Nestor Primecare Services Limited

Allied Healthcare Burnley

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 carried out an inspection of Allied Healthcare Burnley on the 7 and 8 February 2017. We gave the service notice of our visit as we needed to be sure the manager was available.

Allied Healthcare Burnley is owned by Nestor Primecare Services Limited trading as SAGA Healthcare Blackburn. The agency is a domiciliary care service based in Lancashire and provides personal and nursing care and domestic services to people in their own homes. The agency office is situated on the outskirts of Burnley town centre and was staffed during the hours of 9:00 am to 5:00 pm, with a 24-hour on-call system for emergencies. At the time of the inspection the service was providing support to 80 people.

The service did not have a registered manager in post. However an application to register the manager with the Care Quality Commission (CQC) was completed at the time of writing this report. A registered manager is a person who has registered with 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 2008 and associated Regulations about how the service is run.

At the previous inspection on 3 and 4 December 2015 we found the service was not meeting all the standards assessed. We found shortfalls relating to a failure to maintain accurate records in respect of care and treatment and failure to act on findings from the quality monitoring systems. We asked the provider to take action to make improvements and to send us an action plan. During this inspection we found action had been completed and found the service was meeting the current regulations.

Prior to and following our inspection of December 2015 a number of safeguarding concerns had been raised about the care and support people were receiving, the lack of suitably experienced staff and a number of missed visits. Meetings had taken place with the local authority safeguarding team and a variety of other health and social care professionals including CQC. The agency had agreed not to accept any additional 'care packages' until improvements had been made. Following this there had been changes made to the management team. The management team had worked hard to make significant improvements to the standards of care and safety at the service. People were able to access services provided by the agency from June 2016.

People we spoke with told us they felt safe from abuse or harm from the staff, felt safe in their homes and considered staff were trustworthy. Safeguarding procedures were in place to guide and direct staff in reporting any concerns they had. Staff had been given training in safeguarding vulnerable adults and children and knew what to do if they suspected any abusive or neglectful practice.

People said staff were very respectful, attentive to their needs and treated them with kindness and care when providing their support. People using the service received care and support from a consistent team of staff who had been recruited safely.

There were appropriate arrangements in place to support people to take their medicines. People received their medicines as prescribed, by staff that had been trained to do this safely.

Risks to people's health, welfare and safety were managed very well. Risk assessments were detailed and provided clear guidance for staff on how to support people safely. People knew they could contact the agency at any time and had emergency contact details for out of office hours.

Assessment of people's needs was an on-going process which meant any changes to their care was planned for. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

Staff understood the principles of best interest decisions' regarding people's care and support and people's diversity was embraced within their care plans. Care plans focused on the needs of people using the service. People's rights to privacy, dignity, choice and independence were considered and reflected in their care plan.

Staff were trained and supported by the manager to gain further skills and qualifications which were relevant to their work. Staff practice was closely monitored and they were subject to spot checks.

The agency provided a flexible service to meet people's needs. Visit times were scheduled to suit personal requirements and people received care from the same team of staff. People told us staff were reliable and they never missed a visit. There were effective systems in place to monitor whether staff were attending to people as and when required and to ensure visits were never missed.

People spoken with had no complaints about the service and had opportunities to raise any issue of concern or pass on compliments about the service to the manager. People we spoke with had confidence in the manager to deal professionally with any complaint they raised.

People, their relatives and staff expressed their confidence in manager and felt the agency had improved and was well managed. Staff performance was monitored well and staff were accountable for their practice. Staff told us they enjoyed their jobs.

There were effective systems in place to assess and monitor the quality of the service, which included positive feedback from people using 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 told us they felt safe with staff that were respectful to them and their property. They were cared for by staff that had been carefully recruited and were considered to be of good character.

There were enough staff available to provide consistency, support and to keep people safe.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was guidance in place for staff in how to support people in a safe way.

Is the service effective?

Good

The service was effective.

