Independent Home Life Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 3, 6 and 22 March 2017 and was announced. Independent Home Life Services, also known as Live Well at Home provides domiciliary care services to people who live in their own home. The service is provided to people living in Gloucester, Cheltenham, Stroud and surrounding areas. The service also covers extra care sheltered housing services in Gloucester and Stroud. At the time of our inspection there were 229 people with a variety of care needs, including people with physical disabilities and people living with dementia using the service.

We last inspected in February 2015. At the February 2015 inspection we found that the provider was meeting all of the requirements of the regulations at that time.

At our inspection on 3, 6 and 22 March 2017, there was a registered manager in post. The previous registered manager had left the service in March 2015. Additionally branch manager was in position and they were in the process of applying to be registered with the care quality commission. 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 received safe and effective care which enabled them to live in their own homes. People and their relatives praised the care staff and spoke positively about the care they received. The care people received was personalised to their needs. People and their relatives felt involved in their care and spoke positively about the relationships they had with staff. People and their relatives felt they had the information they needed and their views were listened to and respected.

People told us they felt listened to and could not fault the care they received. People were cared for by care staff and team leaders who were supported by the registered manager. Staff had access to professional development through the provider. The registered manager and training manager knew the needs of staff and had systems to ensure staff had access to the training and support they needed. All staff told us they were supported.

The registered manager had systems to monitor the quality of service people received. The systems enabled the registered manager to identify concerns and make clear improvements to the service. There were strong systems in place to ensure the quality of care people received was of a high standard.

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. People felt safe when receiving care from care staff. Staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

People told us care staff spent time with them. Staff told us they had enough time to assist people in a safe way; however sickness had an impact on their time. The provider ensured staff were of good character before they supported people.

Risks to people's care had been identified and there was clear guidance to staff on how to manage these risks. Where people needed assistance with medicines, this was done in a safe manner.

Is the service effective?

Good

The service was effective. Care staff had access to effective professional development. They received one to one meetings with their line managers and felt supported.

Where necessary, people were supported with their dietary and healthcare needs. Staff followed the instructions provided by healthcare professionals.

Care staff had knowledge of the Mental Capacity Act, and people's rights were being protected.

Is the service caring?

Good

The service was caring. People and their relatives spoke highly about the care staff and felt they were treated with dignity and respect.

There was a caring culture. Staff spoke about people in a kind and a caring manner.

Is the service responsive?

Good

The service was responsive. People's care plans were personalised to people or their needs.

People and their relatives were involved in the planning of their care.

People and their relatives were confident their comments and concerns were listened to and acted upon by the provider.

Is the service well-led?

Good

The service was well-led. The registered manager had systems in place to monitor the quality of care and drive improvement. This included taking effective action to address concerns.

The views of people and their relatives were sought and acted upon by the registered manager. Staff member's views were also sought. Clear improvements were made based on people's suggestions.

People, their relatives and staff spoke positively about the registered manager and the team leaders. People and their relatives felt they had the information they needed and the office staff were approachable.

Independent Home Life Services

Detailed findings

Background to this inspection

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

This inspection took place on the 3, 6 and 22 March 2017 and was unannounced. The inspection team consisted of one inspector and three experts by experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience and knowledge of caring for older people.

We reviewed the information we held about the service. The registered manager had completed a Provider Information Return for this service. 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 took this into account when we inspected the service. We also looked at the notifications about important events which the service is required to send us by law. We also spoke with three healthcare professionals as well as local authority commissioners about the service.

We spoke with 28 people who were using the service and with 18 people's relatives. We also reviewed questionnaire responses received from people and their relatives to CQC before the inspection. We also spoke with 13 members of staff which included three care staff, an office administrator, two human resources staff, four team leaders, the training manager, the branch manager and the registered manager. We reviewed 20 people's care files, care staff training and recruitment records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when receiving support from care staff. Comments included; "I feel absolutely safe"; "I feel very safe that they come and see me"; "I feel safe"; "They are tremendous and I am totally safe with them" and "I feel much safer when the carer is with me because I know she will steady me if I start to fall." People's relatives also felt their loved ones received a safe service. Comments included: "I know she is safe" and "I think they make (relative) feel very safe."

