

## Intercare Services Direct Limited

# Intercare Services

### Inspection report

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05 September 2017

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

Intercare Services is a domiciliary care service registered to provide personal care. The service office is based in the S10 area of Sheffield. Support is provided to younger adults and older people living in their own homes in Sheffield. At the time of this inspection 141 people were supported by the agency.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Intercare Services has been operating for a number of years. Change of address and change to the named provider resulted in a new registration. This is the services first inspection under these changes.

In April 2017 the service obtained a new contract of work that resulted in staff and service users transferring from an agency that had closed. This resulted in Intercare services doubling in size.

The inspection took place on 4 and 5 September 2017. We gave the registered manager 48 hours' notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

In the main people spoke positively about the support provided to them. They told us they felt safe and their care workers were respectful and kind.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures ensured people's safety was promoted. However, whilst records held detail of previous employment, some recruitment records seen did not provide a satisfactory explanation of gaps in employment. These were obtained and recorded during the week of this inspection.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Staff were provided with relevant training so they had the skills and knowledge they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Intercare Services.

Visit times were flexible to support people's access to health professionals to help maintain their health.

People were encouraged and supported to maintain a healthy diet which took into account their needs and preferences, so their health was promoted and choices could be respected.

Staff knew the people they supported well. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People said they could speak with their care workers or the registered manager if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

## 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.

Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration and disposal of medicines.

Gaps in staff recruitment procedures had been rectified to promote people's safety.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with training, supervision and appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People had consented to the support provided by Intercare Services.

Staff supported people to eat a balanced diet to maintain their health.

### Is the service caring?

Good ●

The service was caring.

People told us care workers were caring and kind.

People were supported to contribute to their support plan.

Staff respected people's privacy and dignity and knew people's preferences well.

### Is the service responsive?

Good ●

The service was responsive.

People's support plans were reviewed and updated as required.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an experienced registered manager in post.

There were quality assurance and audit processes in place to make sure the service was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

# Intercare 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 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 at Intercare Services on 4 and 5 September 2017 and was announced. This was the first inspection of the service. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

At the time of this inspection Intercare Services were supporting 141 people who wished to retain their independence and continue living in their own home.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the last inspection including notifications of incidents that the registered provider had sent us.

On 4 September 2017 we visited four people who received support at their homes to ask their opinions of the service and to check their care files. Whilst on visits we also met with one relative and spoke with one member of staff.

On 5 September 2017 we visited the agency office and spoke with the registered provider, registered manager, and two care coordinators. We also spoke with four care workers who visited the office to speak with us.

During the two days of this inspection we telephoned 21 people who received support and managed to speak with 11 people receiving a service, or their relatives, to obtain their views.

We reviewed a range of records which included care records for seven people, four staff training, support and employment records and other records relating to the management of the domiciliary care agency.

# Is the service safe?

## Our findings

People receiving support told us they felt safe in their homes with their care workers. Comments included, "I always feel safe," "I trust them [staff] completely" and "They [staff] are lovely, like family. I definitely feel safe with them." The relative we spoke with during a home visit felt their family member was safe with staff from Intercare Services.

One person spoken with shared a concern about a specific member of staff. The person emphasised they were happy with the service provided. With their permission we shared this information with the registered manager, who had not been aware of the person's concern. The registered manager acted immediately to respond to the person's concerns and liaised with other professionals in line with safe procedures. This showed that, once the information was known, full and safe procedures were adhered to.

All of the staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. Staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified the majority of staff had been provided with relevant safeguarding training. The registered manager had identified a few staff who had transferred from another agency were overdue safeguarding refresher training, in line with the registered providers policy of an annual refresher. The registered manager had made sure identified staff were reminded to undertake this training. We saw records of staff rotas showing refresher training had been booked on the staff work schedule. This would ensure that full and safe systems remained in place to promote people's safety and wellbeing.

The service had a policy and procedure in place to support people who used the service with their personal finances. The registered manager informed us the service only handled money for two or three people, for example when food shopping for them. We found that records of each transaction had been completed. We checked a financial transaction record in a person's home and one at the services office. We saw that transactions had been signed by staff and the person receiving support. One record did not hold the person's signature on every transaction and staff had not detailed that the person was unable to sign. The records checked showed that relevant receipts had been retained. We saw checks of the records to make sure safe procedures had been adhered to. These procedures helped to ensure people were protected from financial abuse. We found financial transaction sheets were returned to the office for auditing once the sheet was completed. This meant that several months could pass between audits. We saw systems would be more



robust if financial transaction records were returned to the office on a more frequent basis so they could be audited more regularly. We discussed this with the registered manager who gave assurances that financial transaction records would be returned to the office more frequently to make sure they were audited regularly.

