Angelcare Uk Ltd

Angelcare - York

Inspection report

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Date of inspection visit:
28 March 2017

Date of publication:
27 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

Angelcare is a small domiciliary care agency located in the City of York. Parking is available on the road outside the main office. At the time of our inspection the registered provider was providing care and support to 10 people.

This inspection took place on 28 March 2017. The inspection visit was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The provider registered the service as Angelcare - York on 08 April 2016 and this was their first comprehensive inspection.

There was a registered manager in post. 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.

Systems and processes were in place that helped keep people safe from harm and abuse. Care workers had completed safeguarding training and knew the signs of abuse to look out for and how to raise any concerns.

There were sufficient skilled and qualified care workers to meet people's individual needs and preferences. People received their care and support from regular care workers that ensured continuity and consistency.

The registered provider had a robust recruitment process. Checks were completed that helped the registered provider to make safer recruiting decisions and minimise the risk of unsuitable people working with vulnerable adults.

Where people had been assessed as requiring assistance with their medicines, these were administered safely in line with their prescription. Systems and processes were in place to record the administration of medicines. Audits were in place that had identified the shortfalls we found in records, and measures had already been taken to address the areas of concern.

The registered provider had systems and processes to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence.

Care workers received documented supervision and annual appraisals were planned each year to ensure workers were supported in their ole and development. The registered provider planned to carry out spot checks on care workers to make sure they were competent in applying the skills they had learnt in theory to their practice.

Care workers had received training and understood the requirements of The Mental Capacity Act 2005

(MCA). We checked and found the service was working within the principles of the MCA. Staff confirmed people were assumed to have capacity unless assessed as otherwise and were supported to make decisions. At the time of our inspection no one receiving a service had any restrictions in place.

People were supported to eat and drink healthily. Any specific dietary needs were recorded in their care plan and care workers confirmed they requested support from other health professionals where it was required. Care workers understood the importance of respecting people's privacy and dignity. We saw care workers were polite and sensitive to people's needs and always sought confirmation and agreement from the person to everything they were doing.

Care plans recorded people's preferences and any diverse needs. We saw any religious or cultural needs were recorded, where the person had provided this information, and should they have a preference for a male or female care worker this was also documented.

People were promoted to live as independently as possible. Care plans included areas of care and support people required help with and this information was detailed in that it also showed what the person could manage to do independently.

The registered provider involved people in their care planning and reviews and only considered accepting people into the service once it was established their needs could be met. Care records were written with and centred on people. People had been involved with their care plans and had signed to confirm they understood and agreed to the content.

People's interests and choice of activities were recorded and we saw care workers were supportive in ensuring people could participate in their chosen activity. We saw from a monthly newsletter the registered provider had links with day centres and provided information on how people could arrange to attend.

The registered provider had systems and a policy in place to receive and respond to any complaints. We saw from records held that there had been no complaints made to or about the service.

Everybody spoke positively about the way the service was managed. Staff understood their levels of responsibility and knew when to escalate any concerns. The registered manager had a good understanding of their role and responsibilities. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. At the time of our inspection the registered manager had not needed to submit any notifications.

The registered provider completed quality assurances checks that helped to provide a consistent service and identify any areas of improvement. People's views were sought on their care and support by an annual survey and during individual reviews. People confirmed they were happy with the service they received.

The registered provider worked effectively with external agencies and other health and social care professionals to provide consistent care, to a high standard for people.

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 were sufficient numbers of skilled care workers employed that ensured people received the service that had been agreed with them.

Care workers received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse to the relevant people.

Risk management plans were in place and enabled people to receive safe care and support without undue restrictions.

People received their medicines safely in a timely manner. Some inconsistencies with medicine records were noted. These had been highlighted by a medication audit and the registered provider was addressing the areas of concern.

Is the service effective?

Good

The service was effective.

Care workers received support and training to ensure they had the appropriate skills to undertake their role.