People were protected from the risk of abuse. Care staff and team leaders had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their team leader, the branch manager or the registered manager. One staff member said, "I would immediately go to my team leader, and then if I needed to my manager." A team leader told us if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "We would contact the adult helpdesk and inform the manager, make sure everything is reported and staff have the guidance and support they need." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action. For example, one staff member told us, "If people are in immediate danger, then we would ensure they are safe and call the police."

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the service had ensured all concerns were reported to local authority safeguarding and CQC and effective action was taken to address these concerns.

People's care plans contained assessments of all aspects of their support needs. Assessments included moving and handling, nutrition and hydration and medicines. People's risks had been identified, assessed and documented. Care staff had clear guidance on how to protect people from their individual risks. For example, one person needed the support from two care staff and equipment to enable them to safely mobilise. Care staff had clear guidance on how to assist this person and the risks to the person and their own health if this guidance wasn't followed.

People were protected from the risks associated with their needs. For example, where people required support from care staff to identify any concerns with their skin. People's care plans provided clear guidance for staff to follow to assist them with their needs and the support they required, such as applying topical creams. One person told us, "In the mornings, they wash my legs and feet and put the cream on for me. They always wash their hands and put on an apron and plastic gloves." One person's relatives praised staff for identifying concerns and providing effective support. They told us, "One of the girls (care staff) saw that my relative's skin at the bottom of their back was getting a bit sore, they asked me to look at it and suggested I call the doctor. I did and the district nurses came. It's all fine again now."

Care co-ordinators and senior care staff carried out risk assessments on the environment where people received their care. These assessments ensured the risks to people and staff were identified and discussed such as keeping pets in different rooms, and removing furniture or items which could pose risk. One person's

relative spoke positively about how care staff assessed the environment to reduce the risks for people living independently. They told us, "They look out for things in the house, so for example, if she has dropped things on the floor, they will always make sure there is nothing she is going to fall over."

People and their relatives told us when staff arrived they spent the time they expected with them. Most people also spoke positively about the continuity of staff they received. Comments included: "I'm very happy. They come when they should and do what they need to do. They are good people"; "I have a regular team of care staff, they arrived on time and when I expect them"; "On the odd occasion when my regular carer is on holiday they usually send the same substitute who I also know really well and who understands what I need"; "I don't know how long they're supposed to be here but the regular person definitely doesn't clock watch. She's excellent" and "I don't know how they do it but I can count on one hand how often they've been late. They're very reliable even though they have so many people to see to."

People and their relatives told us they were often informed if staff were running late. Comments included: "If the staff are running late the office will call me"; "If the carers are late, the office will call me, it's not the girls fault" and "We're informed if there has been an emergency and the carers are going to be late."

Staff told us they were given enough time to travel, however some staff told us their working shifts were affected by sickness, particularly at weekends. Comments included: "Definitely have enough time to travel"; "The rota's are worked at really well" and "The team leader has worked in this role, they know exactly how to plan the rota so we all have the time we need to do what's needed." At the office, team leaders and another member of staff used a computer based system to ensure care visits were being conducted. A large television monitor was placed on the wall which showed when visits had been completed and which visits were due. This enabled office staff to easily identify when a care visit had been delayed and take effective action to ensure calls were conducted.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

People and their relatives told us staff assisted them with their prescribed medicines. One person told us, "I take about ten tablets in the morning, two at lunchtime and about six at night. The carers sort them all out for me and write everything on the chart. I'd get in a right pickle without them." Staff told us and training records confirmed they had the training they needed to administer people's medicines. Team leaders also monitored staff competency in this area and audited medicine administration records. People's medicine administration records were completely consistently and no concerns were raised regarding the administration of medicines. Additionally people's care records contained a clear record of the medicines they had been prescribed, why these medicines were prescribed and who was responsible for assisting the person with these medicines.

