

Numada Home Care Limited

Numada Homecare Ltd

Inspection report

173 Stoke Road
Gosport
Hampshire
PO12 1SE

Tel: 02392520011

Website: www.numadahomecare.co.uk

Date of inspection visit:

05 February 2018

08 February 2018

Date of publication:

20 March 2018

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

Numada Homecare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people living with dementia, mental health impairments, physical disabilities, sensory impairment and younger adults. The domiciliary care agency office is situated within the centre of Gosport.

This inspection was undertaken on 5 and 8 February 2018. At the time of the inspection 66 people were receiving a domiciliary care service from Numada Homecare Ltd.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from people about the service. People who used the service expressed satisfaction and spoke highly of the staff and management team. All the people and family members who were asked if they would recommend the service to others said they would.

People and their families told us they felt safe. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Risks relating to the health and support needs of the people and the environment in which they lived were assessed and managed effectively. There were safe medication administration systems in place and people received their medicines when required.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care staff to maintain the schedule of visits.

There was an infection control policy in place and protective equipment such as gloves and aprons were provided to staff to minimise the spread of infection. People confirmed that safe management of infection control risks were adhered to.

Staff completed an induction programme and were appropriately supported in their work by the registered manager and the provider. Staff had received relevant training and arrangements were in place to refresh this regularly.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. Staff knew the people they provided care to well and understood their physical and social needs. Staff were able to describe how to meet people's needs effectively. Staff supported people to access healthcare professionals when needed.

Staff, and the registered manager, knew how legislation designed to protect people's rights affected their work. They always asked for consent from people before providing care.

People and, when appropriate, their families were involved in discussions about their care planning and given the opportunity to provide feedback on the service. They were also supported to raise complaints should they wish to.

At the time of the inspection no one using the service was receiving end of life care. However the registered manager assured us that people would be supported to receive a comfortable, dignified and pain-free death.

People and their families told us they felt the service was well-led and were positive about the registered manager who understood the responsibilities of their role. Staff were aware of the provider's vision and values and how they related to their work.

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.

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities.

Risks to people and their environments were assessed and plans put in place to minimise those risks.

Recruitment procedures were followed to ensure staff were safe to work with people. Staffing levels were sufficient to take account of people's needs.

There were safe medication administration systems in place and people received their medicines when required.

There were processes in place to enable the provider to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety.

Good 

Is the service effective?

The service was effective.

Staff had received relevant training and arrangements were in place to refresh this regularly.

People received consistent care from staff they knew.

Staff received an appropriate induction and on-going support to enable them to meet the needs of people using the service.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and were supported with eating and drinking when required.

Good 

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness.

People's dignity and privacy was respected at all times.

People were encouraged to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's needs.

People were pleased with the care and support provided by staff as it met their individual needs.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

At the time of the inspection no one using the service was receiving end of life care. However the registered manager assured us that people would be supported to receive a comfortable, dignified and pain-free death.

Is the service well-led?

Good ●

The service was well-led.

People and staff spoke highly of the provider and management team, who were approachable and supportive.

The provider's values were clear and understood by staff.

People, their families and staff had the opportunity to become involved in developing the service.

The provider's representative, registered manager and deputy manager were aware of, and kept under review, the day to day culture in the service. There were systems in place to monitor the quality and safety of the service provided.

Numada Homecare Ltd

Detailed findings

Background to this inspection

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

This is the first inspection of the service as it was a new service and only registered in May 2015. This inspection was announced; we gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

This inspection was conducted over two days. Day one was carried out on the 5 February 2018 by one inspector and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Two inspectors completed the inspection on the 8 February 2018.

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 reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with nineteen people who used the service, or their relatives, by telephone and visited four people in their own homes. We spoke with the provider's representative, the registered manager, the deputy manager, four care staff members and a social care professional. We looked at care records for eight people. We also reviewed records about how the service was managed, including staff training and recruitment records, complaints procedure, compliments, and audits completed by the management team.

Is the service safe?

Our findings

People told us and indicated they felt safe. People's comments included, "I feel very safe with the staff and they reassure me", "They [staff] really know what they are doing", "Yes, I feel completely safe they [staff] are excellent" and "Yes I do [feel safe], they are very well trained and experienced." Family members also told us they did not have any concerns regarding their relatives' safety.

