Mears Care Limited

Mears Care Leicester

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 4 April 2016 and the visit was announced. We gave notice of our visit because we needed to be sure somebody would be available at the office.

Mears Care Leicester is a domiciliary care agency that provides personal care support in people's homes. At the time of our inspection 90 people were receiving care and support.

It is a requirement that the service has 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. The service had a registered manager in place at the time of our inspection.

People told us that they felt safe. Risks to people's health and well-being had been assessed and staff knew how to keep people safe. Arrangements were in place to carry out safety checks of people's homes and equipment to keep them safe.

Staff knew about their responsibilities to safeguard people from abuse. They knew how to report any concerns and had received training in keeping people safe. There were plans for staff to follow to keep people safe during an emergency.

People were satisfied that their care and support calls were on time and from a consistent staff team. Staff generally felt that they had enough time to carry out the care and support required of them.

People were being supported by staff that had been checked before they had started to work for the provider. This had helped the provider to make safer recruitment decisions. Where we saw that a recheck was missing for a staff member, the registered manager dealt with this promptly.

Where staff supported people with their medicines, this was undertaken in a safe way. Staff received training and on-going guidance to make sure they were handling medicines safely.

People were receiving care and support by staff who had the required skills and knowledge. Staff had received regular training in areas relevant to their role. For example, staff had received training in the safe moving and handling of people.

Staff had received an induction when they had started to work and knew about their responsibilities. They had received regular guidance and support from the registered manager or their supervisor. Staff had opportunities to discuss with the registered manage or their supervisor areas for improvement and they received feedback on their work.

People were being supported by staff who understood the Mental Capacity Act (MCA). Staff were able to describe how they offered choices and supported people to make decisions about their own care and support. The provider had a process in place for assessing people's capacity.

People were being supported to remain healthy. Staff knew how to do this and information about people's health needs was available in their support plans. Where there was concern about people's health, staff knew what to do and took the appropriate action.

People were offered care and support by staff who cared. Their dignity and privacy was being respected and their confidential and sensitive care records were being stored safely.

Staff knew about people's preferences and they were being supported to remain as independent as possible by staff who knew how to do this. This meant that people were receiving care and support based on their preferences and abilities.

People had contributed and had been involved in planning and reviewing their care where they could. Staff had up to date information about people's care and support requirements because regular reviews had taken place.

People received a service that was largely flexible and responsive to them. The timings of calls could be altered to meet their individual requirements. However, it was not always clear about people's wishes for resuscitation.

Advocacy information was not being made available to people. The registered manager told us that they would consider how to let people know about services that could help them to speak up if they required this support.

People knew how to make a complaint. Feedback about the quality of the service offered had been sought.

People, relatives of people receiving care and support and staff told us that the service was well-led. There were opportunities available to them to give ideas for improvements to the provider.

Staff told us, and we saw, that they were supported and were clear about their roles and responsibilities. They received feedback on their work in order to improve the quality of the care and support offered to people.

There was a registered manager in place who understood the requirements of their role. They had worked with the provider and staff team to regularly assess the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were being protected from abuse and avoidable harm by a staff team that knew about their responsibilities.

The provider's recruitment process was thorough and resulted in staffing levels that could meet the needs of the people the service was supporting.

People received safe support with their medicines when this was needed.

Is the service effective?

Good

The service was effective.

People received care and support from a staff team who had received regular training and guidance.

People's consent to their care and support had been gained and staff knew how to support people to make decisions.

People's health was being supported by staff who knew how to report and act on any changes to their well-being.

Is the service caring?

Good

The service was caring.

Staff were caring and protected people's privacy and dignity.

Staff knew about people's preferences and how to support them to stay as independent as possible.

People were involved in planning their own care and support where they could. If people required advocacy services, information had not been made available to them.

Is the service responsive?

Good

The service was responsive.

People contributed to the assessment and review of their care needs where they could. They received support based on their preferences and care and support needs.

People knew how to make a complaint and they had opportunities to offer feedback to the provider.

Is the service well-led?

Good

The service was well led.

Staff were supported by the registered manager and knew about their responsibilities. Opportunities to give suggestions about the service to improve were available to them.