People received care and support that was specific to their needs. People were supported by staff that were well trained to meet their needs and were supervised in their work.

Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and staff worked in partnership with other health and social care professionals.

Is the service caring?

Good

The service was caring.

People made positive comments about the caring and kind attitude and approaches of staff. They indicated their privacy and dignity was respected.

People were supported and cared for in a way which promoted their
involvement, safety and independence.

Staff were knowledgeable about people's individual needs, backgrounds and personalities. They were familiar with the care and support people needed and wanted.

Is the service responsive?

Good

The service was responsive.

People's care plans were centred on their wishes and needs and were kept under review. People indicated the service was flexible.

Staff were knowledgeable about people's needs and preferences and the agency offered a flexible service that responded to any changes in people's requirements including emergencies.

Processes were in place to manage and respond to complaints and concerns. People were aware of the service's complaints procedure and processes and were confident they would be listened to.

Is the service well-led?

Good

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

There was open and effective communication between the management, staff, other professionals, people and relatives. This ensured everyone was fully involved in developing and improving the service.

Allied Healthcare Burnley

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 8 February 2017 and was announced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team and commissioning team for information about the service. We were told the local authority had undertaken a monitoring visit the week prior to our inspection visit; we were told there were no concerns raised at that time.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service. During our visit to the agency office we spoke with the manager, the regional director, the care delivery director and two field care supervisors. Following the visit we spoke with six people receiving a service and with two main carers (relatives) on the telephone. We also spoke with three support staff.

We looked at a sample of records including four people's support plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and quality assurance audits. We also looked at the results from the customer satisfaction surveys.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in their home and considered staff were trustworthy. They told us, "They always ask if I need anything else doing; they make me feel safe", "I trust them with everything" and "I am happy with everything they do and the way they do it." A relative told us they were confident their relative was treated well and safe. They said, "Staff are kind, obliging and helpful."

There were safeguarding vulnerable adults and children procedures for staff. Information was also displayed in the office and available in the handbook which was issued to all staff. Safeguarding procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and from the risk of abuse. From our discussions with staff and looking at records we saw arrangements were in place for all staff to receive appropriate training.

There was a whistle blowing (reporting poor practice) policy and procedure and details were included in the staff handbook. Whistleblowing is when a worker is suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. All the staff we spoke with were fully aware of the service's safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. Staff could also report any concerns to head office by using a dedicated telephone number or electronic form. They were made aware of this during their induction. The contact information for reporting poor practice was detailed on the reverse of staff identity cards for ease of reference.

There was evidence to show the management team worked with relevant stakeholders to ensure people's safety. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with local commissioners, the local authority safeguarding team and the police. We could see from looking at safeguarding notifications that the manager had reported any safeguarding issues to the relevant authorities when safeguarding matters were brought to their attention. Staff told us they were confident the management team would deal appropriately with any concerns they raised.

There was a range of policies and procedures included in the staff handbook to support staff to work safely. For example, what to do if they were unable to gain access to people's homes or were concerned about people's health and welfare. Financial protection measures were in place to protect people using the service. For example staff were not permitted to accept gifts or assist in the making of, or benefiting from people's wills. They were also required to follow financial procedures as set by the agency.

We looked at how the agency managed people's medicines. Staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken. Checks on staff practice were undertaken during their induction training and spot checks were done as part of their ongoing supervision. Policies and procedures were available for them to refer to. The Medication Administration Records (MAR) that were returned to the office were audited by the manager and senior staff. Any shortfalls in practice were followed up and appropriate action taken.

Staff recorded when people had taken their medicines. We looked at a sample of returned MAR's and found they were completed as required, accurate, clear and up to date. We noted visits were arranged to enable people to take their medicines when they needed it.

The manager told us they had enough staff employed at the service to meet people's needs safely. People's care needs and the number of hours of support they required were calculated to determine the necessary staffing levels across the agency. As people's needs changed or as new people started to use the service, the staffing levels were reviewed. This ensured there were enough staff to provide a reliable and consistent service.