People were supported to eat and drink and had access to other health professionals to maintain their health.

The manager and care workers understood their responsibilities in respect of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

The feedback we received and our observations confirmed that care workers cared about the people they were supporting.

People's individual care and support needs were understood by care workers, and people were encouraged to be as independent as possible.

People's privacy and dignity was respected by care workers.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support and care plans recorded information about their individual care needs and their preferences.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or a complaint.

People were supported with their activities of choice and information was available to enable them to attend day centres if that was their choice.

Systems and processes were in place to receive and respond to any complaints or concerns about the service.

Is the service well-led?

Good

The service was well led.

Quality assurance systems and processes were in place that had identified some of the concerns we found during our inspections. These were resolved using action plans.

Everybody spoke highly of the manager at the home and the organisation and staff understood their roles and responsibilities.

The registered provider sought the views of people who had responded that they were happy with the service they received.

There was a variety of methods in place to share information concerning the service with people and staff within the organisation.

Angelcare - York

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 registered 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 28 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. Before this inspection we reviewed the information we held about the service, which included any notifications we had received from the registered provider.

We asked the registered provider to complete and submit a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the home and any improvements they plan to make. We used the information returned in the PIR to assist us with the inspection process.

The local authority safeguarding and quality teams were contacted as part of the inspection.

During the inspection we visited two people in their own homes and observed interactions between people who used the service and their care workers. We observed how two people's medicines were managed and administered.

We spoke with two people using the service and we also spoke with the registered manager, the operations manager and four care workers.

We reviewed five care records for people, recruitment files and training records for three care workers and looked at various other records relating to the management of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe in their homes and when care workers visited. A person told us, "I look forward to visits by care workers; they help me to keep safe and to remain in my own home". Care workers confirmed they were aware of what to do if they suspected people they supported were being abused or were at risk of harm. A care worker said, "If possible I would try and prevent the abuse and I would discuss any concerns with the person and with our manager". They continued, "We have a whistleblowing policy and I would be happy to follow this to raise my concerns, anonymously if needed to the Care Quality Commission [CQC] because it is important people are protected, it really is not acceptable to ignore any concerns whatever they may be".

At the time of the inspection the registered provider had not received any safeguarding concerns but the registered manager understood their responsibilities and informed us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding of adults team and referrals made when necessary. The registered manager showed us a clear policy for safeguarding adults from harm and abuse. This gave care workers information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that could provide advice and support. Care workers had received training in safeguarding as part of their induction. The registered provider told us on the PIR, 'Care workers are aware of the safeguarding, whistleblowing and complaints procedure and respond swiftly to any concerns they have around the needs of their service users and we include contacting relatives, district nurses and GP's when needed.' This meant systems and processes were in place that helped to keep people safe from harm and abuse.

People told us they received a consistent service from regular care workers. One person said, "I see the same faces; it's much better than the previous service as I never knew who would turn up, but I do now". The registered manager confirmed they did not use any agency staff. Care workers told us, "We work in pairs and if one of us is away from work the manager steps in". They said, "We have plenty of time to travel between calls and long enough at the call to spend time with the person, have a chat and a bit of a laugh; it's not just task orientated". The registered provider used an electronic call monitoring system. This meant care workers rang a number once at a person's home and again when they left. This in turn flagged up any late calls or non-attendance on the registered manager's computer and enabled them to cover the call or advise people when the care worker may be running late. The system also ensured care workers stayed for the full duration. The system was monitored out of normal working hours by the person on call. This was confirmed on the PIR which stated, 'Angelcare monitor visits out of office hours, and the person on call ensures all the visits have been undertaken.'

The registered provider had a robust recruitment process. Checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. These checks help employers make safer recruiting decisions and help to minimise the risk of unsuitable people working with children and vulnerable adults. It was clear that these checks had been undertaken and that the registered provider had received this information prior to the new employees starting work with the service.

