Valleywood Care 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Valleywood Care Limited on 20, 21 and 22 April 2016. As this was a supported living and domiciliary care agency service, we contacted the registered manager 48 hours before the inspection. This was so that they could let the people who lived there know we were coming. At the last inspection in December 2013 we found the service met all the regulations we looked at.

At the time of our inspection, the service was supporting 15 people in seven 'supported living' properties. Supported living describes the arrangement whereby people are supported to live independently with their own tenancies. In addition to supported living, the service also provided personal care for 100 people in their own homes.

The service had a registered manager. 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.

We found that people were very positive and complimentary about the service that they received. People using the service told us they felt safe and the relatives we spoke with also agreed people were safe. We found that people were protected from the risk of harm and abuse. All staff spoken with had a good understanding of safeguarding, the signs of abuse, and how to report it. However, the provider did not have a system in place to record safeguarding referrals and the outcomes of these. There had been no safeguarding concerns over the past 12 months.

Staff rotas were based upon the number of hours of support people had been assessed as needing. People, their relatives and carers told us they thought there were enough staff to meet people's needs. The rotas demonstrated that staffing levels were planned and organised, so that people received consistent care staff. Safe recruitment practices were evidenced.

People's medicines were administered safely. However we found that protocols for as and when required (PRN) medications had not always been recorded in people's care plans.

Risk assessments were in place and detailed. They were reviewed on regular basis. We found that it had not always been recorded when risk assessments had been reviewed if there had been no changes and it was therefore difficult to evidence that they had been reviewed.

Staff were skilled and knowledgeable. We found that staff completed an induction prior to starting work in the service. Staff received regular and ongoing training.

We found that staff had some awareness and had received training in the Mental Capacity Act 2005 (MCA). However we found that records did not demonstrate that the service had taken account of people's mental

capacity during assessments. It was unclear whether best interest decisions had been made and recorded for people who lacked capacity to consent to aspects of their care and support.

Staff were kind, caring and compassionate. People told us that staff treated them with dignity and respect. We found that staff had developed effective caring relationships with people.

Care plans were in place. They provided sufficient details and were regularly reviewed and updated. The care plans and risk assessments provided person centred information, some were very detailed and included people's preferences and choices. We found that people were supported to maintain as much independence as possible.

People had access to the complaints procedure and told us that they knew how to make a complaint should they need to. There had been no formal complaints. We found that the management team had regular contact with people and dealt with any issues and concerns as they arose.

The service was well led. People told us that the provider was "excellent" and people felt that the registered manager was approachable. Staff told us that they were well supported. There were some quality assurance systems in place. We spoke with the provider about developing these to improve these further.

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.

The service had sufficient staff to meet the needs of people.

People were protected from abuse and harm, because staff had received training in safeguarding and knew what to do to keep people safe.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

Safe recruitment systems were in place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had an awareness of the Mental Capacity Act, however the service had not always assessed or clarified whether people had capacity to consent to their care or ensured that best interest decisions were recorded.

Staff were skilled and knowledgeable, they have received induction training and regular on-going training.

Staff support people to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated in a kind and caring manner.

People were involved in decisions about their care and the service supported people to access advocacy services where required.

Carers respected people's choices and provided their care in a way that maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Staff knew people well, and had a good understanding of them and their needs.

Care records demonstrated people's needs were assessed and people received person centred care. Care plans and risk assessment were regularly reviewed and kept up to date.

People were aware of how to complain and said they would feel comfortable raising any issues that they may have with the care staff or registered manager.

No formal complaints had been made to the service and we saw that the service had managed minor issues and feedback appropriately.

Is the service well-led?

Good

The service was well-led.

People who used the service, their relatives and staff were able to express their views and these were listened to.

People and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the provider's response.

Staff felt well supported and able to approach the management with any concerns.

The service had some systems in place to monitor quality which included seeking feedback about the service from people and their relatives.

Valleywood Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 20, 21 and 22 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that staff were available in the office, as well as giving notice to people who received a service that we would like to visit them. On the 21 April we spent time visiting people who used the service in their homes.