All of the staff asked said they would be happy for a relative or friend to be supported by Intercare Services and felt they would be safe. Comments included, "100 per cent, I know they would be safe" and "I would be happy for my family to have care from us [Intercare Services]. I know they would be all right."

We asked people about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "They [staff] help me with them [medicines]. I always get them on time," "They [staff] supervise my medication to make sure I'm taking the right things at the right time," "I'm very lucky that I have the same carers all the time unless they're on holiday. They always come at the same time because it's organised around when I take my medication" and "I've no worries about that [medicines], they [staff] always give me my tablets. They [staff] know where they are and make sure I get them." A relative told us, "They [person receiving support] get their medication on time and regularly four times a day and they [staff] always fill in all the paperwork."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We checked three people's Medication Administration Records (MAR) and found they had been fully completed by staff to show when medicines had been administered. One person's record held a few gaps. The person explained that they had taken their own tablet and had not signed the chart. They confirmed that staff always signed when they gave them their tablets. We found the medicines kept corresponded with the details on MAR charts.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the care coordinators also regularly observed staff administering medicines to check their competency. We saw regular audits of people's MAR's were undertaken to make sure full and safe procedures had been adhered to. Where any errors had been identified this was discussed with the relevant staff.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection 141 people received a service and 70 staff were employed. Staff told us they had regular schedules unless it was their role to cover sickness and holidays. People receiving support told us they had never had a missed visit and on the whole staff stayed for the agreed length of time. This showed that sufficient levels of staff were provided to meet people's identified support needs.

We asked staff about the levels of staff provided. All of the staff spoken with thought enough staff were available.

We looked at the procedures for recruiting staff. We checked four staff recruitment records. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in place helped to keep people safe. Three of the files

checked detailed some employment history, but some gaps had not been explained. We discussed this with the registered manager who obtained the relevant information and amended the records during the week of this inspection. The registered manager provided us details of previous work history, which showed that some staff had been self-employed and had therefore not recorded any names of employers. The registered manager gave assurances that they would complete a full recruitment file audit to ensure all files contained explained gaps in employment by the end of September 2017.

We looked at three people's support plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments were relevant to the individual and promoted their safety and independence.

We found staff had completed fire training so that they had the skills and knowledge to support people in an emergency.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures. People and relatives we spoke with did not have any concerns about infection control.

## Is the service effective?

### Our findings

People told us the service was reliable and staff stayed as long as they should. People told us they had regular staff and had never had a missed visit. Comments included, "They [staff] are all right. My carers look after me fine and they know me. I have a regular team and they are lovely," "They [staff] occasionally run a bit late, but always let me know," "I've had help from them [Intercare Services] for years. They are very reliable and I have a regular group of carers. They are lovely," "They [staff] always arrive on time," "They [staff] come twice a day and they always arrive on time. They're very punctual," "The Carers are not always on time, but very rare that they're very late, just a few minutes here and there" and "They're [staff] more or less on time, just little hold-ups. They've never been very delayed so never needed to phone." One relative we spoke with felt their family members shorter lunch time call, assessed as needed by the local authority, was not long enough.

One person receiving support told us two staff did not use their phones to log times in and out, and felt they did not always stay the full time. They did say they provided the support they needed. We discussed this with the registered manager who informed us an electric call monitoring (ECM) system had recently been introduced and all staff now had to log their calls, so this would no longer be an issue as planned versus actual visit times would be recorded and monitored.

At each person's visit staff recorded the date of the visit, arrival time, finish time, tasks carried out and support provided in their visit record sheet. Staff then signed the record. Record sheets we looked at showed visits were generally at the agreed time and staff stayed the agreed length of time at each visit.

Staff told us they were provided with a regular schedule so that they got to know the people they were supporting. One member of staff told us they did not have a regular rota as they covered sickness and holidays, but they enjoyed doing this.

People we spoke with told us they thought staff were well trained and performed their jobs well. Comments included, "They [staff] are lovely, really good," "They [staff] know their job. They are good at what they do," "There's never a necessity to ask them [staff] to do anything else because they do it all without needing prompting" and "The ladies [staff] are really nice. We soon get someone if they are running late. They sort out any hiccups." A relative of a person receiving support commented, "They [staff] are all really good. I would recommend them. They were recommended to us."