The registered provider had a medicines policy and procedure in place that followed guidance in best practice. Along with training in medicines management and administration, we were assured care workers had the skills and knowledge to help ensure people received their medicines safely as prescribed. The registered provider told us on the PIR, 'Staff are provided with training on medication and are supported by staff, who are knowledgeable and are aware of how to work with health to ensure that a person's needs are met'. The registered manager told us, "We are introducing spot checks to ensure care workers are competent in this area of their work".

People received an initial assessment of any support they required with their medicines. Care plans included a risk assessment that recorded detailed information about any pre-assessed support that people required to take their medicines as prescribed. They also documented any issues with dispensing, collecting and disposal of medicines and this was reviewed.

Where people required support with taking medicines we observed care workers wearing personal protective equipment (PPE) such as gloves and providing a glass of water to help the person swallow their medicines. Workers only recorded the person had taken their medicines after administration.

A daily notes diary included a Medication Administration Record (MAR). This meant that recording of people's medicines was completed and checked when the final notes for the visit were updated. The registered manager told us, "We train our care workers to circle the 'Yes/No' box and record in the MAR". They continued, "The 'Yes/No' box is an added extra because we know that care workers get distracted and reporting errors occur". We looked at MAR's for two people. We found one was completed correctly however; the second had gaps where care workers had not signed to confirm the person had received their medicines.

A care worker told us that relatives were responsible for some administration of the person's medicines and that they did not always complete the MAR. We spoke with the registered manager about this and they told us the gaps had been picked up as part of a recent audit. They showed us that, although the MAR had not been signed, the daily notes had been circled to confirm medicines had been administered. We saw, as a result of the audit, the registered provider was addressing the MAR omissions with care workers at the next staff meeting. The person's care plan was being updated to ensure where relatives administered medicines these were recorded and checked by care workers at their next visit. This meant people were supported to take their medicines safely as prescribed and that this was recorded and reviewed.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks. For example, control of substances hazardous to health (COSHH) at the person's home and any risks in and around the person's property were documented and reviewed. Risk assessments had been completed to enable care workers to provide people with support and care appropriate to their needs and without unnecessary restrictions in place. We saw these included diet and nutrition, moving and handling, medication, aids and appliances and falls.

The registered manager showed us a business continuity plan which provided detailed information to maintain services should there be an emergency situation.

The registered provider had systems and processes to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence.

Good

Is the service effective?

Our findings

People we spoke with told us they thought care workers had the necessary skills and knowledge to meet their needs. One person said, "I don't have to worry, they [care workers] know what they are doing and they understand what I want and how to provide it". People told us they had regular care workers who they knew well. People said, and our observation confirmed, that they got on well with the care workers that visited them. People's needs were assessed by the registered provider and this information was recorded in their individual care plan.

All care workers confirmed they had completed an induction to their role. A care worker said, "The induction was quite hefty and included information about our role, expectations, the organisations policies and procedures, and a range of training that included safeguarding, health and safety and moving and handling". They continued, "It was very comprehensive and lasted over a week". Another care worker told us, "The induction was one of the best I have been on with a care provider; it included communication skills, where we focused on working with and how to understand the people receiving a service". And, "We shadow existing care workers when we first start our role, this can be any length of time until we are confident to attend a call on our own".

We looked at the training records for three care workers. We saw they had completed the induction programme and additional training to complete 'The Care Certificate'. 'The Care Certificate' is a set of basic but fundamental standards for social care and health workers to adhere to in order to provide safe and compassionate care. A care worker told us, "There is a lot of training available, not just the regular training like safeguarding and medication but also other training to meet people's individual needs". They said, "For example, I completed pressure ulcer prevention and basic life support training". The registered manager told us they provided training at another service in the organisation. They told us once refresher training was due this would be routinely completed. At the time of our inspection this was not required as care workers had been employed less than a year and their training was up to date.