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff we spoke with knew how to identify, prevent and report abuse. A staff member said, "I would always report any concerns I had to the registered manager if I suspected abuse. If I needed to, I would contact the safeguarding team, social services or CQC." The registered manager was able to explain the action they would take when a safeguarding concern was raised. A person said, "They [staff] notice every bruise I get", and a body map in the person's care file reflected this.

Risks to people had been individually assessed and risk assessments were in place to minimise these risks. These gave staff guidance about how to reduce risks to people. People had risk assessments in place in relation to; medicines, moving and handling, mobility, use of equipment and skin conditions. Staff were knowledgeable about people's individual risks and the steps required to keep people safe.

People's home and environmental risk assessments had been completed by the registered manager or deputy manager to promote the safety of both the people and the staff. As well as considering the immediate living environment of the person, including lighting, the condition of property and security, risk assessments had been completed in relation to the safety of the location. For example, if lighting was poor or the home was in a rural area. A staff member was able to describe how they would keep people safe in their own home and what actions they would take if a risk in the home was identified. All risk assessments were reviewed annually or more frequently if needed.

Numada Homecare Ltd had a lone worker policy in place to promote staff safety. However this policy provided the staff members with the option to contact the 'on call' worker; or not, following late night visits to confirm their safety. This meant that the provider could not be assured that their staff had completed their visits as required or that staff members were safe. This was discussed with the registered manager and the provider's representative on the first day of the inspection. The policy was immediately updated and a letter sent to each staff member advising them of the change in policy and requesting that all staff contact the out of hours worker following their last call of an evening. A staff member told us of one occasion when they had felt unsafe when completing their duties. This staff member explained that they discussed this with the registered manager and immediate action was taken to ensure their safety.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff showed the registered provider had operated a thorough recruitment procedure in line with their policy and procedure to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the completion of Disclosure and Barring Service (DBS) checks, which will identify if prospective staff had a criminal record or

were barred from working with children or vulnerable people. Staff files included application forms, records of interview and references. On viewing these records we saw that any gaps in a staff member's employment history had been investigated and outcomes recorded. This meant that the registered manager was aware of what the staff members had been doing during these times and whether that impacted on their suitability for employment.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager told us new care packages were only accepted if sufficient staff were available to support the person. This allowed people to receive consistent care at their chosen time. Numada Homecare Ltd had an 'on call system' in place to cover short notice staff absences and respond to any concerns that occurred out of office hours. On viewing staff rotas appropriate travel time had been allocated between calls. This meant that staff were able to get to care calls in a safe and unhurried way.

There were safe medication administration systems in place and people received their medicines when required. Most of the people we spoke with said they or a family member managed their medicines. Those for whom staff provided support with their medicine were happy with the way this was done. One person told us, "I arrange my own medication, although the carers confirm that the doses have been taken and record the entry in the care log." Another person said, "They [staff] make sure I have my medication and prompt me to take it." People's care plans included specific information as to the level of support people required with their medicines and who was responsible for collecting prescriptions.

Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicine were required to initial the MAR chart to confirm the person had received their medicine. The MAR charts we looked at had been completed correctly. MAR charts were checked when they were returned to the office monthly and any remedial actions were completed. This helped to identify any missing entries, errors or trends and enabled the registered manager to take the appropriate action to support staff to help ensure errors did not reoccur. Safe systems were in place and followed by staff to support people who required prescribed topical creams.

The provider had an infection control policy in place and staff undertook training in this area. On reviewing training records it was noted that not all staff had received updated training in infection control as per requirements. However, we saw that this had been arranged to take place later in the month. Protective equipment such as gloves and aprons were provided to staff to minimise the spread of infection. People told us that staff always wore gloves and aprons when completing care tasks and washed their hands. One staff member told us, "We always have access to gloves and aprons which we always wear when providing personal care."

The provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. There were processes in place to enable the provider to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety.

Is the service effective?

Our findings

People and their families told us they felt the service was effective and that staff understood people's needs and had the skills to meet them. One person said, "Anything that I want done, they'll do it." Another person told us, "They are willing to do anything extra to make me feel comfortable." A written compliment from a family member to staff read, 'Thank you for all the organization, especially of extra care at short notice in time of need, the friendly, efficient and helpful management and the 'Nothing is ever too much trouble attitude'.'

People and their families described the staff as being well trained and said they were confident in the staff's abilities. One person said, "They [staff] are well trained for the most part; they seem to know what they are doing." A family member told us, "The care is very good; all staff seem to be trained very well."

