

Rossino Care Limited

Guardian Angel Carers Wimbledon & Kingston

Inspection report

444 Ewell Road
Surbiton
KT6 7EL

Tel: 02031501888
Website: www.gacarers.co.uk/wimbledon

Date of inspection visit:
09 January 2023
10 January 2023

Date of publication:
10 February 2023

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

About the service

Guardian Angel Carers Wimbledon & Kingston is a domiciliary care agency providing personal care to adults living in their own homes. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 12 older people were receiving a home care service from this provider.

People's experience of using this service and what we found

People receiving a home care service, their relatives and community social care professionals all told us they were satisfied with the standard of care and support provided by this agency. 1 relative said, "I'm very happy with the standard of care and support they provide my [family member]." A second relative added, "We've been so lucky to find this agency. I would definitely recommend them. We can't speak highly enough of them."

People were protected against the risk of avoidable harm by staff who knew how to keep them safe. People were confident any concerns they raised would be listened to and dealt with appropriately. People received consistently good-quality and safe care from the same group of staff who were familiar with their needs, daily routines and preferences. The fitness and suitability of staff to work in adult social care had been thoroughly assessed as part of the providers robust staff recruitment procedures. Staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should.

People were cared for and supported by staff who were suitably trained. Assessments of people's support needs and wishes were carried out before they were provided with a service by this agency. Where staff were responsible for assisting people to eat and drink, their dietary needs and wishes were assessed and met. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated equally and had their human rights and diversity respected, including their cultural and spiritual needs and wishes. Staff treated people with dignity and respect, and upheld their right to privacy. People typically described staff as "caring" and "kind". People were encouraged and supported to maintain their independent living skills, and do as much for themselves as they were willing and capable of doing so safely.

People's care plans were person-centred, which helped staff provide them with the individualised care at home they needed. Staff ensured they communicated and shared information with people in a way they

could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices and decisions. Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

People were complimentary about the way the office-based managers ran the service, and how approachable they all were. The quality and safety of the service people received was routinely monitored by the managers, who recognised the importance of learning lessons when things went wrong. Managers promoted an open and inclusive culture which sought the views of people, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care at home.

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

Rating at last inspection

This service was registered with us on 19 January 2022 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service which indicated they were no longer dormant and had been operational for almost a year.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Guardian Angel Carers Wimbledon & Kingston

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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.

At the time of our inspection there was not a registered manager in post although, the nominated individual who is in day-to-day charge of the service, has applied to the CQC to be registered with us. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the managers would be in their office to support the inspection.

Inspection activity started on 9 January 2023 and ended on 10 January 2023. We visited the provider's office

on the second day of our inspection.

What we did before the inspection

We reviewed information we had received about the service since they had become fully operational. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the nominated individual/Business co-owner/manager in day-to-day charge, the new branch manager, the area quality and compliance manager and the other business co-owner. We also received verbal and email feedback from 1 person using the service, 5 relatives, a GP and 10 care staff who worked for the provider to get their experience and views about the care provided.

We reviewed a range of records. They included 4 people's electronic care and risk management plans, multiple staff files in relation to recruitment, training and staff supervision, and various records relating to the management of the service, including staff rotas, training, and service level audits.

After our visit we continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff whistle blowing and complaints policies, and the outcome of their most recent internal quality assurance audit. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any safeguarding issues would be taken seriously and appropriately dealt with by the provider.
- The provider had safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.
- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it. 1 member of staff told us, "I would report any neglect or abuse of people we help look after straight away to my manager who I'm confident would let the police know if necessary, as well as the local authority and the CQC."
- No safeguarding incidents had occurred since this service had been fully operational. Managers understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies and bodies.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's electronic care plans contained up to date risk assessments and management plans that covered their personal and health care needs, and daily routines.
- Assessments were regularly reviewed and updated as people's needs changed. This included equipment used to support people, such as mobility hoists, which were routinely serviced and maintained.
- People told us staff knew how to prevent and manage risks they might face.
- Staff demonstrated a good understanding of people's identified risks and the action they needed to take to prevent or minimise those risks. Staff told us risk management plans were easy access and follow.