The registered manager was aware of their responsibilities and had made arrangements for the quality of the service to be checked.

Mears Care Leicester

Detailed findings

Background to this inspection

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

The inspection took place on 4 April 2016 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that someone would be available when we visited. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has had personal experience of either using services or caring for someone in this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also sought feedback from the local authority who commission and monitor services to give us their view of the care and support that had been provided.

During our visit to the provider's office we spoke with the registered manager, a care co-ordinator and two senior carers. After our visit, we made telephone calls to 13 people who used the service and to the relatives of four others. We also telephoned three care workers because they were unavailable during our visit.

We looked at the care records of nine people who used the service and four staff files. We also looked at other records about the running of the service. These included health and safety and quality checks that the registered manager had arranged.

We asked the registered manager to submit documentation to us after our visit. This was in relation to the training staff had received, information about criminal records checking and the plan the service had for dealing with emergencies. The registered manager submitted these in the timescales agreed.

Good

Is the service safe?

Our findings

All of the people that we spoke with told us that they felt safe with the carers who provided the support. One person said, "They are always checking for pressure sores, and at the first sign they will call the district nurse in. They don't wait for things to go bad". Another person told us, "I've heard stories from others about poor care, but I don't have to worry about that from Mears. They're so good, and I'm completely satisfied". Staff members described how they had supported people to keep safe. One told us, "One service user had no hot water or heating when we arrived. I came back to the office and told the manager and we got it sorted out for them".

People were being supported by staff who knew their responsibilities to keep them safe from avoidable harm and abuse. Staff could describe the different types of abuse as detailed in the provider's safeguarding policy and knew to report concerns immediately. One staff member told us, "I haven't had to deal with this but if I had any concerns I would ring straight to the office". Staff told us that they had received training in the safeguarding of adults and records confirmed this. We saw that the registered manager had dealt appropriately with an allegation of financial abuse. They had investigated this alongside a social worker and carefully recorded all actions taken. In these ways people were being supported by a staff team who knew their responsibilities and took the appropriate action to deal with harm or abuse when necessary.

People were assessed where there were risks to their health and well-being. Staff had completed risk assessments when people had started to use the service in areas such as mobility and continence. The assessments were regularly reviewed and involved people in determining their level of risk where they could participate. We saw that these assessments aimed to reduce the likelihood of injury and focused on supporting people to retain their skills. For example, we saw that one assessment directed staff to make sure that a person used their walking frame and that staff were only to offer minimal support. In these ways people were being kept safe and their freedoms protected by having risk assessments in place that focused on their abilities.

People were being supported appropriately when an accident or incident had occurred. The provider had an accident and incident policy available for staff to follow. We saw that the registered manager had fully investigated any accidents or incidents that had occurred and took the appropriate action. For example, a bruise had been found by a carer and this had been reported by the registered manager to the local authority as a safeguarding concern. We also saw that the registered manager had reported to their head office a summary sheet of recent accidents. An action plan had been sent to the registered manager who was addressing the areas highlighted that required improvement. In these ways people could be confident that accidents and incidents would be handled appropriately.

People's homes and equipment were being monitored to keep people safe. We saw that there were environmental assessments in place that covered areas such as electrical appliances and how to shut off gas supplies. Walking frames and wheelchairs were regularly checked to make sure they were safe before people used them. In these ways staff were protecting people from unsafe equipment.

People would have been kept safe during an emergency. We saw that people had fire action plans in their case files. These directed staff on how to support people to evacuate their homes should they have needed to. The provider also had a plan of what to do for a range of emergencies. For example, there were plans for if there was a loss of staff due to sickness. This meant that people would have continued to receive support to stay safe should an unforeseen emergency have occurred.

People were satisfied with the staff that had supported them to keep safe. The people and relatives that we spoke with told us that the staff were punctual and reliable. Several people told us that if a carer was running late, the office staff would ring them to apologise. One person said, "We are never just left waiting, communication is very good". Staff felt that they generally had enough time to support people with their care and support. One told us, "It's alright, there could be a little more for one person. I've spoken to the manager who has contacted the social worker to look at it". Staff also told us that they covered for one another if there was any sickness or their colleagues were on holiday so that all of the calls to people were made. In these ways people were being supported by staff who were reliable and had time to complete their care and support tasks.