Care workers we spoke with told us they felt supported in their role. The registered manager told us all care workers received regular supervisions which would lead to an annual appraisal at the end of each year. We saw this information was recorded in the files for care workers that we inspected. The registered manager told us they recognised the importance of spot checks that ensured care workers had the competencies in place to provide safe care and support in line with best practice. They said, "Now care workers have completed their training, we need to complete a programme of spot checks to make sure they are applying the skills they have learnt in theory to their practice". This meant care workers received appropriate training and were supported to carry out their role effectively.

Care workers had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People

can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care, applications to legally deprive a person of their liberty must be made to the Court of Protection.

We checked and found the service was working within the principles of the MCA. At the time of our inspection the service had not needed to make any applications to the Court of Protection.

A care worker told us how one person had vascular dementia. The person's care plan included an assessment that recorded this and also as a result the person, 'had some confusion at times but was able to make some decisions'. The care worker told us, "We have to be patient but [Name] is able to make decisions. For example, what they want for their lunch, and they can agree to take their medicines". They said, "We record any changes in their capacity and we would contact the community mental health team if we need to make a referral for any further assessments". This meant people were assumed to have capacity unless assessed as otherwise and were supported to make their own decisions.

People consented to care and support from care workers by verbally agreeing to it. Care workers confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. We found people had been involved in their care plans and they had signed their consent as part of their contract in place to provide them with a service. During our inspection we observed care workers discussing the care and support they were providing to people in their own homes and we saw they always asked if people were happy with, understood and agreed to what they were doing. People responded positively and where they were provided with choices their responses were acted on.

People were supported to eat and drink healthily. One person showed us a shopping list they had prepared for care workers to buy the food and drinks they wanted. They said, "The care workers know what I like and they make sure I have a drink available before they go". A care worker we asked told us, "I don't visit anybody with any specific dietary needs but that information would be recorded in their care plan as part of their assessment". They said, "One person did have a visit from the speech and language team (SALT) to assess their needs to make sure they could swallow their food without choking". They continued, "They were put on a soft food diet and had to sit in a certain way at meal times; we always request support from other health professionals where it is needed". People we spoke with confirmed they were supported to access a GP or other health professional should they need to.

Good

Is the service caring?

Our findings

People we spoke with expressed the view that they were well cared for. Comments included; "The care workers look after me really well; I feel very well cared for". And, "I have got to know them now, and they know me and how I like things to be done".

Care workers understood the importance of respecting people's privacy and dignity. A care worker told us, "It's important we respect people's privacy, this is their home and we should treat people as we would want to be treated in our own home". They discussed how they ensured people had warm towels ready and clothes of their choosing when providing personal care such as bathing. The registered provider told us on the PIR, 'Care workers ensure that they maintain the appropriate level of privacy to make sure that dignity is maintained appropriate to the care that is being delivered.' The registered manager confirmed, "We are a caring company and we like to think our care workers go the extra mile for people, it's basic care and we reinforce this during the induction programme and at supervisions".

We observed care workers interacting with people in their own homes. We saw care workers were polite and sensitive to people's needs. For example, they knocked on people's front doors and announced who they were before entering. Care workers addressed people how they wanted to be addressed and approached people at eye level. We observed a care worker who gave a reassuring hand as they asked one person how they were and if they had any concerns before starting their activities. Care workers were considerate and responded to people's preferences by, for example, providing food of their choice.

During interactions with people we noted care workers would chat about what they wanted to do or about their families and histories. It was clear they knew about the people and their likes and dislikes. Care plans included this information and a care worker told us, "I wish I had more time to spend with people, it's so interesting to find out about their past lives".

Care workers had developed positive relationships with people and it was clear people valued this. We observed a person had swollen legs and their slippers were a tight fit. The care worker discussed this with the person and they suggested changing the footwear for warm socks. The person agreed to this and was made much happier and comfortable. The care worker said, "A chiropodist visits [Name] but I just want to make sure they are comfortable".