The inspection was carried out by one adult social care inspector and a further adult social care inspector contacted people by telephone.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. We contacted the local authority contracts quality assurance team to seek their views and we used this information to help us plan our inspection. The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we visited three people at home and visited two of the houses where supported living was provided and spoke with five people. We also spoke with people over the telephone including four people who used the service, plus five relatives.

We looked at a number of records during the inspection and reviewed six care plans of people supported by the service. Other records reviewed included staff training records and records relating to the management of the service such as policies and procedures, rotas and meeting minutes. We also inspected three staff recruitment files. During the inspection we spoke with a number of staff including, the director of the service,

the registered manager and eight members of care staff.

Good

Is the service safe?

Our findings

People told us that they felt safe when being supported by staff from the service. People felt satisfied with the support that they received. One person told us "I can't fault them in any way." Relatives' comments included "We are confident that they are safe and the carers are very thorough" and "Yes I am confident that they keep mum safe."

We found that people were protected from the risk of harm and abuse. All staff who we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "Any concerns are reported to the office straight away." Staff were also able to tell us where they could report safeguarding concerns to outside of their organisation.

We saw that the service had a safeguarding policy and information about safeguarding was on display in the main office. The registered manager had access to the local authority safeguarding procedures and staff knew where they could access this information. One staff member told us "I know we have a book in the office with all the contact details." Records demonstrated and staff told us that they received training in safeguarding. Staff comments included "I have done all about safeguarding in training" and "everyone has a safeguarding flow chart in the back of their care plan." Staff also had a good understanding of whistleblowing procedures and were confident in using them if required.

We asked to see records of any safeguarding referrals which had been made and the outcomes of these. The registered manager told us that they did not have a system for logging these records but that individual records were available for any previous referrals made, however we found that these records were not easily accessible. There had been no safeguarding concerns raised over the past 12 months.

We recommend to the provider that a system should be implemented to log and record any safeguarding referrals/concerns and their outcomes.

The service employed enough staff to cover the shifts required within the service. People told us that their care was rarely missed, and that staff always arrived to support them as expected. The staff we spoke with all felt that there were enough staff within the service to cover the shifts available. We saw staffing rotas that showed staff mostly attended to the same people for the majority of their visits, which meant people had consistency of staff. The provider understood the importance people placed on having regular care workers. People were sent a rota so that they knew who was coming. The provider confirmed that new care workers were always introduced to people before they provided their care, unless it was an emergency.

The rotas demonstrated that staffing levels were planned and sufficient to meet people's needs. We saw on the rotas that the times of some care calls appeared to overlap with other calls. However staff spoken with told us that they were able to fit in all the calls effectively. People told us that care calls were at the times that they preferred and carers were usually on time. There were occasions when staff were delayed and people told us that the office would usually be in contact to inform them if their carer was delayed. People also told us that staff mainly stayed for the full time agreed, but some people said that they were sometimes

shorter than planned, but that carers would only leave if all the support had been provided. One person said that sometimes they felt that "the carers should stay a bit longer but other times stayed longer than they should." A relative told us "Some stay their time, some don't, as long as they've not rushed (relative) I don't mind."

The director of the service had the responsibility for organising the rotas and had extensive knowledge of people's needs and preferences. He therefore ensured that care calls were suitably allocated. He told us that the service only accepted care calls within a small geographical location, which meant that staff had minimal travelling time and calls could be organised more effectively. This also meant that people received consistent staff. The provider told us that the service had reached its optimum in the care packages, which meant the service was organised so that they could support people effectively and still maintain some flexibility. This ensured that calls were always covered even when staff were on leave or off work due to sickness. We saw that there were two senior carers who were office based and were available to support staff and cover emergency calls as necessary.

The service continued to recruit new staff and the provider told us that their focus was on the retention of staff. The registered manager told us that all new employees were appropriately checked through robust recruitment processes. We inspected three staff files, which confirmed that all the necessary checks had been completed before they had commenced work at the service. This helped to reduce the risk of unsuitable staff being employed. We saw that all staff had completed an application form which included their employment history. Recruitment checks included, obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. We saw that interviews questions were thorough and covered topics such as safeguarding and confidentiality. The management team told us that they placed great importance on the values and personalities of candidates and believed that the recruitment of suitable staff was vital in the development of a quality service.