People received care and support from staff whose suitability had been checked prior to working for the organisation. One person told us, "They are very good at recruiting the right people". We saw that two references had been obtained for new staff and a criminal records check had been completed. Staff files contained evidence of these checks. These helped the provider to make recruitment decisions that were safe. The provider had a recruitment procedure detailing that criminal record checks would be updated every three years. We found for one member of staff that their last check was over three years ago. When we spoke to the registered manager about this they told us that they would look into why this had been missed. The day after our visit, the registered manager sent us information to show that a new check had been applied for.

People mainly managed their own medicines or their families helped them with this. Where staff did offer assistance, this was being handled safely. One staff member told us, "I sometimes prompt people to take it. I put the tablets in a cup and they take it. If I had any concerns I'd always report it". We saw that there was a medicines policy available for staff to follow. This detailed how to administer and prompt people to take their medicines as well as the procedures to follow for any errors. Staff told us that they had received training in how to handle medicines safely and records confirmed this. Staff had been regularly observed by their supervisor to make sure that any support given to people when receiving their medicines was safe. A staff member told us, "I completed a competency check at the weekend for a member of staff. I was checking that they were following the processes and wearing gloves. Anything that I can't observe I will ask them". We saw that records of the medicines people had taken were robust. In these ways people could be sure that staff knew about their responsibilities if they needed support to take medicines.

Good

Is the service effective?

Our findings

People were receiving care and support from staff who had the skills and knowledge appropriate for their job. One person told us, "Carers often tell us they've got a day's training booked – I think they're trained to a high standard". A relative said, "Yes, I think they're well-trained, even the 'first timers' who are new. They turn up knowing all about my wife's needs". Staff told us that they had received regular and comprehensive training. One staff member told us, "We get training. There are updates every six months". We saw that staff had recently undertaken training in the areas of health and safety and food hygiene. The registered manager had regularly checked staff members' competence in, for example, moving and handling people and infection control. Two members of staff were dementia champions. These are staff members who take the lead to support and guide the rest of the team in good practice when supporting people with this condition. In these ways people could be sure that staff had the right skills and knowledge to offer effective support.

We saw that people's support plans had detailed how staff with specific language skills had been matched to people who spoke community languages. We read, 'The regular carer must understand and speak Gujerati'. This meant that effective support could be provided to people.

People received care and support from staff that had received guidance on how to undertake their role effectively. Staff told us that their induction had been useful in helping them to understand their responsibilities. One staff member told us, "I had an induction that lasted about five days, it was really good. It covered all of the basic information that I would expect". We saw that new staff had completed an induction and that the provider was supporting people to undertake the Care Certificate. The Care Certificate aims to equip staff with knowledge to support them to carry out their duties effectively.

People's care and support was being monitored by the provider. Staff had met individually with the registered manager or a care co-ordinator to discuss their performance. One staff told us, "We have six monthly supervisions with the manager and then an appraisal. We also have spot checks and competency assessments". Records confirmed that these had all taken place. In these ways staff were receiving support to enable them to carry out their work effectively.

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 to see if staff were working within the principles of the MCA and found that they were. We saw that people had signed where they could to agree to their support plans. Where people could not sign to consent, it had been recorded that they had verbally request someone else to sign on their behalf. Where there was a legally appointed person in place to make decisions on behalf of someone, we found that this was recorded.

Staff told us that the majority of people could make decisions for themselves. Where people needed support to make decisions staff told us about their approach. One staff member said, "There are no concerns about anyone's mental capacity at the moment. One person has dementia but staff work well with her and are able to gain her consent as we know her so well". Another staff member said, "You can explain things to one person in a very clear way to help them to understand. If she gets more confused I would speak to the office". We saw that there was a mental capacity template available for staff to complete should they need to assess a person's ability to make a specific decision. This meant that people's ability to make decisions was being monitored.

People were being supported by staff who knew about their responsibilities under the MCA. Staff had received information during their induction about the MCA and we saw plans in place to provide formal training to all staff in this area. One staff member told us about their understanding and said, "It's (the MCA) there for when people can't agree to things for themselves. We just ask them what they want. If there are any changes we would talk to the manager about it. But everyone can speak for themselves at the moment". In this way people's human rights were being protected.