Good

Is the service effective?

Our findings

People and their relatives were positive about care staff and felt they were skilled to meet their needs. Comments included: "They are fantastic. I won't have a word said against them"; "They are very reliable and understanding as well"; "The carers are wonderful. We normally have the same little group (three people) and every one of them is excellent"; "All the staff know what they are doing" and "I cannot fault the staff." One person spoke positively about the care they received, and how staff respected them and their relative who was living with dementia. They told us, "We had to have an occupational therapy assessment in the house and the team leader and the carer were both here. They really helped because they understand the language and could explain what we needed much better than I could."

People's needs were met by care staff who had access to the training they required. Care staff told us about the training they received. Comments included: "I have the skills I need" and "The training we receive is very good. There is a lot of it and it's provided in an informative and fun way." Staff were supported to undertake additional training as required, for example when people's needs changed. One staff member said, "We've had specialist training on Parkinson's which was important." The provider employed training managers who organised and provided training for care staff as well as other services operated by the provider. The training manager discussed the training that was provided for care staff and how the training was tailored to the needs of people receiving a service. They told us, "The training links to people's needs. We have specialised training."

The training manager informed us that training and support was also focused on the needs and views of care staff. For example they told us how care staff's views had led to changes in refresher training that all staff. A new three day training programme had started which had received positive appraisal from staff. The aim of this programme was to provide care staff with a designated period of learning rather than having training spread out throughout a year. Staff spoke positively of this programme. The training manager also told us, "Refresher training is specific. It's in line with what we want to do. When staff make a mistake, we want them to admit it and give them the support to put it right."

New staff were given the time, support and training to meet people's needs. One staff member spoke positively about their induction to the service and the support they received. They told us, "The induction really goes into depth. You really are supported to learn and develop here" and "I had a full weeks' worth of training, it was incredibly useful and gave me everything I needed. I had lots of shadowing, lots of support. I really enjoyed it." The training manager told us that care staff were being supported to complete the care certificate as part of their training. The care certificate training allowed the training manager, team leaders and the registered manager to monitor staff competences against expected standards of care.

People received care from care staff who were supported and had access to frequent one to one meetings with their line managers (one to one meetings discussed care staff needs, such as training and support as well as any concerns). One team leader told us how supervisions had led to positive changes. They told us, "Staff told us they didn't know enough about diabetes. We cared for people who were insulin dependent, so we got the training booked. It's really helped, the staff are knowledgeable. The training was brilliant." Care

staff and team leaders spoke positively about one to one meetings and felt they were supported. Comments included: "I genuinely think we get everything we need" and "One to ones are crucial at improving on issues".

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Care staff and team leaders showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "We definitely prompt choice. We gauge how much they can do themselves. We don't try and do it all for them. We want to promote independence, so if they can do something or make a decision, we don't want to take that away from them" and "We support people to make decisions, for example giving choices of clothing. It's fundamental that people have a right to choose and that their choice is respected." People's care plans contained mental capacity assessments which clearly detailed where people could or could not consent to their care and other healthcare professionals involved in their care. For example one person did not have the capacity to consent to their care; however their power of attorney (a power of attorney has been authorised to make decisions on the persons behalf around their finances and affairs and/or health and wellbeing) had provided this consent.

People told us they were in control of their care and that they never felt forced to do something they did not want to do. Comments included: "I'm really happy with the carers. I tell them I'm in the driving seat when they try to coax me to do something but it's all very good natured"; "The staff encourage me to make decisions" and "If I don't feel like getting showered sometimes then they don't insist. They will encourage me to do things but I like that I can make my own decisions."

People spoke positively about the food and drink care staff provided them. Comments included: "They get my breakfast ready – whatever I fancy. It might be a bit of toast or a boiled egg. They always ask. Lunchtime, it's either something in the microwave or a sandwich, it's up to me and then they get an evening meal ready for me. Yesterday she cooked a couple of chicken thighs for me which I really like"; "I'm always asked what I would like to eat or drink" and "They have never refused to give me a meal."

