Rosemont Care Limited

# Rosemont Care Limited t/a Rosemont Care

## 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

This comprehensive inspection took place on 26 June 2018 and was announced. This was the first inspection since the provider moved to a new location on 9 June 2017.

Rosemont Care Limited is based in the London Borough of Barking and Dagenham. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using Rosemont Care receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, 167 people were using the service, who received personal care. The provider employed 85 care staff, who visited people living in the local community. The service also provided short term 'reablement' care for people who were discharged from hospital and required support to help them become independent again.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

People had their individual risks assessed and staff were aware of how to manage these risks.

The provider had sufficient numbers of staff available to provide care and support to people during weekdays. However, some people did not receive a reliable and inconsistent service at weekends or in the evenings. The provider was taking action to ensure staff were recruited to fill these gaps.
Staff had been recruited following pre-employment checks such as criminal background checks, to ensure staff were safe to work with people.

Once recruited, staff received an induction, relevant training and were able to shadow experienced staff in order for them to carry out their roles effectively.

When required, staff prompted people to take their medicines and recorded this in daily logs. They had received training on how to do this. However, the management team had identified areas for staff to improve their performance in this area.

Incident records showed the provider took appropriate action following incidents. Systems were in place to analyse patterns and trends to ensure lessons were learnt and incidents were minimised.

The provider was compliant with the principles of the Mental Capacity Act 2005 (MCA) Staff had received supervision and training to ensure the service they provided to people was effective.

Staff told us that they received support and guidance from the registered manager and other senior staff. They received regular supervision and could approach the management team with any concerns they had.

People's care and support needs were assessed and reviewed regularly.

The provider worked with health professionals if there were concerns about people's health. People were registered with health care professionals, such as GPs and staff contacted them in emergencies.

People were supported to have their nutritional and hydration requirements met by staff, who provided them with meals and drinks of their choice, when they requested.

People were listened to by staff and were involved in their care and support planning.

People told us they were treated with dignity and respect when personal care was provided to them.

Care plans were person centred. They provided staff with sufficient information about each person's individual preferences and how staff should meet these in order to obtain positive outcomes for each person.

Complaints about the service were responded to appropriately and within the provider's timescales as set out in their complaints procedures.

The provider used technology, such as an online call system to ensure staff were monitored when providing care to people in the community.

The management team carried out regular monitoring checks on staff providing care in people's homes. This ensured they followed the correct procedures and people received safe care.

Feedback was received from people and relatives to check they were satisfied with the service. The management team were committed to developing and improving 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.

Risks to people were identified to ensure staff were fully aware of them when providing care to people.

Staff understood how to safeguard people from abuse. They were aware of their responsibilities to report any concerns.

A recruitment procedure was in place to employ staff that were safe to work with people.

Staffing levels were sufficient to ensure people received support to meet their needs. The provider was recruiting new staff to ensure weekend and evening calls were covered and without delay.

People received their medicines safely when required. However, staff did not always record medicines accurately and the provider was taking to action to make improvements.

### Is the service effective?

Good

The service was effective. Staff received up to date training and support through regular supervision meetings.

The requirements of the Mental Capacity Act (MCA) 2005 were followed.

Assessments of people's needs were carried out to ensure effective outcomes for their care. Changes in people's care needs were updated in their care plans.

People had access to health professionals to ensure their health needs were monitored. Staff ensured people had their nutritional requirements met.

### Is the service caring?

Good

The service was caring.

People and their relatives were involved in the decisions made

about their care.

People were treated with dignity by staff when they received personal care.

Staff were familiar with people's care and support needs.

Staff had developed caring relationships with the people they supported.

## Is the service responsive?

Good

The service was responsive. There was a complaint procedure in place and complaints were investigated.

The provider ensured information was accessible to people in a way they could understand it.

Care plans were person centred and reflected each person's needs, and preferences.

## Is the service well-led?

Good

The service was well led. There was a quality assurance system in place, which had identified some of the shortfalls within the service.