People had risk management plans in place. We saw that these assessments were detailed and covered many areas of risk within a person's care such as medication, moving and handling and any environmental risks within people's homes. We saw that the majority of risk assessments were regularly reviewed and updated by a senior member of the team. However we noted that some risk assessments appeared not to have been reviewed for a significant period of time. The registered manager told us that this was because the plan had been reviewed but that no changes had been required. We discussed with the registered manager that where risk assessments have been reviewed, a record should be maintained to demonstrate that a review had been carried out, even where no changes to the plan had been identified. The registered manager agreed to address this as soon as possible.

We found that people's medicines were well managed and people received them safely. The people we spoke with told us that they were happy with the support they received with their medication. We saw that all staff had undergone medication training and the service had a medication policy that all staff were aware of.

We viewed five Medication Administration Records(MARs) which demonstrated that people were supported with medication, including creams. These records showed the type, route, frequency and dosage of medication. Where people were being supported with medicines, a risk assessment had been undertaken and information was recorded in their care plan about the support they needed. However, we saw that some medicines had been prescribed on a PRN or "as and when required" basis. We found that written protocols were not always in place to help staff to know when these medicines should be administered to

people. We saw an example where information had been provided through a diary to staff about a person's PRN medication but had not been clearly recorded as part of their care plan. During the inspection the management team took action to address this immediately and assured us that they would put appropriate protocols in place for all PRN medications.

People and their relatives confirmed that staff always wore gloves and aprons when providing care, this helped to protect individuals from the risk of infection. We observed that staff collected gloves and aprons from the office and we saw that staff were reminded within staff meetings about the importance of wearing this protective equipment.

Requires Improvement

Is the service effective?

Our findings

People told us that they found the service to be effective. Comments included "They're the best carers I've ever had, they are wonderful. They are exceptional. I wouldn't be without them" and "We have everything done that we ask for, we can't fault them, they are very good." A relative also told us "They're excellent; we've never had a problem or bad carer in two years."

We found that staff had appropriate knowledge and skills to carry out their roles effectively. People spoken with told us that carers were knowledgeable and well trained. One person said "Generally the carers know what they are doing and seem knowledgeable."

The provider told us that they had focused upon the recruitment of good staff and placed great importance upon the standards of staff whom they employed. He told us that their interview process focused in particular on good communication skills and abilities.

All staff were required to complete induction training before starting work at the service. One staff member told us, "Initially I had two weeks of induction." All staff members spoken with confirmed that they had gone through this training, followed by the shadowing of other staff members to gain experience. Senior care staff told us that extra training would be arranged for staff if they did not feel confident in any areas and seniors would meet with staff in people's homes to provide support and guidance where necessary.

We found that a thorough programme of training was in place and saw evidence of training certificates within staff files. Mandatory training was provided by an outside training company. This training included safeguarding, manual handling, health and safety, fire safety, medication, infection control, Mental Capacity Act and food hygiene. We saw that staff received yearly refresher training in these subjects. Records demonstrated that all staff had either completed or were in the process of undertaking the Care Certificate qualification. The Care Certificate is a recognised set of standards that health and social care workers must adhere to in their daily work.

We saw that training was provided in dementia and end of life care and staff completed work books which were verified by senior staff. The service had also organised specific training which enabled staff to meet the needs of people supported within the service, this included epilepsy training, catheter care and diabetes. We inspected the training records and saw that on-going training was monitored, kept up to date, and recorded within a training matrix. This matrix was maintained by the HR/training administrator. We noted that staff were encouraged to develop their skills. All of the staff had either completed or were in the process of completing National Vocational Qualifications (NVQ) in levels of two or three in care.

People told us that carers knew their needs well and discussions with staff demonstrated that they had knowledge about people and the way that they preferred to be supported. One relative commented "They know what her care needs are." Staff told us they were kept updated about any changes in people's support needs through handover processes and reading people's care plans.