Care plans recorded people's preferences and any diverse needs. We saw any religious or cultural needs were recorded where the person had provided this information and should they have a preference for a male or female care worker this was documented. The registered manager said, "If people are more comfortable with a male or female care worker then we will ensure this is put into place".

People were promoted to live as independently as possible. Care plans included areas of care and support people required help with and this information detailed what the person could manage independently and what they needed support with. For example one care plan recorded, '[Name] is independent with washing their upper body but care workers need to assist with their bottom half", and, "[Name] has a friend who

helps them with shopping and light domestic duties".

Care workers told us how they maintained people's confidentiality. A care worker said, "People discuss all sorts of things with us, we can be the only person they see all day and it is important that we do not discuss with or chat to others about anything we are told; unless it is of concern or if the person is at risk of harm". They said, "If I was told something of concern I would discuss it with the person to work out the best way forward". People confirmed they enjoyed the conversations they had with care workers.

People's preferred methods of communication were acknowledged in their care records. For one person, care workers were made aware the person wore glasses but had good hearing and another care plan recorded the person simply liked to be spoken with. Care workers told us, "Care plans include information about how to address people but it soon becomes clear once we get to know them". The registered provider told us on the PIR and the registered manager confirmed, 'If required we offer to read out documentation to them [people] or provide documents in Brail and other languages.'

Good

Is the service responsive?

Our findings

It was clear from our observations and from talking with staff and people receiving a service that the care and support provided was centred on the individual person. People we spoke with were happy that care workers understood how to meet their care and support needs. Everybody who received a service had a care plan in place. The registered provider told us on the PIR, 'Angelcare ensure that service users are at the heart of the creation of their own care plan and are fully involved in making decisions and planning their own care.' We saw regular reviews were carried out and people using the service were involved in these. This helped to ensure that the care provided was consistent and met people's changing needs.

We looked at five care plans and saw they included a one page personal profile that recorded the person's name, contact details, health concerns, (for example, known allergies and medical history) and information on other health professionals involved in their care such as their GP, community nurse and details of their next of kin. This ensured individuals involved with the person's care had access to information to assist them to help people remain safe and well. This information was available should it be required in an emergency situation or to transfer between services, for example during a hospital admission.

The registered provider told us on the PIR, 'Angelcare listen to their service users and ensure that we provide support to them in the way that they want to be supported'. We saw information in people's care plans was well organised and provided quick access to information that helped to ensure the person received holistic care and support appropriate to their needs. This included, for example, information on the person's continence and if the person had a catheter, information about mobility, dexterity, tissue viability, specialist input, and behavioural issues. We saw this information had been completed with and agreed to, by the person.

Other records provided information on people's life history and a document was included that provided a 'Task schedule' for care workers to follow. A care worker told us, "Care plans include good information to enable us to make the best use of our time; they provide clear direction on what tasks we need to do at each visit and also a background on the person". They continued, "After reading them we can get on with providing good care and support that is responsive to people's needs.

We saw from a monthly newsletter the registered provider had links with day centres and provided information on how people could arrange to attend. Information in care plans was available that recorded people's daily activities and interests. One care plan recorded the person went out with friends twice a week and had visitors on a daily basis. Our conversations confirmed people's preferences and interests in their chosen activities were supported. For example, a care worker discussed with us how a person enjoyed art work but their ability to paint had reduced due to deteriorating health. The person showed us a colouring book the care worker had bought for the person and how they had completed sections both with the care worker present and when they were on their own. The care worker told us, "[Name] has a real passion for art and the colouring book is one way they can still get to enjoy this activity".

Support was available to the people we visited at all times and this was recorded in their care plans. We

observed people had a pendant they could use to call for support should it be required for example, due to a fall. One person told us, "I don't have to wait long for someone to respond if I need help; I wear it all the time and just press the button". A care worker confirmed, "The pendants are helpful, they provide added security and help for people should they require it".