The registered manager had a system in place to record the training that staff had completed and to identify when training needed to be repeated. On reviewing this system we saw that training had not always been updated in a timely way. This was discussed with the registered manager who was able to provide us with written evidence that all this training was planned and booked during February and March 2018. Staff members all told us that they felt they had received appropriate training to help them provide effective care to the people they supported. A staff member also said that the registered manager was very supportive in helping them to receive additional training in particular areas of need. This staff member said she approached the registered manager about getting extra support and the registered manager was "straight on it."

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing (working alongside) a more experienced member of staff. The registered manager told us that the new staff member would complete shadowing visits for different care rounds to enable new staff and people to get to know each other and to ensure compatibility. The induction also included time for staff to read the provider's policies and procedures, review care plans, risk assessments and complete training. The registered manager told us that the length of the induction period would depend on the staff member's competence and abilities. Staff confirmed that they received an induction before working independently.

Staff were appropriately supported in their role. Staff confirmed that they received one-to-one sessions of supervision with the registered manager. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs. Additionally, the registered manager or a member of the management team completed 'spot check' visits approximately every three months or more frequently if required. Spot check visits are where a member of the management team calls at a person's home just before or during a visit by a member of care staff. This is so that they can observe the member of staff as they go about their duties and ensure that they are meeting their standards and expectations. Staff employed longer than 12 months had also received an annual appraisal of their overall performance.

People told us that they received consistent care from staff they knew and that they were introduced to new staff before they were placed on the person's rota's to provide care. Where staff were assigned regular visits each day, they stayed for the full amount of time allocated so as to ensure care tasks had been completed and to meet the person's needs. None of the people or family members we spoke with reported that any of their care calls had been missed and all but one person was positive about the punctuality of the staff. People's comments included, "They [staff] are really good with timing" and "They [staff] are usually on time, they can't help the traffic."

Office staff produced a four weekly staff rota to record details of the times people required their visits and the staff that were allocated to them. These were then sent to the person if requested so they knew who would be supporting them at each visit. People confirmed that care was provided as highlighted on the rotas.

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. The registered manager confirmed that each person who currently used the service either had full or variable capacity to make day-to-day decisions.

From discussions with the registered manager and staff they demonstrated an awareness of the MCA and had an understanding of how this affected the care they provided. For one person, we saw that proper procedures had been followed when they were unable to make specific decisions about their care or support and a decision had been made in their best interest.

People and their families told us that staff asked for their consent when they were supporting them. One person said, "They [staff] always ask me first." Staff were clear about the need to seek verbal consent from people before providing care or support. A staff member told us, "I would always ask first before doing anything." Another staff member told us, "If someone declined support, I would try and encourage them, I would explain why the support was needed and ask why they didn't want the help. If they still declined, I would report this to the office."

Most of the people we spoke with said they or a relative prepared their meals. Those for whom staff prepared meals were happy with the way this was done and told us they were always given a choice about what they wished to eat and drink. One person said, "They [staff] will always ask me what I would like to eat." Another person told us, "They [staff] will always make sure I have a drink handy before they leave." Care plans contained information about any special diets people required, food preferences and support needs and staff were aware of people's dietary needs.

People were supported to maintain good health and to access appropriate healthcare services when required. Staff understood and were aware of the health needs people had. Where concerns were noted, we saw that health care professionals including GPs and nurses were consulted appropriately and in a timely manner. For example, one person told us how staff had contacted a doctor on their behalf to request a home visit when they were unwell. A second person described a time the staff remained with them when they were unwell until additional assistance arrived.

Staff worked well with other organisations to ensure they delivered good care and support. The registered manager, deputy manager and staff liaised with other organisations to ensure the person received effective care provision and support. People were supported to use technology and specialist equipment to meet

their care needs and to support their independence where appropriate. For example, we saw evidence of correspondence between the staff at Numada and an occupational therapist, to request specific equipment to help support a person safety. Additionally the registered manager had request training from the occupational therapist to ensure that all staff were able to use this equipment effectively and safety. Staff had also worked closely with a social worker to ensure that a person's needs were met effectively. The social worker told us, "I have worked very closely with the agency to support [the person], they [staff] were able to pick up on the challenges from the start. They [staff] have been very good in supporting [the person] and will respond to any requests I have made." The social worker added, "The agency is very open. I have no concerns at all." The examples provided demonstrated that the management team were working collaboratively across different services and organisations to ensure the person's needs were met and they had the right support.

Is the service caring?