We saw from the records and by discussions with staff that one to one supervision meetings were carried out on a regular basis. We saw that staff had supervision meetings on a quarterly basis and annual appraisals were also undertaken.

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

We checked whether the service was working within the principles of the MCA. We saw that staff had completed MCA training and had an understanding about the principles of the MCA. We found that staff gained consent from people before carrying out any care tasks. One person told us, "They (staff) always get my consent." All the people we spoke with made similar positive comments. We saw that people had various signed consent forms within their files to show that they gave permission for staff to carry out certain care support.

We found that some people supported by the service potentially lacked the capacity to consent to their care and support. The records reviewed did not always contain information about people's capacity to make certain decisions or demonstrate whether best interest decisions had been made on people's behalf where required. We saw an example of a care plan/agreement relating to financial transactions, which had been signed by a person who the registered manager agreed was unlikely to have the capacity to understand this decision. This meant that their rights may not have been protected.

The management team told us that as a service they did not carry out MCA assessments, but would refer to the local authority if they had concerns about a person's capacity to make a decision. We saw that there was a record on one person's file from a medical professional, which indicated that the person lacked capacity to consent to medication. Staff spoken with did have an understanding of the principles of MCA and told us about the importance of enabling people to make decisions where possible. Staff commented "We give (person) choices and they can make some decisions with a limited selection." We were told that if any best interest decisions were required then advocates would be involved and the person would be included as much as possible in the decision being made.

However, the service did not consistently hold information or robust records which took into account whether people had the capacity to make decisions or have copies of local authority mental capacity assessments which could provide this information, where necessary. This meant that the provider could not be sure whether people lacked the capacity to make informed decisions about their care and support and when it was necessary to make decisions in people's best interests.

We found that the service held some records about whether people held Lasting Power of Attorney for people using the service, but it was unclear in some cases whether these were held for decisions about finances or health and welfare. The provider told us that he intended to write out to people to seek confirmation about the legal authority that people held to make decisions for people using the service, as this is important information with regards to decision making.

We recommend that the service finds out more about training for registered managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

People we spoke with had different levels of need for support with meal preparation and cooking. People

said they were supported according to their individual needs. One person said, "They ask what I want for lunch". Staff we spoke with knew what level of support each person needed. Staff told us they always offered a choice of meals where possible.

Staff supported people to maintain their health and well-being. We saw that where people's health needs changed the service contacted health professionals and informed relatives appropriately. Records demonstrated that the provider had referred to health professionals such as GPs, districts nurses and occupational therapists where necessary. One relative told us staff were good at raising any concerns and had recently been in contact as they were concerned that their relative didn't seem well and offered to contact the person's GP.

Good

Is the service caring?

Our findings

We found that the service was caring. People told us that staff treated them in a caring and compassionate manner. One person told us that the carers were "Very good, very helpful and very caring." Relative's comments included "The carers are very nice with her. Mum says she's happy with them" and "They treat her well and are respectful and kind."

People said they were happy with the support they received. People told us they received support from regular staff who knew them and their needs well. We found that the management team had a very thorough understanding of the needs of all the people who they supported. They told us that they aimed to provide consistent support to people and the people who we spoke with confirmed that they were supported by regular carers. Comments included "They know what you want" and "We've got to know the carers." We were told that very occasionally people received support from carers who they had not met before but that care staff would ensure that they had read people's care plans, so that they knew the support that the person required.

People and their relatives told us that staff were kind and caring. We saw that staff had developed positive and caring relationships with the people that they supported. During our inspection we observed some staff supporting people and it was evident that they knew the people well. Comments included "they are very attentive" and "we have so many laughs."

We found that staff supported people to have as much choice, independence and control as possible. One relative told us that staff supported their relative to remain as independent as possible, by encouraging them to do as much of their personal care for themselves and then supporting with the rest. We saw that people were involved in their own care planning and in making decisions. Staff who we spoke with told us that people "tell us what they want, they are all different." We were told by one person that they had been involved in their care plan and can speak to staff if they need any alternatives. We saw that the management team visited people and spoke with them over the telephone on a regular basis and people felt that their views would be acted upon.

