

Saddleworth Home Care Ltd

Home Instead Senior Care

Inspection report

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21 May 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Home Instead Senior Care is a domiciliary care agency which is registered to provide personal care and support to adults. It provides a range of services, including personal care, companionship, medication support, meal preparation and light housekeeping. The service operates in Saddleworth, Oldham and Tameside.

People's experience of using this service:

Everyone we talked to, without exception, spoke very highly of the service, its staff and how it was managed. People told us staff were extremely caring and kind, and talked about having close relationships and friendships with them. People told us their privacy and dignity were always respected and that staff helped and encouraged them keep their independence.

People's needs and wishes were met by staff who knew them very well. There was a consistent staff team with people supported regularly by the same care giver. This ensured continuity of care. All the staff we spoke with showed a great commitment to supporting people in a person-centred and individualised way. Care plans were highly detailed and gave clear guidance on how each person wished to be supported in a manner that was unique to them. These were reviewed regularly.

Staff told us they loved their job and were proud to work for the organisation. They said they felt listened to and supported by the management team, who cared for them and their wellbeing. There was a positive workplace culture, as the organisation valued, encouraged and praised its staff.

Staff and management were well trained and had the support and supervision they needed to carry out their roles effectively. Both the registered manager and managing director were a visible presence within the service and led by example.

Staff were aware of how to report any concerns about neglect or abuse and were confident they would be addressed. There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited. The management team were committed to employing people who shared the values of the organisation. Where possible they 'matched' staff to people, so that they were supported by staff who shared the same interests. The registered manager told us, "We are quite specific about the people we employ."

People were supported safely and risks regarding their care were assessed and met. Staff took measures to prevent and control the spread of infection. There were systems in place for the safe management of medicines so that people received their medicines as prescribed.

The service had recently introduced electronic medicines records. The service was innovative and forward

thinking. There were quality assurance processes in place and information from accidents, incidents, complaints, audits and feedback was used to deliver a high quality service and drive improvement.

People felt very involved in their care and were regularly contacted by the management team to check that the care they were receiving was as they wished and of a high standard.

The service had a strong community involvement, including an advice column in a local magazine, sponsoring a local café, speaking at dementia workshops and charity work. Staff told us they were proud to work for an organisation that promoted and encouraged work within its local community.

Rating at last inspection: Outstanding (report published November 2016).

Why we inspected:

This was a scheduled inspection, based upon the last rating.

Follow up:

We will continue to monitor the service through information we receive and future inspections.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team comprised 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 made telephone calls to people receiving a service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to support the inspection and answer any questions we might have.

Inspection site visit activity started on 20 May 2019 and ended on 21 May 2019. We visited the office location on both days to see the registered manager, managing director and staff and to review care records and policies and procedures. On 20 May 2019 we visited people in their homes to speak with them and their family. On 20 and 21 May we spoke with people and their relatives on the telephone.

What we did:

Prior to our inspection we requested a provider information return (PIR); this is a form that asks the provider

to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including notifications the provider had sent us and the report from our last inspection. This helped us plan our inspection.

During the inspection we visited three people in their homes. We also spoke with seven people who used the service and six relatives on the telephone, to get their feedback about the service. We spoke with the registered manager, the managing director, three care workers and two of the administrative team.

We looked at four people's care records, which included support plans and risk assessments. We reviewed a range of documents relating to how the service was managed, including; three staff personnel files, staff training records, policies, procedures and quality assurance audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their family members told us they felt safe and well-cared for. Comments included, "They came highly recommended, and they've lived up to it"; "It is a safe service and my regular carer is very caring, helpful and concerned about providing the correct support" and "I feel absolutely safe in their care."
- Staff had completed training in safeguarding adults. Those we spoke with were aware of the signs of abuse and of their responsibility to pass on any safeguarding concerns. One care giver said, "We all know that if we have any cause for concern we record and report it. It's about watching for things that don't seem right."