People's care records documented the support they needed with their nutritional requirements. For example one person required support, prompting and encouragement to meet their nutritional needs and protect them from their risks of malnutrition and dehydration. Care staff were aware of people's needs and spoke confidently about how they assisted people to meet these needs.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, social workers, community nurses and occupational therapists. Where guidance had been received regarding people's care, this was documented as part of their care plans. Care staff worked with people's GPs and healthcare professionals to protect them from personal risks. For example, care staff worked with speech and language therapists for one person to ensure they were protected from the risks of choking. This included how food should be provided, which foods were unsuitable and how the person should be supported to eat their meals. People and their relatives spoke positively about care staffs ability to identify changes in their wellbeing and take action. One person told us, "If I need to see a doctor they will call for me." Another person said, "I see a district nurse. The care staff and nurses leave messages to each other. I am very well cared for."

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received and the care staff supporting them. Comments included: "They are most pleasant. Very good", "Very caring staff, they can't do enough for me", "All staff are very caring and understanding", "I really look forward to seeing them. We always have a bit of fun and they don't mind me teasing them" and "They deserve a gold star."

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's personal histories and what was important to them. Care staff told us they enjoyed their job and were enthusiastic about providing good quality care. Comments included: "I am really enjoying the job" and "It's a great job, the clients and staff are great."

People and their relatives spoke positively about the additional care provided by staff. For example, one person's relative discussed how staff have visited their relative whilst staying in a care home for a short period of time. They said, "My relative is in respite at the moment and might be permanently in care when things are sorted out but they don't forget him. They have visited him in respite which has been really kind."

People were given reassurance and support with their care needs. Comments included: "My (relative) requested one particular carer because she really 'gelled' with them and there was no problem. That was organised for her. It made her really happy" and "The staff always listen to me and try and help me with whatever I need."

Care staff told us how they provided positive person centred care. For example, one member of staff told us how they assisted one person to ensure their day to day needs were met. They said, "I let them lead, I don't take the control from them. It's about supporting them and promoting their independence." One person's relative spoke positively about how care staff knew how to understand how their relative communicated. They said, "The staff respect (relative) wishes, they are always very good. My (relative) can't speak and the staff have got to know I'm, they can understand what they're trying to say."

People and their relatives told us they were treated with dignity and respect by care staff. Comments included: "They help me wash and yes they show dignity and respect. They are very good ladies", "The staff respect me and my family" and "I like to do as much as I can for myself because I want to stay independent and they respect that."

Care staff told us the importance of respecting people's dignity. One staff member told us, "We always respect people's privacy; we make sure care is provided in private" Another care worker said, "We make sure people receive their care, to their personal preferences. When we provide care we keep people comfortable, for example make sure they're covered when giving them a wash."

People told us they felt comfortable with care staff. One person told us about their initial anxieties about receiving care from the service and how care staff had helped to reduce these anxieties. They told us, "They are fantastic. Care was embarrassing at first, having (carers) shower me, but I've got over that now and

they've reassured me so much".

People spoke positively about the caring relationships they had made with staff. Comments included: "Staff are lovely and meet all my needs. I have a good regular team"; "I feel my carers are matched well" and "Really happy with my small team of carers, very good." Staff spoke positively about providing continuity of care, particularly for people living with dementia. Care staff told us how they linked and worked with other care staff and team leaders to ensure people received continuity of care. They spoke positively about how this enabled them to identify changes in the people's wellbeing.

Good

Is the service responsive?