The registered manager ensured that where necessary people were referred for advocacy support and had ensured that people were supported to access advocacy when needed. We saw an example where the service had advocated and supported a person to access a service which would improve their life skills.

People's dignity and privacy was respected and promoted by the service. During our inspection, we observed that a member of staff supported a person in a friendly and kind manner, and we saw that they spoke quietly to the person about a personal care matter which ensured that their dignity was maintained. People told us that staff treated them with dignity and respect. One person said "They treat me with respect" and a relative told us that staff respected their relative's dignity when attending to her continence and personal care needs. Staff we spoke with were aware of importance of prompting people's dignity and were able to provide examples such as ensuring that they knocked before entering people's homes or bedrooms and asking permission before providing support. The management team told us that regular checks were

carried out with the staff and part of this check was to ensure that people were treated with dignity and respect.

Good

Is the service responsive?

Our findings

People told us that they found the service to be responsive. Comments included "We're very happy with the service. They're very good" and "I'd recommend them to anyone. We can't praise them enough. Any issues they always ring us."

People received care that was personalised to their needs. All the people we spoke with felt that the staff knew them well and knew how to support them. Staff had good knowledge and awareness of the people that they provided care for. They told us that they usually provided care to the same people, which allowed them to build a rapport and understanding of their needs. One staff member said "I tend to do the same morning calls which means that people get continuity." We found that staff had particularly thorough and detailed knowledge about the people within the supported living setting . Staff explained that in one person's case information had been gathered from the previous care providers, discussions with family and listening to the person to ensure that staff understood their needs as much as possible.

We inspected six care plans of people supported by the service. We saw that people's care plans were centred around them and most plans recorded people's preferences. For example it was recorded in one plan that the person "loved to be involved in daily living activities and is enthusiastic to help when they can." We saw that some care plans contained an "all about me" document which contained detailed information about the person's history and included information about their likes and dislikes. We found that some of the care plans especially within the domiciliary setting focused on the tasks that care staff needed to complete and may have benefitted from further detail about the way the person liked these tasks to be carried out. We found that the plans contained sufficient information and enabled care staff to the support the people who they were caring for.

We found that assessments were carried out before people received a service. One of the management team would arrange an initial meeting with the person and their relative, where appropriate, to discuss the support that they required. Staff told us that people's care needs were all different. People who we spoke with told us that they had been involved in the development of their care plans. One person said "(Name) came and we talked about how I wanted to be looked after."

People were encouraged and supported to maintain as much independence as possible. A relative told us that the carers supported their relative to do as much for themselves as possible. "Carers let her wash her face and then help with the rest helping her to keep independent. They have a care plan that tells you about her needs." Staff also confirmed that "Keeping people's independence is encouraged" and "We assist someone to do what she can to empower her to be independent." We saw that people within the supported living settings were supported to be as independent as possible, examples were that people were supported to go out into the community, to do shopping or to go on holiday.

We saw that people had their care plans regularly reviewed and updated by staff and management. The provider told us that people's care was reviewed every three months. Staff told us that they believed that they were "excellent" at keeping people's care plans and risk assessments up to date. The management

team were also in regular communication with the local commissioning teams, and communicated issues and concerns when required, so that appropriate action could be taken.

The management team held weekly meetings and daily morning meetings with the on- call workers to ensure that all information and any changes to people's needs were communicated effectively to all staff. Staff told us that they were kept up to date with any changes with people's individual needs.

The service had a complaints policy which set out the process and timescales for dealing with complaints. This was given to people when they started to use the service; we saw that this was available in people's home within their care folder. People who used the service and their relatives told us the provider had made them aware of the agency's complaints procedure. People told us that they would know how to complain if they needed to. Most people said they had never needed to complain as the provider contacted them regularly to hear their views and ask for feedback about the service. One relative told us, "(Name) – the head of the carers is brilliant. Very very good- she'll come out and sort it if there are any issues no hesitation." Another person told us "I'd speak to(name). I'd contact him with any complaints. He's excellent." The registered manager told us told us that because they maintained regular contact with people and ensured that they dealt with any issues before they developed into a concern or a complaint. The provider told us that they have never had an official complaint.