Staff received support and guidance from the management team.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

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**Detailed findings**

## Background to this inspection

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

The inspection took place on 26 June 2018. This was an announced inspection, which meant the registered provider knew we would be visiting. We gave the provider 48 hours' notice. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support us with our inspection. The inspection team consisted of one inspector and an expert by experience, who made telephone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service and provider. The provider had completed and sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also looked at previous inspection reports and feedback from local commissioners on the quality of the service.

During the inspection, we spoke with the registered manager, the operations manager, who had overall responsibility for the service, two senior carers, a care coordinator, who managed staff rotas, and two care staff. We spoke with five people who used the service and six relatives.

We looked at 12 people's care records and other records relating to the management of the service. This

included 10 staff recruitment records, training documents, rotas, safeguarding concerns, complaints, quality monitoring and medicine records.

Good

# Is the service safe?

## Our findings

People and relatives told us the service was safe. One relative said, "The service is safe when there are regular carers. Everything is fine but sometimes they are late." A person told us, "The service is really good and safe." Another relative said, "Yes I do think [family member] is safe." One person said, "Yes mostly they come on time."

There was a safeguarding policy and procedure in place to protect people from abuse or unsafe care. The provider's safeguarding policy stated how to raise a safeguarding alert and who to contact. Staff told us they were confident that they could identify abuse and knew how to raise an alert. One staff member said, "I would look for signs of any bruises and marks. I would report straight away to the office. There was a whistleblowing procedure, which was clear in explaining who to contact in the relevant circumstances, should staff have concerns about the provider that they wish to report in confidence.

Care staff were monitored by senior staff, based in the office, who checked that care staff had attended their calls by using an online call monitoring system. People were kept informed by senior staff if their carer was running late or were delayed for their visit. Rotas showed the days and times care was to be provided to people. Staff received their rotas from care coordinators in advance. However, people and relatives had mixed responses about the reliability of the service, particularly at weekends. One person said, "At the weekends it can be very variable, but during the week it's pretty good." Another person told us, "The carers are mostly on time but at the weekends, there are lots of problems. They come in late and sometimes not until 11.00. During the week it's regular, they come about 9.15. A comment from a relative was, "It's not great at the weekends. They can come anytime and they don't always let you know."

We asked the management team about what action they were taking to improve call times at weekends and ensuring sufficient numbers of staff were available during these times. The operations manager told us, "We know we have been having problems at weekends and we are recruiting staff specifically for evening and weekend calls." We noted that the provider had advertised this position and that recruitment was in progress, including for care staff that were able to drive. This would ensure a more effective service was provided for people at weekends and in the evenings and reduce the number of late calls.

Staff logged in and out of visits by using the person's telephone with their permission. If the person did not have a telephone, staff would complete timesheets. Cover arrangements were made when staff were unavailable to provide care to people. The provider had an out of hours on call system in place should people and relatives require assistance in the evenings or at weekends. Staff were able to contact the on-call staff, who were on duty during out of office hours and weekends, in case of an emergency.

Senior staff visited people's homes to ensure staff were following safe and correct procedures when delivering care. We saw monitoring and spot check records, which are observations of staff to check that they were following safe and correct procedures when delivering care. Staff checked that care equipment they used was safe so that they could deliver effective care and support.

Risk assessments were in place, which identified any risks to the person using the service and to the staff supporting them. They contained suitable guidance for staff on how to reduce risks to keep people safe. During assessments of people's needs, any risks were identified and strategies were put in place. These included risks associated with the person's moving and handling, their home environment, nutritional requirements, skin integrity and any specific medical conditions the person had, such as high blood pressure, risks of inflammations, chronic fatigue, Parkinson's disease or Chronic obstructive pulmonary disease (COPD). Risk assessments included clear instructions for staff to follow, to reduce the chance of harm occurring. For example, one person was diabetic and their risk assessment stated that their blood sugar levels could drop suddenly, which could lead to them becoming "extremely sleepy and difficult to wake up." However, the person was able to monitor their blood sugar levels themselves. Care staff were required to, "Remind [person] to take a glucose drink and have a snack to increase their blood sugar levels. Check they have their drink next to them." This meant risks to people were assessed, monitored and mitigated against to keep them safe.