Our findings

People and their families could not praise the service enough and consistently told us about the excellent care provided by the staff and management team at Numada. People's comments included, "I must say they could not be more kind" and "The staff are superb, every one of them. They are so kind." One family member told us that although the staff were there to support their loved one, they [staff] always asked how they were and how they were coping. Another family member said, "[Name of registered manager] is supportive to me as well as my [loved one] and will always listen." When people and their family members were asked if they would recommend the service to others, each confirmed they would.

The service had received a number of written compliments over the last 12 months from family members who praised the care that had been received. One written compliment read, 'The standard of care and level of commitment shown by all the staff has been superb!'. Another written compliment thanked staff for 'going above and beyond' with supporting a person to feel less isolated in their home. A third stated 'Absolutely everyone showed such caring and kindness.'

People were cared for with dignity and respect. A family member told us that all personal care that was provided was "done with great consideration to [the persons] dignity." A person said, "They [staff] treat me with dignity and respect; I have never had to complain." Staff understood the importance of maintaining people's privacy and dignity when providing them with personal care. They described how they would close curtains or doors and ensure people were covered when having a wash. People confirmed that staff considered their privacy when providing personal care. One person said, "Oh yes, they will always cover me with a towel [when providing personal care]."

People and their families told us that they received good person-centred care and support. People and their family members spoke highly of individual staff members and confirmed they had a good rapport and relationship with the staff who supported them. People told us that they looked forward to the visits from the staff from Numada. One person said, "I would not be without them and although they are very professional I get on really well with them, I cannot speak highly enough about them". A second person told us, "The care I get is absolutely brilliant, I always feel I can face the day after [staff member] has been to see me." A family member said, "The care staff do not rush the care calls and are very receptive."

People were encouraged to be as independent as possible. A staff member told us that they would, "always encourage people to do what they can for themselves." For example, when providing personal care they would ask the person which parts of the body they could wash independently. People's care plans contained some information about what people could and couldn't do for themselves. The registered manager highlighted that the people they were currently supporting were able to tell staff what assistance was needed. Additionally, due to the consistency of the staff, they knew the people they were supporting well and the level of support each person needed.

People were supported to express their views and to be involved in making decisions about the care and support to be provided. This was achieved through regular reviews of the person's care which were

completed by a member of the management team, the person and, where appropriate, the person's family member. People told us that where they had requested a specific gender of staff member to support with personal care this was always respected.

Information regarding confidentiality, dignity and respect formed a key part of the induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs and were adaptable if their needs changed. One person said, "They [staff] are willing to do anything extra to make me feel comfortable." Another person told us, "They are very flexible." A third person said, "I think I will have to consider having help at the weekend, I know that I will only have to ask and it will happen."

Family members often talked about the agency staff responding swiftly to changes in people's needs. For example, one family member told us that when they had been unable to contact their loved one via telephone they phoned the Numada office and one of the staff went to the person's home immediately to check that they were okay.

People were assessed before their care started to ensure that their needs could be met appropriately and effectively. This allowed the person the opportunity to discuss any care preferences they had, such as times of calls, gender preferences of staff and religious or cultural needs they had. The information gathered from the initial assessment was used to inform the person's care plan. Care plans included information in relation to people's communication needs, personal care needs, health needs and dietary requirements. The amount of detail within these care plans was dependent on the person's abilities to communicate their needs themselves. This supported staff to ensure that care could be provided in a person centred way.

People told us they received personalised care and support that met their individual needs. When we spoke with staff, they demonstrated a good awareness of people's individual support needs and how each person preferred to receive this support. One person told us that the staff knew them well; they said, "If I've forgotten something, they will remember."

Staff took time to support and encourage people to feel less isolated in their home. For example, one written compliment thanked staff for taking their loved one for a drive to a place of particular interest to the person. A family member also told us that staff had sourced some daytime activities for their loved one to attend once a week, which staff supported them to access. This enabled the person to develop and maintain social networks with people close to them and within their local community.

Staff recorded the care and support they provided at each visit and a sample of the care records demonstrated that care was delivered in line with people's care plans and people's wishes. Staff told us they were always informed about the needs of the people they cared for and could consult care plans, which were held in people's homes and the agency's office when required. Staff were kept up to date about any change in people's needs from the previous daily records, directly from the people and their families, and from the office staff and management team.

People and, where appropriate, their families were involved in regular discussions about care arrangements and care needs. People said staff consulted them about their care and how it was provided. People's needs were reassessed regularly by the registered manager and deputy manager and people confirmed this happened. One person said that their care plan was often reviewed and they received regular visits from the

deputy manager to discuss how the care was going.