We checked the staff training matrix which showed staff were provided with relevant training. Staff spoken with said they undertook induction training to make sure they had the right skills for their role. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The registered manager had identified a few staff who had transferred from another agency were overdue some refresher training, in line with the registered providers policy. The registered manager had made sure identified staff were reminded to undertake this training. We saw records of staff rotas showing refresher training had been booked on the staff work schedule. . The matrix also showed training in specific subjects were also undertaken, for example, training on mental health awareness and dying and bereavement. This meant staff

had appropriate skills and knowledge to support people.

Staff spoken with said the training was "Good." One staff member told us, "The training I've had has made me confident in my job."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The records showed staff had been provided with regular supervision for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported. The records seen showed that staff were provided with annual appraisals. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role.

We asked people about support with healthcare. People told us that the service was flexible and accommodated their visits to healthcare professionals so that their health was maintained.

The care plans checked showed people's dietary needs had been assessed and any support they required with their meals was documented. One person told us, "They [staff] always make sure I have a drink to hand and I get my meals." Another person told us, "I have to have help to cut up my food. The staff in the week are great, but the weekend staff are a bit rough. They don't always cut up my food." With the person's permission we spoke to the registered manager who contacted the person and made sure a file note was placed on the electronic records staff receive with their schedule to remind staff to cut up food.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

Staff we spoke with understood the principles of the MCA. This showed staff had relevant knowledge of procedures to follow in line with legislation.

People told us they felt consulted and staff always asked for consent. The care plans checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

When people were asked if they were kept informed about changes. People told us they were, but also said, "I know when my regular's come. Sometimes I don't know who will be coming at weekends" and "Yes the

office keeps in touch if they need to."

## Is the service caring?

### Our findings

All the people receiving support and the relative we spoke with made positive comments regarding staff. Their comments included, "They are all right. The carers look after me fine. They know me. I have a regular team and they are lovely," "The carers are very good. They look after my well being. They couldn't do more for me," "If I am in pain with my (medical condition) the carers always understand. They have a nice chat with me and it cheers me up," "They [staff] do a damn good job. It's marvellous that we've got such a good service. We know that they're there if we need them for advice or anything at all. Its good support for us" and "It sounds perfect but that's because it is. If I wasn't happy, I would say, but I'm highly delighted with the service."

People told us they were involved in writing their care plan and they told us that someone from the office had visited them to talk about their support needs. Comments included, "Someone, the other week, came out to ask how things were going and check the care plan was up-to-date," "They [office staff] occasionally come to check that the package is still as required" and "A lady [Name of staff] came yesterday to review my care plan and check how things were going."

People receiving support told us that staff were respectful and maintained their privacy. Comments included, "They [staff] are very respectful," "It's not nice having to have your bits out, but the staff are very respectful and keep my dignity," "They [staff] give me a strip wash and help with toileting. They're always respectful and put me at ease by chatting to me all the time," "[Name of relative] gets very good personal care. They're [staff] very nice and friendly and we class them as our friends now" and "The Carers are polite, not too intrusive and like to chat as do we."

The service had relevant policies in place to advise staff on confidentiality and data protection. All of the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support told us their care workers never discussed anyone else they were visiting with them. This showed that people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the appropriate people and only limited information regarding visit times and people they would be visiting was sent to staff via their phones. This promoted people's privacy.

We spoke with staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook.

Staff we spoke with were motivated. They could describe how they promoted dignity and respect and were caring and compassionate in their approach. Staff were proud of the service and told us, "I love my job" and "I really enjoy it. We give really good care."

We looked at people's care records during the home visits and during the visit to the Intercare Services

office. The care records showed people supported and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing that people agreed to their planned care and support. Each care plan contained some details of the person's care and support needs and how they would like to receive this. The plans gave some details of people's preferences so that these could be respected by care workers.

At the time of the inspection no one was being cared for at the end of their life. The registered manager told us if they were approached to care for a person who was at the end of their life they would involve a multi-disciplinary team of healthcare professionals and work together to plan care and support in line with the person's personal wishes.

## Is the service responsive?

### Our findings

People receiving support and their relatives we spoke with all said they could talk to the registered manager and other staff at any time. People told us they knew who to speak to if they needed to raise any concerns or a complaint. Their comments included, "I have no worries at all," "I get a really good service and have no worries," "I've got the phone numbers for the office and they always answer when I call," "I've no concerns at all, but I would ring the co-ordinator if I needed to complain about anything," and "[Name of family member] has never had any complaints, but if they did they would tell me first and I would report it for them" and "I've never had any concerns or complaints, none whatsoever."