Assessing risk, safety monitoring and management

- Care was delivered in ways that supported people's safety and welfare.
- Risks to people's health and well-being, such as poor nutrition and falls had been identified and the appropriate action taken. Risk assessments were regularly reviewed.
- People's care records contained detailed information about environmental risks, such as poor lighting and limited space and how these risks should be managed.
- Some people used equipment to minimise risks. For example, the use of a hoist to minimise the risk of falling. Where such equipment was in place, there were detailed instructions in care records which described how it should be used correctly and safely. One person received oxygen through an oxygen concentrator. There was a risk assessment around the safe use of the oxygen tubing and what staff should do in the event of a power cut, when the oxygen concentrator would not work.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that disclosure and barring service (DBS) checks were completed, references obtained from previous employers and any gaps in employment explored. This helped ensure only people of suitable character were employed.
- Where possible, people were regularly supported by the same care giver, or small team of care givers. This provided continuity of care. People were given a staff rota, so that they were informed in advance which care giver to expect.
- New care givers were introduced to people before they started supporting them. People were given a profile of their care givers, which described their work history, hobbies/interests and their motivation for being a care giver.
- The provider had a system for monitoring the length of time care givers spent with people.
- People told us staff were punctual and reliable and stayed for the allotted time. If staff were delayed, people were informed by telephone. No one we spoke with complained of missed visits. One person told us,

"The best thing is the reliability and the fact that they meet individual needs."

- There was an 'on-call' service available in the evenings and at weekends so that staff could contact a senior staff member for advice or help at any time.
- The service office was well-staffed. This ensured the day-to-day running of the service went smoothly.

Using medicines safely

- Where people received medicines as a part of their care support this was done safely. Staff had received training in medicines administration and had their competency assessed. This was rechecked annually.
- The service had recently introduced electronic medicines administration records which staff accessed via an app on their mobile phones. Staff were generally positive about the new system, although one person commented that there had been occasional problems with mobile phone signal. We discussed this with the management team who explained the systems they had in place to deal with any technical problems. These would ensure people always received their medicines as prescribed.
- The service completed weekly audits of the electronic medicines records to ensure people had received their medicines appropriately and were closely monitoring the new system to ensure any problems with the transition from paper to electronic records were dealt with promptly.

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection.
- People and relatives told us staff took appropriate infection prevention and control measures. One relative said, "These carers always wear gloves and barrier aprons when delivering personal care to uphold good hygiene standards."
- New staff received a bag containing personal protective equipment (disposable gloves, aprons, hand towels and hand sanitiser) and replacement items were available in the service office. All staff had received training in this subject.
- Clear instructions were given in care plans when staff carried out tasks where there was an increased risk of infection, such as catheter care.

Learning lessons when things go wrong

- The service had a system in place to analyse data from complaints, accidents and incidents and safeguarding concerns. This information was used to look for themes and trends and action was taken to reduce the risk of future reoccurrence. Analysis was carried out on a weekly basis, with oversight by the managing director.
- There was a robust system for detailing with any medicines errors. The registered manager told us that introduction of the electronic medicines system had come about partly in response to a medicines error. This showed the service was committed to learning from things if they go wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had full assessments of their care and support needs and care plans were written in line with people's individual assessments.
- People received a courtesy call the day after their first visit, to check that they were happy with the care provided.
- Initial care plans were reviewed within the first four weeks and then on a regular basis to ensure care was being provided appropriately and in line with people's wishes.