People were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service. Feedback was also gathered on an informal basis when the management team met with people in their own homes, during review meetings or via telephone or email contact. One person said, "They [the registered manager or deputy manager] always contact or visit to see how things are going". People described the staff and provider's representative as approachable and all said they were confident that any feedback they gave about the service would be acted upon.

The service had a policy in place to deal with complaints, which provided detailed information on the action people could take if they were not satisfied with the service being provided. People knew how to complain if they needed to and were provided with written information in relation to this, which was held within their care file. One person said, "I have never needed to complain, although I do have all the telephone numbers and I know how to make a complaint." A second person told us, "I have never had to complain but I know how to should the need arise." One person said they had made a complaint and were very satisfied with the response from the registered manager and the outcome. The registered manager was able to explain the action that would be taken to investigate a complaint if one was received.

Although no one using the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care and support to help ensure a comfortable, dignified and pain-free death. Furthermore, they told us that they would work closely with relevant healthcare professionals, provide relevant support to people's families and ensure staff were appropriately trained. The registered manager confirmed that six staff members had recently completed training in providing effective end of life care to people and other staff members were booked to complete this training in March 2018.

Is the service well-led?

Our findings

People and their families told us they were very satisfied with the organisation and the running of the service. A number of the people we spoke with told us about the 'exceptional care and support' they received from the management team and the staff. People and their families comments included, "The service we get is just perfect", "They [management team and staff] are incredibly professional" and "They do a sterling job." People and their families all said they would recommend the service to another person who needed support.

There was a clear management structure in place, which consisted of the provider, a registered manager, a deputy manager and senior staff. 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. Staff understood the role each of them played within this structure and their responsibilities.

Staff also told us they felt that the service was well run and managed. Staff were complimentary about the management team and told us they enjoyed working at Numada Homecare Ltd. One staff member said, "The [registered] manager is very supportive and very accommodating." Another staff member said, "I love working for Numada." The management team knew the people they cared for well. They were able to demonstrate a very good understanding and knowledge of people's individual care and support needs.

The provider's representative was fully engaged in the running of the service and frequently met with the staff team to discuss the quality of care provided. The management team told us that they felt well supported by the provider. The provider's vision and values were built around 'providing high quality, person centred care which was flexible and responsive to people's individual needs.' Staff were aware of the provider's vision and values and how they related to their work. Staff meetings were held three monthly and these provided the opportunity for the registered manager to engage with staff and reinforce the provider's values and vision.

The provider, registered manager and deputy manager were aware of, and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings, unannounced spot checks and team meetings. Feedback from people, their families and staff showed the service had a positive and open culture. Staff confirmed they were able to raise issues and make suggestions about the service and care provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. One staff member told us, "[The registered manager and deputy manager] are always there for us when we need them. They listen and would act". Another staff member said they felt listened to by the management team and felt able to approach the registered manager or deputy manager if they had any concerns or suggestions for the improvement of the service. The registered manager told us that they felt it was really important for staff to feel valued and part of a team. They said, "I want the staff to progress, they are all very good." The deputy manager told us, "We work well as a team and I am proud of the staff we have."

There was an appropriate quality assurance process in place to monitor and continually improve the service provided. The daily care records and MAR sheets kept in people's homes were returned to the office monthly and these were reviewed by the registered manager, deputy manager or the office staff in order to pick up any recording errors, missing entries and the quality of record keeping. Audits of each aspect of the service, including care planning, daily care records and medicines management were conducted regularly. These identified changes that needed to be made, which were then actioned promptly. There were processes in place to enable the provider and registered manager to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety.

The provider sought feedback from people and their families on a formal basis annually through the completion of quality assurance questionnaires which were sent to people and their families where appropriate. We saw that the last quality assurance questionnaires were sent in October 2017. The results of these told us that people using the service and their family members were happy and satisfied with the overall quality of the service provided and evidenced showed the service had consulted with them. Where areas for improvement were recorded we saw that action had been taken to address these issues. For example, where a person had raised a specific concern we saw evidence that this was addressed during a staff meeting.

As previously stated within the report, the service worked well and in collaboration with all relevant agencies to help ensure there was joined-up care provision. There was a duty of candour policy in place which was followed and understood by the registered manager. The registered manager was aware of their responsibilities and notified CQC of significant events and safeguarding concerns. This meant that they were aware of and had complied with the legal obligations attached to their role.