People told us they received their medicines from staff. One person said, "Yes the staff help me with my medication." Another person said, "Yes, it's all fine." A relative commented, "The staff are good at actually giving them but not making sure there is always a supply to give. They've started to get us to do more and more. They don't always think to order new ones." A policy and procedure on medicine administration was in place. Care staff were trained to administer medicines and their competency was assessed. Where required, we saw that each person's care plan contained Medicine Administration Records (MAR). We looked at six people's medicine records to check that they were up to date and had been completed appropriately and signed by the staff administering the medicine.

However, we found that not all MAR charts were up-to-date and accurate. The operations manager told us they were already aware of this and had begun an investigation into discrepancies and errors on MAR sheets, such as gaps or staff not signing that they had administered medicine. An action plan was developed in June 2018 and senior managers were required to audit the records in people's homes more thoroughly. Spot checks were in the process of being revised. This included more focus on the competency of staff who administered medicines and ensure they followed the correct procedures for recording and ordering medicines, if required. Concerns were to be reported to the registered manager and operations manager for investigation or disciplinary action against staff.

Some staff were required to complete refresher training and competency tests on medicine handling. We saw they had passed the tests so that the management team were assured of their ability in this area. These concerns and reviews of any accidents or incidents that had taken place, showed the provider was committed to learning from mistakes and incidents. The staff were aware of what actions to take in the event of accidents or incidents occurring. This ensured there was continuous improvement and people using the service remained safe.

Safe recruitment procedures were in place. The provider carried out the necessary pre-employment criminal checks to find out if the applicant had any convictions or were barred from working with people who use care services. We saw that new staff completed application forms and provided two professional references. Applicants were required to list their previous experience where applicable and their employment history.

Infection control procedures were in place to help protect staff and people who used the service. Staff told us they used hand sanitisers, gloves, shoe covers and aprons, to prevent the risk of infections spreading when they provided personal care. However, one relative told us staff did not always dispose of waste appropriately. We spoke about infection control with the management team and we noted that they had discussed the topic at a recent team meeting to ensure staff followed safe infection control procedures.

Good

# Is the service effective?

## Our findings

People and relatives told us staff met their individual needs and that they were satisfied with the quality of care they received. One person said, "Yes they [care staff] are well trained and can do everything." Another person told us, "The staff are very good." Comments from relatives included, "I think they have been trained but to a minimum standard"; "Some staff are more experienced than others" and "It takes the new staff a while to be able to do everything and they don't always show initiative."

Staff received training to enable them to provide safe and effective care to people. There was a five day induction and training programme in place that was coordinated by a Training and Development Manager. The induction incorporated three days of Care Certificate standards. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time. Staff that completed the standards or a diploma, received a certificate to show they had a qualification in health and social care. We saw records of shadowing that had taken place for new staff to assess whether they were ready to start working on their own. A member of staff told us, "I have had training as I have worked here for a few years. I am getting first aid training soon. We do e-learning and classroom training. I am doing my NVQ level 3, which I have nearly completed. The training is good."

Training topics included medicine administration, infection control, safeguarding adults, food hygiene, Mental Capacity Act (2005), and moving and handling. The training manager told us they had implemented new specialist training in June 2018, which included pressure area care, diabetes, stoma and catheter care. We saw that these were included in a training matrix and calendar for the year, which showed staff that had completed their training or were due refresher courses to keep their training up to date and in line with current legislation. We noted that the training manager, operations manager and registered manager were qualified to deliver training in specific areas such as medicines and moving and handling. The training manager said, "Specialist training is planned in advance and training agreements are signed by attendees before the booked training date. There is newly introduced to staff Internal Awareness Training such as end of life care and dementia, which are due to be planned and booked in the calendar from September."