Where staff supported people with their dietary requirements we were told that this was done to their satisfaction. Wherever possible, a choice was being offered and food served in an appetising manner. One relative told us, "Despite the fact that I am here (when care was being provided), they will offer to make my wife a drink or a snack. This is because it is written in the care plan, and they abide by that". People's food and drink preferences had been recorded in their support plans and known by staff. Where there were concerns about a person's eating or drinking, appropriate action had been taken. One staff member told us, "I noticed there was no food in the house. I contacted social services and the office. Someone came out and she is now accessing a lunch club and much happier. I wrote down what I did". In these ways people received support from staff that knew about and met their eating and drinking requirements.

People's health needs were being monitored to support them to stay healthy. For example, we saw that in one person's support plan there was a regularly reviewed risk assessment as they experienced poor health. This had considered the person's breathing, skin condition and diabetes. A relative commented on the health care needs of their family member and told us, "My wife's cream was changed and immediately all her carers knew that it had been changed. I didn't need to tell them". Daily monitoring of people's health and well-being had occurred. This had been detailed in people's care notes that had been written by all staff that had visited. This meant that people received effective support to maintain their health as staff had up to date information available to them.

Good

Is the service caring?

Our findings

People were receiving care and support by staff who cared. One person told us, "Mears are a caring company rather than a company that provides care. There is a big difference". Another person said, "They treat me very kindly. They understand my sensory problems and will show patience and understanding when speaking to me". Staff told us how they cared for the people they supported. One said, "We all cover for each other so that people get continuity of care. People see the same familiar faces. We would not use agency staff it wouldn't be right". Another said, "When I need to go and complete an assessment I always call beforehand to make sure that the time is convenient for them and their family".

People told us that their dignity and privacy was being respected by the staff that offered them support. They said that the staff did not rush them and listened to them whenever they had any queries. A relative told us, "Dad's main carer is outgoing, polite and very respectful. He sees her more as a friend than a carer now". We saw that the registered manager had completed regular spot checks of staff working in people's own homes. This included watching how staff had delivered care and support to people, if they were punctual and that personal care was carried out with dignity and sensitivity. We also saw that people's support plans identified how to maintain people's privacy and dignity. For example, we read, 'I would like the care worker to give me five minutes of privacy in the toilet'. In these ways people could be confident that staff supported them in a respectful way.

People's preferences and life histories were known by the staff supporting them. This was because they had been detailed in people's support plans that were available to staff. For example, we saw that one support plan detailed a person's work history and their hobbies and interests. This had helped staff to talk to people about things that mattered to them. A relative told us, "They even know that she likes to be called (a shortened version of the person's full first name) when they arrive, and that makes a huge difference to her". Staff told us about things that were important to people. One staff member said, "We have a Muslim person who uses our service and he will only allow a male worker to carry out personal care. We make sure this always happens". In these ways people were receiving care and support based on their preferences.

People were involved in the planning of their care where they could be and they confirmed this. Staff told us that they involved people in developing their care plans and risk assessments. One said, "Service users can speak directly to me. They like it that we review their care and enjoy being involved in this. This way I know they are receiving the care the way they want it". On the day of our visit we heard telephone conversations between office staff and commissioning workers. The office staff asked questions about people who were going to be using the service. They showed a caring approach by taking time to understand the needs of people and asked additional questions where required so that staff could provide care based on people's choices and levels of ability. This was important so that the service offered care and support that was based on people's individual requirements.

The registered manager told us that people who used the service could speak up for themselves and it had not been necessary to consider providing advocacy information. An advocate is a trained professional who can support people to speak up for themselves. The registered manager told us that they would consider

how to give information on such services as this was not currently routinely given to people but may have been beneficial to them.