Staff we spoke with said the registered manager and other senior staff were accessible and approachable and dealt effectively with any concerns they raised.

People we spoke with said the service was flexible to suit their needs. One person said, "I have [a regular event] every Sunday. I told [Name of registered manager] and they sorted it out so my carers come a bit earlier. It works great." A relative commented, "We've got the phone numbers for the office and when we need to change something it is always dealt with pleasantly. They are happy to fit in with our requirements."

We looked at the registered providers complaints, suggestions and compliments policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally, for example the local government ombudsman and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service.

The registered manager informed us the service had no complaints at the time of this inspection. They gave assurances that any complaint received would be recorded, along with the actions taken and the outcome of the complaint. One previous record seen showed the complaint had been fully investigated by the registered manager and care coordinator and action taken to resolve the complaint was recorded. This showed that any concerns or complaints received would be listened to and taken seriously.

People's care plans contained some information about their care and support. These were regularly reviewed and updated in line with the person's changing needs. Whilst the care plans seen contained information about people's support needs, this was limited and did not fully reflect people's individual needs and preferences. For example, one care plan stated "Assist to wash on the bed." Another care plan stated "Morning call for personal care." The plans did not fully explain how this support was to be delivered and did not describe the person's preferences. The care plans seen would benefit from further detail to ensure people's individual needs and preferences were known and respected. We discussed this with the registered manager who gave assurances care plans would be checked and further detail added where relevant.

One care plan checked contained clear detail of the actions required of staff to support a specific medical



condition. This showed that this person's individual and diverse needs were known and met.

People receiving support and their relative we spoke with were aware they had a care plan and felt they were involved with their care and support. People told us they had been consulted by the registered manager and staff in subsequent reviews of their support and the support plans. One person told us, "They [staff] come from the office to talk about what I need to check everything is all right."

Staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs which enabled them to provide a personalised service.

With people's permission we shared some of their views with the registered manager. The manager telephoned some people using the service to further discuss their wishes and preferences so they could be respected. This showed a responsive approach.

## Is the service well-led?

### Our findings

The manager was registered with CQC.

Staff spoke positively about the registered manager. They told us the registered manager was approachable and supportive. Their comments included, "I can go to [Name of registered manager] if I have any problems. [Names of new directors] seem friendly as well," "It's really good at Intercare. Everything fit into place and there is more of a routine [than my previous care company.] It seems more organised. The manager is all right. I could approach them if I needed to. It feels like a little family" and "The manager is very good, very flexible to support me." One staff member felt the registered manager could be more supportive regarding a specific personal issue, but told us they had no other concerns and had spoken to the registered manager about this.

We found a welcoming, inclusive and positive culture at the service that was encouraged and supported by the registered manager. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to be supported by the service. One member of staff told us, "I would be happy for any of my family to be supported by Intercare. My [relative] was supported by us." Staff told us there was always a good atmosphere at the service. Their comments included, "I love my job," "I've no concerns or worries about working for Intercare. It is a good team. We work well together and we share work," "I would be 100 per cent happy for my family to get support from here. The carers are really good. They go above and beyond" and "I'm quite proud to work for Intercare. I've seen it grow to what it is now. We have got a good reputation. We have had some service users for a long time and they are very happy with us. We deal with problems and keep people as happy as we can. Some staff have been with us a long time. We've got good carers."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering aspects of the running of the service. Records showed the registered manager and care coordinators undertook regular audits to make sure full procedures were followed. Those seen included care plan, finance and medication audits. All of the care plans checked had corresponding 'Report Book Audits' held at the office. These audits covered diary log, financial records, meal and skin care records and MAR checks to show that senior staff had audited these to make sure full and safe procedures had been followed. As part of the quality assurance procedures, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support. All the staff files we looked at had records of 'spot checks' of staff's practice.

We found questionnaires had been sent to people receiving support and their relatives in April 2017 to formally obtain and act on their views. We found ten completed surveys had been returned and the results of these had been audited. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. The registered manager had

recorded any actions taken to address any concern. For example, one person had asked if it would be possible to receive a call to let them know if their carer was held up. The registered manager had recorded that they were monitoring the person's visit times and had informed care coordinators to let the person know if a care worker ever ran late.

Records seen showed staff meetings took place to share information. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

We saw policies and procedures were in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.