People using the service confirmed there were sufficient staff to meet their needs. Everyone we spoke with told us they had not experienced any missed visits and would be informed if their carer was going to be late or needed to be replaced. Staff attendance was monitored electronically which allowed the office to respond promptly to any problems with staffing; this ensured people's needs were met in a timely and safe way. People confirmed they were provided with a rota and knew who would be visiting their home.

We looked at the recruitment records of three members of staff. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the agency. These included the receipt of a full employment history, an identification check, written references from previous employers, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This helped protect the safety and well-being of people who used the service. The manager told us recruitment of staff was an ongoing process.

Staff spoken with told us staff availability had improved and new staff were being recruited. They said rotas were usually managed well and they knew in advance who they would visit. Staff told us there was always someone on the end of the phone to take advice from.

We looked at how the agency managed risk. Risk assessments were in place to ensure the safety of both staff and people using the service. Environmental and equipment risk assessments were in place and kept under review. The security of people's homes was taken into account and staff were informed how this would be managed. Some people used key safes to allow staff access to their home. All staff were provided with an identity card that was renewed periodically and remained the property of the company. Individual risks had been identified in people's support plans and were also kept under review. Risk assessments included skin integrity, nutrition, dependency, falls and moving and handling. Complex health risks were developed and monitored by the lead nurse.

Good

Is the service effective?

Our findings

People considered staff had the skills and knowledge to support them as they needed and they received care and support from familiar and consistent staff. They told us, "I am more than satisfied" and "The staff are all really nice and know what they are doing. I know if I had a problem I can contact the office at any time." The staff we spoke with felt they had completed all the training necessary to enable them to meet the needs of the people they supported. Staff told us, "We have to complete our mandatory training; we can't work if we are not up to date."

We looked at how the agency trained and supported their staff. We found evidence that staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them support people properly. Regular training included safeguarding vulnerable adults and children, moving and handling, dementia awareness, fire safety, infection control, first aid, food safety, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Some staff had received additional training and competency checks on specialist subjects including oral suction, use of nebulizers and supporting people with tracheostomies. This helped to ensure that staff were able to provide safe, effective care and to meet people's needs. Most staff had achieved a recognised qualification in care and records showed other staff were working towards achieving this. There were systems in place to identify when training was due. The manager confirmed staff without appropriate and up to date training would be unable to work.

All staff had completed induction training when they started work with the agency. This included an initial induction on the organisation's policies and procedures followed by the agencies mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Records showed new staff were assigned to and worked with a more experienced member of staff before they were allowed to work on their own. Staff were required to demonstrate their competence throughout the induction period; they were observed carrying out tasks and regular spot checks were undertaken on their practice. Staff were not able to work independently until their competence was confirmed.

Care staff told us they received regular supervision and appraisal of their work. They told us regular checks on their practice were undertaken. One staff said, "We have regular spot checks on our work and meetings are held." They told us they could speak to the management team at any time and were supported.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation 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. Records showed people were consulted and involved in decisions about the support they required. Staff understood the importance of gaining consent from people and the principles of best interest decisions; where people had some difficulty expressing their wishes they were supported by family members. Useful information about people's

preferences and choices was recorded.

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs and the support they needed by face to face discussion, telephone, text or email. The manager participated in discussions about people's care and support needs; this helped to ensure adequate staffing numbers were available to meet people's needs. We were told there were 'translator care workers' available to support people with communication whose first language was not English.

Any support people required with their nutrition as part of their commissioned care was managed well. Visits were arranged to coincide with their preferred meal times and where relevant, their food preferences and any specialist dietary needs were provided. Staff shopped for food if people needed this support; clear records were maintained. Food hygiene was included in the training programme which ensured staff had the knowledge and skills to prepare food safely. People told us, "They ask me what I would like; they don't assume what I would like to eat", "They do a good job in the kitchen. I enjoy my meals" and "They always ask what I would like for my breakfast and always leave the kitchen tidy."