Supervision meetings, where staff have the opportunity to formally discuss any issues or concerns with their line manager, are a requirement for providers of health and social care. Records confirmed that supervision meetings took place quarterly. Topics included discussions on policies, recording, staff wellbeing, safeguarding concerns for people using the service and medicine recording. Staff that had been working for the provider for more than a year, completed an annual appraisal to discuss their overall performance. Staff told us they felt supported in their role and confirmed they received supervision sessions with senior staff at the service. One staff member said, "Yes we get supervision. I do mine with the deputy manager." Another staff member told us, "I feel supported. [Registered manager] is really good, approachable and gives helpful advice. I had an annual appraisal."

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 that the provider was working within the principles of the MCA. We saw the provider had taken steps to assess people's capacity to make decisions about their care. When people were assessed as having capacity, their consent to care was recorded. Where people were assessed as lacking capacity to consent to care, information on power of attorney for the person was requested from the local authority. People that were able to sign their consent, did so and this was recorded in their care plans.

The management team and staff we spoke with were all able to describe the principles of the MCA. Staff informed us they had recently attended training on the MCA and records confirmed this. One staff member said, "I am able to notice if someone's capacity is declining and I was concerned. I would involve their relatives, the managers and speak to social workers or a nurse."

The provider received referrals from the local authority who referred people that required assistance with personal care at home. We saw assessments of people that required support, which set out the needs of the person. Discussions were held with other health or social care professionals for further information.

People's needs were assessed by the provider before the person started to use the service. The provider produced their own care plan based on the outcomes the person wished to achieve and ensured they were in line with recognised health and social care guidelines. People's needs were assessed in consultation with the person and their relatives. Full needs assessments were detailed and contained information on medicines, allergies, risk assessments, mobility requirements, nutritional information and specific preferences the person had. The provider worked with health and social care professionals to meet people's individual needs.

People were supported to have their nutrition and hydration requirements met and staff told us they supported people with providing them with food and drinks. One person said, "I only have microwaved food, sometimes they do it, sometimes I do." A relative told us, "The carers microwave food and make sandwiches for [family member]."

Records confirmed that people's relatives and their GP were informed of any concerns raised about people's wellbeing or health. One staff member told us if someone they were supporting became unwell or had an accident they would, "call the office and an ambulance. I would wait with the client." One person said, "Yes, I needed to go to hospital once and my carer contacted the office and the office phoned for an ambulance. [Carer] waited with me and was very good."

Good

# Is the service caring?

## Our findings

People and relatives told us that care staff treated them with respect and kindness. One person said, "The carers are really lovely and very kind too." Another person told us, "Yes they are very caring on the whole."

Staff told us they had a good understanding of all people's care needs and personal preferences. One staff member said, "I have been seeing the same clients for a long time. I love them and love what I do. We all get on so well." People and their relatives confirmed they usually had the same staff providing care. They felt comfortable with staff who visited them regularly. This helped with consistency and enabled people to have a positive relationship with care staff. A relative told us, "There are a lot of kind, friendly and caring staff, especially where the same carers visit. They understand my [family member's] needs and have a good relationship with us."

People's care plans identified their specific needs and how they were met. They required assistance from staff for most of their needs, although they were supported to remain as independent as possible by staff. One person's care plan said, "I do my own personal care but please just encourage me to go and have a wash if I have not already done this." Staff told us they promoted people's independence and encouraged them. One staff member said, "I encourage my client to do things themselves if they can but I respect their wishes. I listen to them and respect their rights as a human to make their own choices. If they refuse, we can't force them. However, if it affects their health we will encourage them to help us help them so they understand it will benefit them."

Staff had an understanding of how to treat people equally, irrespective of their race, sexuality, age or gender. Staff we spoke with told us they had received equality and diversity training and were respectful of people's personal preferences and their religious beliefs. A staff member said, "It doesn't make a difference if people are of different colour, nationality or what their sexual preference is. I will treat everyone equally like I would want to be treated. Discrimination is challenged."

