would report any concerns and were willing to go directly to external organisations if they felt the service had not taken sufficient action in response to concerns. Staff members displayed a culture of openness and worked to put the people they cared for first.

The registered manager reviewed the accidents and incidents which took place at the service and had systems in place to ensure that referrals to external organisations such as the local authority safeguarding team and the Care Quality Commission (CQC) if they had any concerns. In addition, they ensured that learning took place following all the incidents which took place, to ensure the service developed and the risk of future incidents was reduced. We saw that incident reports were reviewed by the registered manager and discussed with members of staff in meetings or weekly briefings, to help share learning and ensure staff were aware of what had taken place.

People and their relatives told us that they knew who the registered manager of the service was and that they were supported by them whenever they needed them. They explained that they were able to contact the main office whenever they needed them and that the staff there provided them with the support they needed. In addition, they told us that the registered manager was available as well and willing to talk to them over the phone and in person. One person told us, "I know the manager." Another said, "The manager came out the other day. The manager was very nice, asked me if there were problems." A family member said, "I have met the manager who is responsible for the rota." They went on to say, "The office go out of their way to be helpful."

Staff members were also positive about the support they received to perform their roles. One staff member told us, "The manager is very good, very approachable." Another told us, "All the office staff are great; they



are always there if we need any help. The manager is always there as well if we need to speak to them." Staff were able to contact the office for support when needed and out-of-hours support was also available through the service's on-call system. This meant that staff were able to get in touch with a senior member of staff whenever they had any problems or concerns.

The registered manager had a good understanding of the service and had clear plans in place for the future development and direction they wanted the service to take. They told us about plans to develop staff so that they were more confident and competent in terms of improving care plans and also wanted to introduce schemes to recognise the hard work that staff members put in. They were aware of their statutory obligations, which included sending the CQC notifications of certain events which took place at the service.

People told us that they had been asked to complete satisfaction surveys to help provide feedback on how they felt the service were performing. One person said, "Yes we do get them" when we asked about this. The registered manager showed us that results from these surveys were collated and analysed and used to drive improvements at the service. They were compared to the results from other services operated by the provider to help identify and share best practice within the group. A similar survey was also conducted amongst members of staff and was also used to identify areas for improvement.

There were quality assurance systems in place to help the registered manager and the provider to assess, monitor and improve the quality of care provided by the service. The registered manager showed us that checks of care plans, daily notes and medication administration records helped them to review the care being provided. We also saw that there were spot checks in place to monitor staff performance and identify areas for development and provider visits, which looked at the service overall. Action plans were put into place to help the registered manager prioritise what needed to be done and record the progress against the planned improvements.