The registered provider had systems and a policy in place to respond to any complaints. Information and guidance was available in the statement of purpose which was available in people's care files in their home. We saw from records held that there had been no complaints made to or about the service. However, the registered provider showed us a 'complaints investigation' form that, when required, enabled the registered provider to record, investigate and implement outcomes and learning that would be used to help prevent re-occurrence. Care workers confirmed they routinely encouraged feedback from people and could identify if a person was not happy with anything by their mood or body language. A care worker said, "We would probably deal with most situations as they happen but if someone wanted to raise a formal complaint we would speak with the manager and help the person through the process".

Good

Is the service well-led?

Our findings

Everybody spoke positively about the way the service was managed. One person said, "I am very lucky to have Angelcare as my care provider, I wasn't happy with my previous care service and this one couldn't be more different". They continued, "The care workers are really good – no complaints and the manager often pops in and has a chat". Care workers told us they felt as though they were valued employees and had no concerns with how the service was managed. A care worker said, "I am very happy to be working for Angelcare, we are small like a family and we provide a great service for people". Another care worker said, "We are lucky to have a good manager, we can share and discuss anything, they are responsive and I feel valued".

The registered provider had systems and processes in place to ensure everybody was kept up to date with any changes. Care workers told us they would like more regular staff meetings as they valued the opportunity to discuss different ways of effectively working with people, what works and what doesn't. A care worker said, "We are updated with information, both about people and the service". And, "Sometimes it is passed via our colleagues but I would prefer it if all the information was communicated directly, for example, through supervisions or team meetings". The registered manager told us, "We are a small team and still developing the service and as such we share information at team meetings, one to ones and by individual and group emails". We saw an agenda for the next team meeting with items for discussion that included medication, quality assurance surveys and outcomes, Care quality Commission (CQC) inspection and supervision meetings. A newsletter published for circulation in March included further information about the service and this was targeted at informing people who received their care and support from the registered provider.

There were sufficient care workers on duty to meet people's individual needs. Staff understood their levels of responsibility and knew when to escalate any concerns. The registered provider told us on the PIR, 'Angelcare managers are aware of the requirements of submission of statutory notifications and all other legal obligations.' This was confirmed by the registered manager who had a good understanding of their role and responsibilities. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. At the time of our inspection the registered manager had not needed to submit any notifications.

People were central in shaping the care and support they received. The registered provider involved people in their care planning and reviews and only considered accepting people into the service once it was established their needs could be met. A survey had been completed with people to gauge their feedback. The registered manager said, "We regularly ask people about the service they receive and we will continue to ask for the feedback through surveys at least annually". The survey was sent out to everybody receiving a service and seven people had responded. The survey asked people what they thought of their care, the agency and overall service performance. All respondents thought the service areas were good, very good or excellent and no negative feedback was received.

The registered provider completed quality assurance checks on the service. This included audits of care plans. We evidenced that care records had been reviewed and updated as people's needs changed. The operations manager told us, "We aim to complete all reviews at least annually but will update a care plan if requested to do so or when people's needs change". We saw audits were also completed for the administration and management of people's medicines. This was in development but had highlighted some omissions in recording that we had also identified. Actions had been implemented that helped to mitigate further re-occurrence. This meant the registered provider had systems and processes in places to maintain the quality of the service and to implement improvements should they be required.

We saw from care plans that the registered provider worked effectively with external agencies and other health and social care professionals to provide consistent care, to a high standard for people. The registered manager told us how they had strong links with the City of York Council, GP's, day care services and other health professionals involved in peoples care and support. We saw people's records in the main office included an assessment of each person's needs by the local authority. The registered manager said, "Where we contract with the local authority they provide us with some background information on the individual person, this is useful to start the care we provide, but we always complete our own records because people's needs change".