People were being supported to be independent. They told us that staff did not take over when they had provided support but had encouraged them to be as independent as possible. One person said, "They help me to do what I'm able to do. I have a leg problem…I can't stand for too long, but they help me make my own breakfast rather than tell me to sit down all the time…I like that!". Staff described how they had supported people to retain or regain skills. One said, "It's about the promotion of independence. We look to lessen the care plan if people's confidence has improved. We watch and assess". Another staff member told us, "One person gets themselves up (out of bed) and I just prompt her to wash and dress. I stand back and observe and just help where I need to". We saw that people's support plans focussed on what people could do for themselves. For example, one person's support plan detailed that they chose to stay in their house but was safe to go out on their own if they had wanted to. In these ways staff knew how to promote people's independence in a way that was caring and supportive.

People's care records were being stored safely. For example, we saw that there were lockable facilities being used in the office to store these. We also saw that computers in use were password protected. The provider had confidentiality and data protection policies in place that were known by staff. On the day of our visit we noticed that there was a key code system in operation to enter the office. In these ways only authorised people had access to people's sensitive and personal information and staff understood their responsibilities to safeguard people's care records.

Good

Is the service responsive?

Our findings

People or their chosen representatives had contributed to the assessment and planning of their care and support. A relative told us, "My wife feels in control at all times. Everything is led by her and how she likes things done". People's needs had been assessed when they had started to use the service. A staff member told us, "I assess them based on what they want and they tell me". We saw that people had been part of their assessments and signed to say they had. One relative told us, "My wife's care plan was sorted out so efficiently and thoroughly at the beginning. This is why Mears is so good. Everything in the care plan is constantly referred to and acted on". In these ways people received care that was responsive to their individual needs.

People's support plans detailed how they preferred to receive care and support. Staff would have been able to provide individualised care because of this. For example, we saw a statement in one person's file saying, 'Please be patient with me as I am slow in walking'. We also saw details about how a person had requested staff to knock loudly on their door when they arrived as they were hard of hearing. Staff told us about how they knew about people's preferences. One told us, "I am quite new but I talk to people to find out about what they like and don't like. The plan in their home tells me as well". In this way people received personalised care and support from staff who knew their preferences.

When we looked at information about people's wishes in relation to resuscitation we found that the information in their records was not always complete. Some people had a recorded Do Not Attempt Resuscitation (DNAR) decision in place whilst for others the provider's paperwork had not been completed to state if one was in place. The registered manager told us that they needed to review who had a DNAR and who did not as it was not clear from people's care records. We were told that this would happen as soon as possible to make sure that people received medical attention that was responsive to their individual decisions.

People's care and support was being reviewed every six months or when their needs had changed. These occurred both over the telephone and face to face with people. A relative told us, "They come out once a year to check her care plan. They ask all the right questions and amend anything that needs changing. It works very well indeed. The care plan has evolved over the years as my wife's needs have changed". We saw in people's care records that reviews had been carried out with people or their representatives. They had included the consideration of any changes to people's needs or concerns about them staying in their own home. Staff confirmed that every time they supported a person they considered if there have been any changes to the support required. One staff member told us, "I'm keeping an eye on one person. They have started being forgetful. I'll contact the office and report it if it changes anymore". In these ways staff members had up to date information on the care and support needs of the people they were supporting.

Several people told us that visit times could be altered if they needed to get out early on a particular day. One person said, "If it's needed, they'll come early – it's no problem. I have the same carers all the time, so I just mention it to one of them and it's sorted". We saw that the provider had been responsive to people's specific needs. The provider's service user guide detailed people's right to choose the gender of their worker

and people told us this happened. In these ways the provider was flexible to people's individual requirements.

People told us that if they had any concerns or complaints about their care and support they would feel able to contact the office to discuss these. They felt that they would be taken seriously and appropriate action would be taken. One person told us, "I've never had a problem with care but once they got a bill wrong. I complained about it and it was easily sorted". A relative told us, "Some time ago one of the carers wasn't so good. We reported her and ended up making an official complaint. Within a week she was gone. They acted very responsibly and promptly". One relative told us about their dissatisfaction with one care worker but that they would use the provider's complaints procedure should the situation not improve. People had been made aware of the provider's complaints procedure through the service users' guide which they had received when they started using the service.

Staff told us about how they had responded to complaints raised directly with them. One said, "Someone asked me to remind the staff to phone first and not to just turn up if they needed to drop something off. I reported this straight back to the office and it was addressed". We saw that the registered manager had received four complaints in the last 12 months. All had been investigated and the outcomes had been shared with the complainant. Where necessary, the registered manager had used the complaint as a learning opportunity for staff members. In these ways concerns and complaints about the service were responded to and acted upon.