Health issues were discussed during the assessment of people's needs. We noted good reference to people's healthcare issues and how this impacted on their current wellbeing and daily life. This meant staff were aware of risks to people's wellbeing and what action they should take if they identified any concerns. People requiring support with complex needs would be supervised by the lead nurse. A dedicated team of staff with specialist skills and competencies would be provided.

Good

Is the service caring?

Our findings

People told us the staff that supported them were caring. They said, "I always get the same staff; they are kindness itself. I am lucky to have them", "I couldn't be any happier or cared for any better" and "It is important I get the same staff as they get used to me. I know who is coming and they ring if they are running late." A relative told us the continuity of staff had improved and the rotas provided were useful.

People told us they were supported by the same staff or small group of staff. This ensured people got to know the staff who provided their care and that staff were familiar with people's needs. People told us staff were rarely late. They told us the agency office telephoned them to let them know if staff were going to be late, for example if they had needed to stay longer with someone else they were supporting or they were delayed in traffic.

People told us they were always introduced to new staff and were never supported by a staff member they had not met. The staff we spoke with told us they knew people well and were aware of their needs and their preferences. They spoke affectionately about the people they supported and gave us examples of how people liked to receive their care and support. Staff told us they had enough time during visits to meet people's individual needs in a caring way.

People received detailed information about the agency. The manager showed us the welcome pack that was provided to each person when the service agreed to support them. The pack included information about the different types of support available, care plans, reviews of care needs, quality assurance processes and how to make a complaint about the service.

Information about local advocacy services was available in the welcome pack. Advocacy services could be used when people do not have family or friends to support them or when they want support and advice from someone other than staff, friends or family members.

The people we spoke with told us their care and support needs had been discussed with them prior to the service starting and they were involved in regular reviews of their needs. Where it was felt that people lacked the capacity to make decisions about their care, relatives told us they had been consulted. People told us they were kept up to date by staff or by the office staff if there were any concerns or changes in needs.

We noted the agency managed people's diversity very well and with respect. Records showed people were sensitively supported to maintain their identity and their diversity was respected. For example people's choices were recorded as to the gender of carer they preferred to provide their personal care and support. People were advised to inform the office staff if they were unhappy with their allocated carer.

The people we spoke with told us that staff respected their dignity and privacy. They told us staff did not rush them when providing support and were discreet when providing personal care. People told us they were encouraged them to make choices about their everyday lives and how they received their care, such as what they had to eat at mealtimes and what they wore each day. People told us that staff encouraged them

to be independent. One person told us, "They ask me what I need help with and they give me the support I want". A relative said, "They make sure [family member] is cared for as I would do it and they maintain [family members] dignity at all times."

Confidentiality was a key feature in staff contractual arrangements and all staff had been instructed on the importance of maintaining people's confidentiality. This ensured information shared about people was on a need to know basis and people's rights to privacy were protected.

Good

Is the service responsive?

Our findings

People we spoke with told us they were involved in decision-making about their care and support needs. They said they were very happy with the service they were getting. People told us they received personalised care which reflected their needs and their preferences. They said, "They look after me properly. I have a care plan; my daughter reads it as I'm not interested" and "My carer deserves a medal; she is the best. She does what I ask and is always cheerful. I look forward to her coming." Every person we spoke with told us staff never left them without asking if there was anything else they needed.

At our last inspection of December 2015 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people from unsafe care because accurate and up-to-date records were not maintained. We found
some people did not have a support plan and other support plans did not include sufficient information to guide staff with how to meet the person's individual needs.

During this inspection we found accurate and up to date records were maintained about each person.

We were told people could request a service direct from the agency or be referred from social services. An assessment of people's needs was completed before the service began supporting them. The assessments focused on people's individual circumstances and their immediate and longer-term needs. The manager also told us they liaised with other health and social care professionals and where relevant relatives to support people in their own home and improve their quality of life. Records confirmed this.