Staff support: induction, training, skills and experience

- All new staff received a thorough introduction to the service which prepared them for their employment.
- Staff completed a variety of mandatory training including health and safety, safeguarding and moving and handling. Staff told us they felt they had all the training they needed to undertake their roles. One care giver told us, "I've learned so much."
- All training was provided by the service training manager and was completed through face-to-face courses and workbooks. Staff completed regular refresher training.
- People and their relatives told us they felt staff were well-trained. One relative said, "I feel that the staff are highly trained, such as in moving and handling and in communication with people living with dementia." Another told us, "[the care staff] are both well trained in supporting people living with dementia."
- The service training spreadsheet showed a high level of staff compliance with training.
- Staff received regular supervision. This gave them the opportunity to discuss their work performance, training needs and any areas of concern. Care givers told us they felt very supported by the service. One said, "The training and support has been excellent." Another care giver told us, "They (the company) are willing to talk about problems and come up with solutions. I've always felt very comfortable here. It's a jolly good firm."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with meals this was detailed in their care plan.
- Where people were at risk of malnutrition or choking, additional guidance was available for staff which described how they should support the person. People told us they received the appropriate support. One relative said, "A speech and language therapist visited recently and [care giver] now knows about the need to use thickener in all [person's] drinks."
- Concerns regarding people's nutritional needs were escalated to healthcare professionals as required.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People were helped to live well at home. The service produced information booklets about falls prevention, nutrition and preventing hospitalisation. These were available in the office and for distribution to people at home.
- The staff we spoke with knew the people they supported well and could quickly recognise when a person's needs had changed or they were becoming unwell. For example, we saw records of a staff discussion about concerns over a person's diet and how they could support them to eat more healthy and nutritious food.
- Staff worked with other healthcare professionals to ensure people's health needs were met. Staff took appropriate action when people were unwell, referred people for specialist help, such as district nurses and supported people to attend hospital appointments.
- People we spoke with were confident that their carer givers would support them to access healthcare appointments. Comments included, "The carers would contact the GP on my behalf if I was ill" and "My carer will prompt me to contact the GP and would telephone the GP on my behalf if needed."
- Where appropriate the service referred people to Greater Manchester Fire and Rescue Service for help and advice with minimising fire risks in their home.
- When required, the service referred people to the Age UK Handyperson service, which offers older people help with small practical jobs around the home.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured people were involved in decisions about their care. People told us they were given choices and staff asked their permission before carrying out personal care. Comments included, "The carers will ask for consent, particularly with personal care"; "My carers always ask for permission before showering me" and "They all have a very nice approach. They always ask for permission in a polite way."
- When people did not have the mental capacity to make important decisions for themselves, the best interest decision making process had been followed. For example, we saw details about a best interest meeting held when a person could not consent to help with their personal care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with was exceptionally pleased with the care and support they received. We did not receive any negative comments about the service.
- Comments we received included, "All the staff seem to be kind and caring. They listen to me and act on everything I ask for. They would do anything for me, which gives me comfort"; "The carers are compassionate, kind, understanding and patient. The carers are all respectful in their manner" and "I get on extremely well with [name] and the main thing is that my husband is very relaxed with her as well. I can't speak highly enough of them all."
- Many people told us they saw their care staff as friends and could not manage without them. People told us they relied on their care givers for companionship and company. One person said of their regular care worker, "She knows all my likes and dislikes. I love her to bits." A relative told us, "I have noticed that [name] is greatly cheered by the carers. They manage to have a good old natter together. This is an important aspect for me. [Name] has always been a social person and it's important that she has opportunities for different conversation and social networks." Another relative said, "[name] offers companionship and conversation. My wife is in the early stages of dementia and socialising with others is important. The service allows me to get out when the carers come. It's a much-needed break."
- Care givers told us that where possible they were 'matched' with the client they supported, and this helped them develop genuine friendships. The registered manager told us finding the right care giver for someone was an important part of the assessment process and they took into consideration their age and interests. For example, one care giver told us they took a client on weekly walks and that their support was 'more of a companionship'. They told us, "We have very good conversations, we can talk in detail about intellectual things." One person told us, "They couldn't have matched me up with a better person. She's a gem. You've no idea how nervous I was in contemplating having this type of service, but the moment we met, we both knew it was just right."
- All the staff members we met spoke with genuine passion and commitment about their work and the people they supported. One care giver told us, "I couldn't work for anyone else. We are with the same clients all the time. We get to build up a relationship."
- People told us staff went 'the extra mile'. We saw an email from a relative thanking a care giver for walking through the snow to their loved one's house, so that they would not miss their visit. One person told us, "I feel that it's a very personal service and it seems to be more than just a job to them."
- The service respected people's diversity. Staff told us about the importance of valuing and respecting people's differences. One person's care plan described in detail how staff supported them to practice their

faith at home.