Our findings

People were involved in decisions about their care. Thorough assessments were carried out with people when they started using the service which included assessments of their communication, mobility, social care and medicinal needs. For example, one person's assessment provided guidance of how they should be supported with their mobility to ensure their health needs were maintained. A team leader spoke positively about how they involved people in the assessment of their needs. They told us, "We get families involved with care plans. We promote care plans to the clients, to make them aware of their care." People and their relatives spoke positively about these assessments. One person said, "The care plan was very good, I was involved in all the planning." Another person told us, "I was involved and it was important, I know I am in control regarding the support I need." People's relatives and Power of Attorneys (PoA) were involved in people's care. A PoA is a relative or significant other who has been given the authorisation to make decisions regarding aspects of people's lives, such as health and wellbeing and/or finances and affairs. For example, one person's had been involved in all decisions and had assisted to develop the person's care plan.

Assessments were used to develop detailed care plans that identified people's needs and their personal support requirements. For example, one person's care plan documented how they liked a clear routine of care, which included aspects of their care needs such as personal hygiene and moving and handling. Clear guidance was provided to staff to ensure they had the information they needed to meet the persons' needs.

People's care plans contained information relating to specific conditions and how their conditions should be supported. This included people living with dementia and people with diabetes. Care plans were personalised and included details of people's needs and what was important to them. For example, one person's care plan contained clear information about the support the person required to manage their diagnosis of diabetes and the support they received from other healthcare professionals.

People told us the manager and care staff were responsive to any changes in people's needs. One person's relative told us the service were very responsive. They said, "They are really flexible which is important. My relative sometimes gets hospital appointments at short notice – within 72 hours – and then we need to cancel or rearrange a call. It's never a problem."

People received care which was personalised to their needs and preferences. For example, the registered manager and staff talked about one person who was reluctant to engage with care staff. The registered manager provided specific training for staff to meet this person's needs. The visit times for the person were chosen and led by the person. Staff told us the person's quality of life had improved and they were maintaining their home as well as engaging with care staff positively.

People were supported to attend healthcare appointments to reduce their anxieties. For example, one person was assisted to go to their local surgery for their catheter to be changed. The care staff attended with the person to support them with their anxiety. A team leader provided us with information of how they met this person's needs and provided them with reassurance and support.

The manager and care staff were responsive to people's needs and looked at ways to improve people's lives. People and their relatives spoke positively about care staffs ability to identify changes in their wellbeing and take action. One person told us, "One lady (care staff) was wonderful she got an ambulance for me, when I was ill but she left." Another person's call times had been changed as the visit was not always effective in enabling staff to support the person with their needs. The visit time had changed and this had had a positive impact on the person and their well-being.

People and their relatives told us they knew how to make a complaint and had a copy of the service's complaints policy and information regarding complaints. Everyone spoke confidently about raising their concerns, and felt they were listened to. Comments included: "I've not had any complaints but if I did I would be confident the office would help me", "Once I asked for a different carer and they changed it, this put my mind at rest" and "I've never had to complain about anything but I'm confident that they would deal with it if I ever had to."

The registered manager had a log of compliments and concerns they had received prior to the inspection. Where concerns had been raised, the registered manager had used this information to improve the service. For example, one complaint was raised regarding late call times. This concern had been acted on, and staff had supervisions to discuss these concerns and use them to improve.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager, branch manager and team leaders employed by the provider. Comments included: "'I'm very happy with the carers and the 'bosses'"; "They are excellent" and "I think the office staff are really good, they are helpful."

Care staff, team leaders and the branch manager spoke positively about the support they received from the registered manager and provider. Every member of staff we spoke with felt they were supported working for the provider. Comments included: "They're all really supportive, I haven't felt pressured at any time"; "I think it's a really supportive environment" and "The managers are incredibly supportive, they are approachable and always available if there is a problem."

The service sought and acted upon people's views. The registered manager had set up a "You said, We did" board in the branch office. This documented people's views on the service they or their relative received and the actions that the service had taken. One of the actions the service had taken was in response to people and their relatives not always knowing about staff. Now all staff have a personal profile. If staff are scheduled to assist someone with their personal care needs for the first time, a copy of the staff member's personal profile goes to the person along with their call visit times. One person said, "It's been really helpful and it removes that awkward feeling." Senior staff also carry out regular quality calls to people or their relatives to ensure they are happy with the quality of care. One relative told us, "I often get a call to see how things are going. They are very open." Additionally people's views on dignity and care were sought and respected. The service had constructed a dignity tree. Responses received from people were discussed with staff at training so these views could be understood.