We reviewed a sample of the assessments, support plans and the daily records that had been returned to the office for confidential storage. We were told the field care supervisors were responsible for the development and review of people's support plans and for the supervision and competency checks on staff. The lead nurse was responsible for the assessment of any person with complex care needs; a care and support plan would be developed and kept under review by the nurse. We saw evidence that meetings had taken place to discuss care needs and had involved the lead nurse, care staff and the person's main carer.

The assessment documents we reviewed were detailed and individual to the person. They included information about people's personal history, mobility, communication, medicines and personal care needs. The people we spoke with confirmed that their care needs had been discussed with them prior to the service starting. We saw information had been gathered from sources such as health and social care professionals and relatives and the person themselves. This ensured the service was able to meet people's needs.

The support plans and risk assessments we reviewed were detailed and personalised and explained people's likes and dislikes, as well as their needs and how they should be met. Records detailed the support that staff should provide during each individual visit. They included information about how support with personal care, food and drink preparation and domestic tasks.

We saw evidence that people's care plans were reviewed regularly and any changes in their needs were

documented and communicated between staff. People could change their requirements for a service whenever they chose and told us they were involved in planning and reviewing their care. One person said, "They involve me and ask what I want from them and then they check if I have everything I want and need." Where it was felt that people lacked the capacity to take part in planning their care, their relatives had been consulted.

The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us all concerns were discussed with the manager or the office staff who made sure that appropriate action was taken, such as contacting the person's relatives or GP. We saw evidence of this in people's care records. Staff told us that they were always updated by email or telephone if there had been a change in people's needs or risks and if a person's care plan had been amended.

A record of the care provided was completed at the end of every visit. The records were well written with respect and sensitivity, and were clear as to the level of support people had received. We noted staff 'had a chat' and 'checked if anything else needed doing' before they left. We noted staff reported their concerns regarding people's care, for example, if people would not engage with them, they were ordered to leave before their time, if people did not take their medicines, looked unwell or had not eaten and of the actions they had taken such as contacted the office or relative. The manager and staff confirmed records were checked during spot checks and those returned to the office were audited to ensure staff had followed procedures for maintaining records.

People told us that they were regularly asked if they were happy with the care and support they received. They told us they were asked to give feedback about their care during reviews of their care needs and had completed a satisfaction survey or had been contacted by telephone for their views about the service.

A complaints policy was in place and included timescales for an acknowledgement and a response. Information about how to make a complaint was included in the welcome pack which included, 'We can learn from our mistakes, improve our services and prevent problems from occurring'.

The people we spoke with and their relatives told us they were happy with the service they received and knew how to raise their concerns and complaints. There were effective systems in place for recording, investigating and taking action in response to complaints. Minor concerns were logged and monitored and issues dealt with straight away. Staff were called to account for any shortfalls in their practice and any issues with staff performance was addressed during supervision and spot checks. Equally positive feedback was logged and relayed to staff.

Good

Is the service well-led?

Our findings

People told us they knew who to contact if they had any concerns or were unhappy. They told us they were regularly asked for their views about the service they received. They expressed their confidence in how the agency was managed and they felt they were listened to. Their comments included, "Things are better. I can speak to any of the staff or the manager. I am happier now" and "The office ring and ask me if I am alright. I am happy with the service it seems to be well run." Relatives said, "Twelve months ago there were blips that have been improved" and "The manager seems experienced and knowledgeable." Staff told us, "It is much better; things have changed and it is not chaotic now" and "It's a good agency to work for; I enjoy my work."

There was a manager in post. At the time of the inspection visit an application to register her with CQC as manager for the service was being processed. Following the inspection we were advised the manager had been successfully registered. The manager had responsibility for the day to day operation of the agency. She was supported in her role by the care delivery director and was able to regularly meet with other branch managers to keep up dated and to share good practice. The manager was able to discuss areas that had been improved since our last inspection and further improvements planned such as incentives for improved staff retention, further staff training and the introduction of new mobile phones. The manager was described as 'approachable', 'calm', 'competent', 'caring' and 'efficient'.