Respecting and promoting people's privacy, dignity and independence

- Without exception, people praised the staff for their kind and caring approach.
 - People told us that their privacy and dignity were always maintained. Comments included, "When I'm showering, my carer makes sure that I have a towel wrapped around me. She always closes the curtains and the doors. We also have a joke together and it helps to relax the situation"; "There is also a respect for privacy and dignity. For example, the carers always close the curtains and make sure that there is a towel around [name] for privacy"; "It is kind and caring support. The doors and curtains are closed, and towels are used to cover [name] in order to ensure privacy and dignity whenever personal care is delivered" and "They are kind and caring. We could not ask for better support. Dignity and privacy are respected."
 - Staff were committed to ensuring people's dignity was protected. One care giver told us, "It's about the little things, making sure they feel safe, having everything close to hand and making sure it's how they want to do things – I like them to lead the way."
 - Staff were highly committed to helping people to be independent. One care giver told us, "It's about helping people to think for themselves, about helping someone to be independent while they are still capable." Another care giver told us that the person they supported loved knitting. Because she tired easily, they helped her to sort her wool out. This enabled her to continue with the hobby she loved.
 - People told us staff helped and encouraged them to be as independent as possible. Comments included, "[name] helps me retain independence, because I'm encouraged to do what I can do for myself"; "[name] is doing as much as she can for herself. We have adapted cups and cutlery. The carers had suggested the double-handled, lightweight tippler cups, which enable [name] to manage their drinks independently" and "The carer will say, you wash and I'll wipe when washing up in the kitchen."
- Supporting people to express their views and be involved in making decisions about their care
- People were always involved in making decisions about their care and told us this was important to them and gave them confidence in the service. As part of the assessment process people had been consulted about how and when they needed support. This was continually reviewed by the service. One person told us, "They assess and reassess on an ongoing basis."
 - People and relatives confirmed the management team sought feedback from them about the service on a frequent basis. One person told us, "One of the managers, visits every couple of months to make sure that everything is going well for us." Another said, "[Name] comes three or four times per year and will also ring me to ask if there are any problems."
 - Care plans were reviewed every six months, or sooner if needed, through a care review meeting with the person and/or their family. Quality assurance visits were also carried out in between the review meetings to ensure people were happy with the service.
 - Relatives told us that the service communicated well with them and kept them informed. For example, we saw that the service was in regular email contact with some relatives who lived out of the area.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Everyone using the service had an individualised care plan, drawn up with them and/or their family and based on an assessment of their needs and wishes.
- The care records we reviewed were comprehensive and highly person-centred and described in detail how people wished to be supported.
- Background information about the person, including their past employment, family history, likes/dislikes and interests provided care givers with a clear picture of who they were supporting.
- People told us staff did all they wanted them to do and more, and were flexible to meet their needs. One person told us, "I feel that I get the support that I need when I need it. It's an excellent service." Another said, "They listen to me and act on everything I ask for. They would do anything for me, which gives me comfort. It has been such a relief having this company, and I feel that I worried for nothing before starting this service at home."
- There was good communication between all members of the staff team. The service held a 'handover' meeting every morning to discuss any incidents or concerns raised during the previous evening and night. For example, people being taken ill.
- The service worked closely with people and family members to ensure they received the correct level of support. If the service was unable to meet someone's needs, they discussed different care options that were available locally, so that people were supported appropriately.

Improving care quality in response to complaints or concerns

- Everyone we spoke with told us they would be able to raise concerns and make complaints. However, no one we spoke with had had to make a complaint. One person told us, "I've never had to make a complaint. The carers always ask if there is anything else they can do. They are willing to do anything."
- The management team took complaints seriously. All complaints were recorded and investigated and a response/apology provided to the complainant within a specified time-frame.
- We reviewed the one complaint the service had received in 2018 and saw that action had been taken appropriately through the staff disciplinary process. Following a review of the complaint the service introduced electronic medicines records. This showed that complaints were used as an opportunity to improve the service.

End of life care and support

- The service was not currently supporting anyone at the end of life. However, staff were able to provide this care if needed, in conjunction with other health care professionals.

- Some staff had received training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Without exception people were complimentary about the management of the service. One person told us, "The company must be well-led, as everything seems to go to plan. I think it is well managed and very professional."
- The service had been named one of the 20 most recommended providers in the North West of England, in the website 'homecare.co.uk.' 2018 awards.
- All the staff we spoke with were passionate about providing a high-quality service. There was a positive ethos within the organisation which was cascaded to the staff team through supervision meetings and team meetings. People and staff told us they would very much recommend the service. One person said, "I would and have recommended this company. To me it's an enhancement of life. It makes life easier, pleasanter and more secure. I can rely on them. It gives me a great sense of security."
- People received care which was extremely personalised to their individual needs. Detailed information about people's lives, families and interests was used to inform the care planning process. Staff were matched to people in line with their preferred wishes and choices to provide consistent, person-centred support.
- The registered manager and managing director understood their responsibilities under the duty of candour and were open and honest. There had only been one complaint in 2018 and this had been handled appropriately. We saw a reply from the complainant which said, 'I also appreciate your honesty and transparency.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- The management team valued its staff and were flexible in their employment terms. Staff told us they could work hours that suited their family commitments. One care giver told us, "I do as many hours as they need me. You give them your availability and they fit around it."
- The management team was committed to maintaining and improving the work environment for its staff. They had recently introduced a 'care giver café' which enabled staff to meet up and socialise out of work on an informal basis. Other initiatives for staff included a care giver newsletter and staff focus group.
- The service had a clear, positive and open culture that was shared amongst the management team and