People's privacy and their homes were respected by staff. Staff told us they entered people's homes by ringing the doorbell or using a 'keysafe', before announcing themselves and greeting the person or their relatives. A 'keysafe' requires a passcode for entry into a person's home and care staff were given permission to access the code and enter at the required times. Staff told us they respected people's confidentiality and their personal and information by not sharing this with anyone else. People's personal information and care plans were filed securely in the office, which showed that the provider recognised the importance of people's personal details being protected. Staff said they were did not share people's personal information and adhered to the provider's data protection policies.

One relative said, "The carers are absolutely respectful of my [family member's] privacy. My [family member] has very thin skin and can so easily bruise when you turn them over. The carers will call us if this happens but always cover [family member] over and respect their dignity." One person said, "Yes, they draw the curtains and always leave if I am on the commode." Staff told us they treated people with dignity and respect and that this was demonstrated in the way they spoke with them.

People and their relatives were involved in making decisions about the person's care plan. They signed the care plan to evidence that the contents of the plan was discussed and agreed with them. One relative said, "Yes, we're involved in the care planning, every so often, the agency come to assess his needs and make adjustments to the plan."

Good

# Is the service responsive?

## Our findings

People and relatives told us the service was responsive to their needs and they were satisfied with the level of care they received. A relative said, "We are very pleased with the service from Rosemont." A person told us, "Very caring. You don't feel you're being bullied, you don't feel hurried and the staff spend enough time with me to do what they have to do." Another comment from a person was, "I have never had a complaint. I'm totally happy with them."

Where people or relatives were unhappy with the service, they told us they would contact the office or make a complaint. One relative said, "I would phone up. I did once when a carer came at 11.00 when they normally come at 8.00. No one phoned to say they would be late. They apologised." A person told us, "I have complained twice and they have sorted it out." There was a complaints procedure in place. Records showed that after a formal complaint was received, it was investigated by senior staff or the registered manager and a response was written, informing the complainant of the outcome of an investigation. Complaints were logged and tracked so that the management team were able to check when responses were provided and what actions were taken.

We received some concerns about the service when we spoke with people. One relative was not happy with the service provided to their family member. They told us, "Some of the carers are good and seem well trained but it depends on the individual. One of the carers was sarcastic to my [family member] and one time whipped the duvet off them while [family member] was asleep. We are not happy with this carer. I have complained but I have not had a response." We discussed these concerns with the registered manager who spoke with the relative to try and resolve the complaint. After our inspection the registered manager informed us, "We have removed the carer from this round and have spoken to the service user and relative about it." Another person told us that care staff did not refer to their care plan and were not meeting their needs. They said, "I am supposed to have my legs moisturised daily but the carers only do this every three to four days." The registered manager told us they would look into this concern.

Each person had a copy of their care plan in their home, which contained details of what support people wanted for each part of the day. Care plans reflected people's care needs in detail. They were written in a person-centred way and were appropriate to ensure people's needs were met.

People we spoke with confirmed that they had a care plan, which was compiled in a document. They contained the person's likes, dislikes and some details about their preferred daily routines in a section called "Important things to know about me." For example, one person's care plan said, "My family and friends are very important to me… I am affected by bright lights and have sunglasses I can put on." Another person's plan reminded carers that, "I do like a chat so please don't rush." This information helped people receive a personalised service and staff responded to people's requests and needs. Care plans were reviewed monthly and updated to reflect people's changing needs when they occurred.

We spoke with the registered manager about how people could receive information in a way that they could understand. We saw a 'service user guide' that contained information on what the service could provide and

how to contact the provider if they wanted to make a complaint. People's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs. Staff told us they were able to communicate well with people and their relatives. One member of staff said, "I speak to my client slowly and carefully. I listen to them and look at their body language or any signs to see if they can understand me."