The registered manager and team leaders were piloting drop in appointments for people and their relatives at extra care sheltered housing locations to discuss their views or concerns with managers. This was a new idea for the service, with the aim to provide another point of contact for people and their relatives. One team leader told us, "We are promoting them for people. Making them aware they can contact us and be involved. We're also trying to get people and their relatives involved with planning their care.

Staff involvement in the running of the service was sought and promoted. The provider carried out an annual employee survey. Staff felt their views were listened to. One member of staff said, "I think the management are open to suggestions." The last staff survey identified issues regarding travelling time between care visits. This concern was taken on-board and staff were now paid for travelling time. Good staff performance was acknowledged and appreciated. The provider ran an employee of the month scheme. The aim of this was to promote good quality care by encouraging staff to recognise when their colleagues go that extra mile.

Staff were provided frequent information about the service and were given information on a range of topics to assist them in their role. For example, when staff complete training on safeguarding, the Mental Capacity Act, dignity and dysphagia they were given quick read guides around. Additionally staff were given key safeguarding information including contacts which fitted alongside their identification badges. This ensured

staff also had the contacts they needed to report safeguarding concerns. Additionally, staff were provided with regular memo's and newsletters from the provider which provided staff with key information about the service. Staff meetings were also carried out. These meetings discussed areas of development, such as training needs, complaints and staff vacancies. One member of staff spoke highly about the information they received from the management team.

The registered manager ensured lessons were learnt from any incidents or concerns. For example, concerns had previously been raised by paramedics about care staff not assisting people who had had a fall and had not suffered an injury. The registered manager responded to these concerns and then provided guidance for all care staff to follow. This guidance gave care staff clear information on how to assist people to get up and contact numbers they needed to speak to a senior member of staff support. This guidance was provided for all staff and there had been a reduction in concerns raised by paramedics due to effective action taken by the registered manager.

Additionally, the registered manager ensured lessons were learnt following concerns raised by people and commissioners about missed and late visits in 2015. They ensured immediate short term measures were implemented to ensure people's needs were being met. These concerns had led to the provider doing more effective monitoring of care visits and the implementation of capacity meetings.

The management team met weekly to discuss capacity across all areas of Gloucestershire they covered. The aim of these meetings were to enable the service to see where their 'pressure points' were and where they had ability to assist more people. During the course of our inspection the registered manager carried out an emergency capacity meeting due to concerns and impact of another care provider in Gloucestershire. The registered manager had also carried out a risk assessment, produced an implementation plan and had clear guidance for care staff to follow in the event they had to provide emergency care to people receiving care from the other care provider. After our inspection they informed us the transition of these services was taken over with no disruption to people over a very short period of time. The implementation plan provided healthcare professionals and commissioning officers clear information of how the provider was planning to plan and transfer services.

The provider and registered manager carried out a range of internal audits to monitor the quality of the service they provided. This included audits of people's care documentation, a review people's ongoing care notes, care visit monitoring and complaints analysis. Where any actions had been identified these were clearly documented, including the actions which had been taken. For example, management training around safeguarding was identified as an area for improvement and a clear action had been set.

The registered manager and provider had a "Quality Development Plan" for the service. This plan contained all actions for internal and external audits of the service. This plan enabled the registered manager and provider to ensure effective action was being undertaken in relation to their concerns. The registered manager and provider had ensured action was taken following our last inspection. For example, while we did not previously identify a breach of the legal requirements, we had raised some concerns around people's care records. Effective action had been taken as a result of our last inspection to ensure people care records were reviewed, current and contemporaneous. Additionally the registered manager had changed the format of people's care assessments to ensure they were person centred.