Good

Is the service well-led?

Our findings

We found that the service was well-led. People knew who the registered manager was and said that the management team were very responsive. People were supported to express their views and felt listened to. Staff also told us that the service was well-led. Comments included "I'm happy with my role and the way things are run" and "I'm very comfortable in my job."

We saw that suitable management systems were in place to ensure that the service was well led. The provider told us that there have been some recent changes to the staffing structure. There was a manager and senior on the domiciliary side of the service and a deputy manager who focused on the supported living side. The registered manager was supported by this team and staff had been given new responsibilities, the provider told us that there will be ongoing development of staff within these roles. There was also a HR/ training administrator who organised and managed staff training and supervisions. We found that all of these staff were well organised and had a positive approach to the provision of the service.

The provider told us that it was "Important to treat staff with respect." We saw that staff meetings were held on a regular basis and viewed some of the minutes from these meetings. The registered manager said that they encouraged staff to be open and honest within these meetings and wanted staff to be as involved in these meetings as possible. We saw that staff were given guidance and clear expectations about their practice within these meetings.

The provider told us they only recruited staff with the attitude and approach to supporting people that reflected the agency's values. The provider told us, "We aim to do everything very well and have high standards." We viewed the provider statement of purpose, which included their mission statement and philosophy of care. We saw that the provider had robust policies and procedures in place. These had all been reviewed and updated in April 2016 and included adult safeguarding, complaints, medication, consent, dignity and respect. These were available to staff and we saw that copies were kept in the supported living homes.

Staff told us that the registered manager and management team were very supportive. The management team knew the staff team well. Staff were asked to collect their rota from their office on a weekly basis, which meant that they had regular contact with the management team and were able to raise or highlight any issues routinely. The management team were very visible and staff told us that they were always available and felt able to approach them to deal with any concerns. Staff spoken with were very positive and motivated. Comments included "I love it here", "(Name) is an excellent boss and very fair" and "I think everything runs really smoothly."

The provider had implemented a fleet of six cars to support staff and enable staff without cars to work for the service. This also provided some flexibility and back up in an emergency, if an employee's car was out of action for any reason.

The provider had some systems in place to monitor the quality of the service. Regular spot checks were

carried out with staff around every three months. We saw records which evidenced that these were carried out on a regular basis. These covered areas such as uniform, infection control, dignity and people's views of the support. People's views and feedback of the service were also sought through regular monitoring visits. The domiciliary manager told us that they visited people every three months to review their care and people were given the opportunity to provide feedback during these meetings. People and their relatives confirmed that the provider carried out visits to monitor the service and updated the care folders. One relative told is that this was "so I can talk to them and give feedback". Another relative commented, "They always ask for feedback and are good at communicating."

We saw that where accidents and incidents had occurred, staff completed a form which would be checked by a senior or the registered manager. Risk assessments would then be reviewed and updated with the aim of reducing further accidents and incidents, where required. We noted that there were no wider audits of these incidents and accidents to help identify whether there were any themes or trends which could be highlighted and addressed.

Care plans were reviewed on monthly basis by the senior staff. The provider told us that they reviewed the care plans when they were initially written, to ensure that they correspondence with the initial assessment that had been carried out. However we noted that there had been no formal audits with regards to the ongoing quality of these care plans. We discussed this with the registered manager and provider, who confirmed that they would consider the implementation of further audits within the service.

Rotas and time sheets were cross referenced and checked. This enabled the provider to monitor and analyse the times and length of calls that had been carried out. We saw that a monthly report had been produced, with statistics which demonstrated that the service had provided calls which were on time 94% of the time.

The registered manager was aware of her responsibility to notify CQC of any significant events, as legally required to do so. There had been no recent events requiring a notification, but our records indicated that previous notifications had been made as required.