The management team contacted people who used the service, by telephone, to check that they were happy with the level of care. This ensured that care was being delivered and people were satisfied with the service and their care worker. We saw records of assessments and observations of staff who provided personal care. Daily records written by staff contained details about the care that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns. Staff communicated with each other and worked together to follow up on any concerns and report on the wellbeing of each person. The records were brought back to the office and checked by senior staff to ensure they were being completed appropriately.

Some people were supported with end of life care. Staff ensured people were comfortable, were cared for and regularly checked up on. Support was received from health professionals, who provided advice to staff on managing people's end of life care sensitively and in accordance with their wishes.

Good

# Is the service well-led?

## Our findings

People and relatives told us the service was well-led and were happy with the way the service delivered care to them. One relative said, "[Deputy manager] is efficient and very good. They text or ring me when I am on holiday to update me about anything regarding my [family member]." A person told us, "It is OK. Could be more regular staff. There is a shortage of staff at weekends and on bank holidays." Other comments from people and relatives were, "It's a basic service, they do what they do, overall I'd give them 6 or 7 out of 10"; "Regular care during the week really is very good. However, weekend care can be very iffy, they may not arrive until late" and "Carers are lovely, they just need to tell me when they are going to be late. They don't always tell me."

Comments from people and relatives we received about the inconsistency of the service at weekends or not being notified of delays to their care, reflected actions that had already been taken by the provider to make improvements to the service. The registered manager said, "We are trying to make weekends more manageable and our recruitment team and care coordinators are working together so we can get adequate cover staff recruited as soon as possible."

The registered manager was supported by the operations manager, a deputy manager and senior care staff, who supervised and observed care staff in people's home as part of spot checks. The registered manager said, "The service is running well. Since we moved into a larger office space, it has helped the service perform better."

However, we asked people and relatives what the service could do better and some told us that care plans were too long or difficult to understand. They also said care logs written by staff were not always legible. One relative said, "The care plan is too long and flowery, the care [family member] actually needs is fairly standard, so I don't find it useful." The operations manager told us they had recently introduced new care plans for all people to make them clearer and more user friendly. Records showed the operations manager also reminded care staff of their professional responsibilities to ensure daily logs were completed accurately, clearly and correctly.

There were quality assurance systems to monitor and improve the quality of the service. Spot checks of care staff took place every three months. Records showed that in between these times specific observations of practice such as on medicine administration or moving and handling techniques were carried out. Internal audits were carried out by the operations manager, which looked at staff files, spot checks, training, supervision records. An action plan was developed for areas that required further improvement.

People and relatives completed questionnaires and feedback forms, which helped to ensure people were satisfied with the care and support that was delivered. We noted that feedback from people was generally positive. Comments included, "My carers mean so much to me" and "[Carer] helped me with my depression. We are friends and have a great working relationship." Feedback from people was collated and analysed by the management team to help drive further improvements in the service. We saw a recent internal Quality Assurance report which demonstrated how the provider intended to improve the service, for example at

weekends when there was a shortage of care staff. This meant that there were effective systems in place for the management team to identify and make improvements to the service where required.

Staff told us the management team and office staff were approachable and helpful. They were confident they could approach the management team with any concerns. One member of staff said, "The managers are very approachable and helpful. They give us lots of support." Staff attended team meetings, where the management team discussed any concerns. Staff told us they found staff meetings useful. The operations manager showed us a presentation that they used at a staff meeting which contained important information and guidance on using the new care plans, infection control, record keeping, new General Data Protection Regulations 2018 (GDPR), call logging and training requirements. The provider also distributed a quarterly newsletter to staff which contained important information and updates. Incentives and rewards such as Carer of the Month were in place to promote and encourage good quality care from staff.

The provider was actively using technology to monitor the service at all times during each week by using an online call logging system that generated live information of care workers attending their visits, according to their rotas.

Local authority commissioners had monitored the quality of the service and we saw that they were satisfied with their overall performance and how they addressed concerns for continuous improvement.

The registered manager notified us of serious incidents that took place in the service, which providers registered with the CQC must do by law.