Several people told us that they were sent regular questionnaires about the quality of the service. They told us they were grateful for this opportunity to express their views and preferences. We saw that the registered manager had arranged for at least an annual quality assurance review of service delivery for each person. These had asked people for their opinions on, for example, if carers had arrived on time and if they had maintained their confidentiality. The responses were largely positive. We saw that the registered manager had sent out regular newsletters about the service including information about the recent customer satisfaction survey. The registered manager had recorded that the provider was analysing the results. People could be sure, therefore, that their views would be sought and listened to.

Good

Is the service well-led?

Our findings

People and their relatives told us that they felt the service was well-led. They would have recommended the service as a result of their experience, describing it as a very effective agency. One person told us, "They have a knack of holding onto good staff, but letting those not so good go".

Staff felt supported and spoke positively about the registered manager. One staff member told us "She's lovely. You can approach her". Another said, "It's the best support I've had in years. The standards have improved, we're more professional". Staff members felt that they could give suggestions about improvements to the service. One told us, "I've had a few ideas for improvements and talked about them to the manager. They listen to me". We were also told by staff members how they had met regularly either individually or in staff meetings with the registered manager. We saw records of staff meetings that had detailed discussions with staff about, for example, reminding them about recording care offered and training opportunities. There was also time given for staff to share ideas for improvements. We saw that staff had been given a questionnaire recently to ask them for their feedback on, for example, communication within the organisation and requested them to comment on areas that could be improved. In these ways the provider had given staff support and valued their ideas and opinions on how the service could be improved.

The registered manager and staff members had a shared vision about the service's aims and objectives and could describe them. This was because the provider had made available to them a statement of purpose that outlined the service that people could expect to receive. We were told about how people's independence was encouraged and how dignity was central to everyone's work. This meant that the staff team was working together to agreed objectives to enable people to receive good care and support.

Staff members knew the process to follow if they had needed to raise concerns about a colleagues' working practices. They described a whistleblowing procedure that was in line with the provider's policy that had been made available to them. This detailed other agencies that staff could approach if they felt that the provider did not take the appropriate action. One staff member told us, "I know about the whistleblowing procedure. I have used it before. I went to the area manager with my concerns". This meant that staff could respond appropriately if they had concerns about the practice of their colleagues.

People could be sure that the staff that provided their care and support were being checked to make sure that it was to a high quality. This was because there were regular checks on staff carrying out their work. The registered manager had arranged for quality checking and spot checks to be carried out by the supervisors of staff. These checked the punctuality of staff and how they provided care and support to people. We saw that constructive feedback was given to staff after these checks. In these ways staff were aware of their responsibilities and received support to make sure the care and support they offered was appropriate.

Staff received feedback on the care and support they offered to people. We saw staff meeting minutes where it had been recorded that staff had been thanked for covering their colleagues' calls in times of sickness and holidays. There were also incentives for staff to provide good care and support. The registered manager had arranged for team away days. We saw that the team had recently visited a theme park at the expense of the

provider. This meant that staff were recognised for their hard work and commitment.

The registered manager understood the requirements of their role. We saw that they had submitted notifications to the local authority and CQC for significant incidents. For example, where the registered manager had been made aware of a potential financial abuse situation, they had offered information and feedback to the local authority without delay. The registered manager had also made sure that staff had an on-call system in place so that support and guidance could be obtained during the hours of business. We saw that the provider's disciplinary policy was used by the registered manager where things had gone wrong. We found that they had used the process fairly and they had been open with the employee concerned about the processes.

People could be sure that the provider of the service was striving to achieve a quality service. This was because they had carried out a range of quality checks to monitor the service provision. We saw that audits had been carried out on, for example, people's care records and the health and safety of the office and equipment used by people. We also saw that the registered manager had received support from the provider to check the quality of the service. For example, a health and safety audit had recently been completed by the provider with actions for the registered manager to undertake. The office required a new fire alarm panel and we saw that the registered manager had taken action to address this. In these ways the provider had sought to check the quality of the service provided to make sure that people had positive outcomes.