Prior to, during and following our last inspection in December 2015, a number of complaints and safeguarding concerns had been received. Meetings had taken place with the local authority safeguarding team and a variety of other health and social care professionals including CQC. The agency had agreed not to accept any additional 'care packages' until improvements had been made. Following this there had been changes made to the management team. The management team had worked hard to make significant improvements to the standards of care and safety at the service.

Staff told us they could contact the manager or the office staff at any time and there was always someone on call to give them advice if they needed it. Staff told us, "The office staff and management are approachable" and "Things have improved. We're listened to and we are a good team". We saw the manager communicating with staff, the management team, people using the service and their relatives in person and on the telephone. We noted they were respectful and supportive.

At our last inspection in December 2015 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure monitoring of the service was sufficient to make sure the service was fully compliant in all areas of safety and quality.

During this inspection we found there had been improvements made which included more effective systems to monitor the effectiveness and quality of the service provided to people.

People and their relatives were regularly asked for their views about the agency through quality assurance questionnaires, by telephone contact and by face to face meetings. We looked at the outcome from the survey information and noted a high level of satisfaction. Comments included, 'I'm really happy', 'I am

happy with the care staff' and 'The girls are so helpful'. The results of quality monitoring had been shared with people in a 'What you said, what you did' format.

Electronic monitoring was used to monitor staff attendance at people's homes and to make sure they were meeting their obligations by attending to people at the agreed time. This was monitored by senior staff and we were told an alert was received if staff were late or had missed a visit. This enabled them to take relevant action. The manager told us that at times staff forgot to log in or people receiving a service preferred staff not to use their home telephone. We were told this was being monitored and we were confident appropriate action was being taken.

The manager confirmed they had an 'open door' policy encouraging communication and a positive working culture between everyone. The manager and field care supervisors attended people's homes to monitor their satisfaction with the service and also to work with staff providing care and support. We were told one person made a specific request that the manager visited them. This was seen as an opportunity for people to raise any concerns or make comments in an informal way. They also had regular contact with people's relatives and all activity and telephone calls were documented to make sure any information received was not overlooked.

Staff meetings were held regularly. Minutes of the meetings showed good practice was discussed and updates were given. Staff told us, "We share our knowledge and experience" and "We have a good working team." Staff told us they felt well supported by the manager. They told us they felt able to raise any concerns during supervision. Records showed that appraisals were carried out yearly. Staff we spoke with were confident appropriate action would be taken if they informed the manager of concerns about another staff member's poor practice. This demonstrated the manager's commitment to ensuring that high standards of care were maintained.

We found that staff practice was observed regularly to ensure that they were delivering safe and effective care. Care documentation was checked as part of these observations. In addition, medicines administration records were reviewed monthly when they were returned to the office and any issues were addressed with staff. Recent audits of medicines records had highlighted that staff were not always completing them correctly; we saw evidence this were being addressed and additional medicines training had been arranged. One person said, "The manager's check on the books and on the staff."

The service had a business continuity plan in place, which provided guidance in the event that the service experienced disruption due a variety of events including severe weather conditions. This helped to ensure that appropriate action could be taken if the service experienced difficulties that could affect people receiving care.

Staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. They were also able to access updates, training, policies and procedures and obtain support and advice via an electronic system from their phones or laptops. Spot checks on staff performance were completed regularly and any concerns were dealt with immediately and through supervision and training. Disciplinary procedures were available to support the provider to take immediate action against staff in the event of any misconduct or failure to follow company policies and procedures.

There was a system to monitor any incidents such as accidents or complaints. This meant there was constant oversight of the service which provided an opportunity for the agency to reflect and improve the service where needed. Formal audits in areas such as staff records and training, health and safety, care

planning, and medication were carried out which meant all aspects of the service would be checked at regular intervals throughout the year.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team.