care staff. Staff were praised for their good work and were encouraged to praise each other. We saw several emails from the managing director to staff, praising them for their work with particular clients.

- There was a 'shout out' board in the office. Here staff were asked to 'think of a team member who has been doing a fabulous job or who has helped you out. Grab a post it note and write down a compliment'. We read one which said, "[name] thinks you're wonderful. She will never forget how kind you were to her at the weekend."
- The service recognised and rewarded staff for good work through quarterly awards and through long service awards.
- The service had a company car, which could be used by staff if they had any problems with their own car.
- Staff were very complimentary about the management of the service and felt appreciated and supported. Many people had worked for the service for a long time and staff turnover was low. Staff were highly motivated and morale was high. One person who used the service said, "It's a good measure of the company when their staff stay for a long time. There doesn't seem to be a high turnover of staff.' Another told us, "They seem to enjoy working for this company and are keen to do the job."
- The service undertook annual surveys to obtain the views of people and staff. This information was analysed to look for themes and trends and to drive improvements. Information received from the 2017 client survey, which highlighted a need for improved communication, had resulted in the service employing a new staff member. Their role included keeping people informed about changes to the staff rota.
- Information from the staff 2018 survey had led to the introduction of a closed and secure social media group for the sharing of information and best practice.
- Regular staff meetings were held within the service to share best practice, update staff on changes within the service and provide feedback to staff. There was a suggestion and feedback box in the staff room for people to submit comments, anonymously if necessary.
- The managing director was committed to maintaining and improving the service. They were proactive and innovative. For example, following the introduction of the electronic medicines system the managing director had produced a short video to explain how it worked.

Working in partnership with others

- The service was committed to community involvement and to raising awareness around best practice for dementia care in the area.
 - As part of its community outreach, the service produced its own 'What's on where guide' for Oldham and Saddleworth, which provided information about activities, services and clubs for older adults along with useful contact details. This showed the service was keen to help people stay active within their local community.
 - Once a month the service sponsored a 'community brew' café at a local centre. This provided a welcoming and supportive venue for local people to enjoy time together in a non-judgemental environment.
 - Staff were involved with fundraising. Two staff had recently completed a 10k walk to raise funds for a charity chosen by the service. Involvement in charitable events was part of the caring ethos of the staff.
 - The service had recently held a large tea party to celebrate its 10th anniversary. Over 140 people attended including clients, employees and members of the local community.
 - Other community involvement included sponsorship of a local under 12s football team.
 - The service was committed to promoting a better understanding of dementia throughout the local community, through its community dementia workshops and its contribution to an advice column in a local magazine. Both these initiatives were designed to increase people's awareness of dementia and encourage people to value and respect people living with dementia.
 - The service had good working relationships with a variety of health and social care professionals and referred people to them promptly when specialist support or advice was needed. The managing director is a member of Age UK Oldham prevention alliance. This is a network of local services who work with the over

50s with a view to raising awareness around issues affecting older people.

- The service was starting to explore developing a 'pen-pal' scheme. This would involve children from a local school writing letters to people who used the service as a means of combatting loneliness.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered manager and managing director had a visible daily presence in the service and led by example.
- The service had a clear management structure and all staff understood their roles and responsibilities within this. Everyone's role in the office had been mapped, so that if a person was absent due to illness, their tasks could be easily passed over to another staff member. This ensured the smooth operation of the service and prevented tasks from being missed.
- Quality assurance systems were in place and used effectively to monitor the service. Audits and spot checks were completed on a regular basis to ensure high standards of care were maintained.
- The rating from the last CQC inspection was displayed in the service office and on their website. The registered manager had submitted statutory notifications as required to the CQC. This showed us they understood their regulatory responsibilities.