Staffing and recruitment

- People were supported by enough staff who had been safely recruited.
- People told us they received consistently good care from a small group of staff who were familiar with their needs, preferences and daily routines. 1 person said, "I have the same small group of carers who visit me every day", while a relative added, "My [family member] receives excellent continuity of care at home from the same carers who know exactly what she needs and wants".
- People received all the care and support they needed from staff who were always on time. 1 person said, "Staff always arrive on time and do everything they are expected to do for me". A relative added, "Our carers always come on time. The 1 time our carer was running late the office let us know they were on their way".

and the reason they were delayed, which turned out to be a legitimate emergency."

- Staff also told us their scheduled care visits were well coordinated by the office based-managers, which meant they were always able to get to their visits on time and complete all the tasks they were expected to do in the allocated time they had been given. 1 staff member said, "The managers make sure I'm allocated enough travel time between my visits, never over work us, and always give me plenty of advance warning of my pending work schedule." A second member of staff added, "My visits are well-organised in terms of geography and timing by the office managers. I also get to see the same clients on a regularly bases, which has enabled us to get to know them, their likes and dislikes, and their daily routines."
- Staff were subject to pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity, previous employment history, character and employment references, and the right to work in the UK. Staff's employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.
- People told us they or their relatives received their medicine's as and when they should.
- We found no recording errors or omissions on any electronic medicines records we looked at.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed and refreshed. 1 member of staff told us, "I have been well trained to administer people's medicine's safely through my induction and updated courses on the online learning cloud. We are also routinely shadowed on our visits by the managers who observe and check we can administer medicines safely."
- Medicines were routinely audited by the managers.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. People told us care staff who visited them at home always wore PPE. 1 member of staff said, "We are supplied with whatever PPE we require."
- The provider gave staff up to date infection prevention and control and PPE training.
- We were assured the provider was accessing COVID-19 testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, incidents and near misses which enabled managers to continuously identify issues, learn lessons and take appropriate action to improve the safety of the service.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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 received care and support that was planned and delivered in line with their assessed needs and wishes.
- People's care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people receiving a home care service from this agency. A relative told, "My [family member] needs and wishes were thoroughly assessed by [name of services manager] who visited us at home before their staff started providing us any care at home."

Staff support: induction, training, skills and experience

- People received personal care from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively.
- People described the managers and care staff as competent and well-trained. 1 person told us, "All my cares are lovely... They [staff] really are my guardian angels and know exactly what they are doing."
- Staff had received the training they required to meet the needs of people they supported. This included an induction programme which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was routinely refreshed to ensure it remained up to date and relevant. 1 member of staff told us, "I received a thorough induction, attended 3 days' worth of virtual training sessions, and was shadowed by a manager until they felt I was ready to do the job on my own." A second member of staff added, "Before starting with this company they supplied us with all the right training I needed to be able to care for people in their own homes and keep them safe."
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular in-person individual and group supervision meetings with their fellow co-workers and the office-based managers. Staff told us they received all the support they needed. 1 member of staff said, "I feel extremely well supported in my role by all the organisations managers who I know I can get hold whenever I need them."

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered and prepared for them.

- Where staff were responsible for assisting people to eat and drink, staff monitored their food and fluid intake to ensure these individuals continued to eat and drink adequate amounts. 1 member of staff said, "Individual care plans include people's food likes and dislikes, and any additional dietary requirements they might need. A record of what clients eat throughout the day and food choices they make is also kept." A second member of staff added, "The amount of fluids people have drunk and the food they have eaten after each home care is recorded electronically, so it's easy to monitor if people's daily nutritional intake is not enough."

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

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well. A member of staff told us, "Information is written in people's care plan stating anything they need to remain fit and healthy, such as going for walks and doing gentle exercises." A second member of staff remarked, "We often accompany clients to their medical appointments."
- People told us they were confident staff would call the doctor or emergency services if they were required.
- Systems were in place for staff to alert the office if they became concerned for a person's health. Staff said the managers supported them effectively to take the appropriate action and ensure the person's safety.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care. A member of staff said, "I listen and discuss choices and options with the people I support so I can get their consent. I always let people know what I am about to do, especially when I provide them with any intimate care."
- Managers and care staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision and had received MCA and DoLS training.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people to express their views and be actively involved in making informed decisions about the care and support they received.
- People told us they had regular opportunities to express their views and were encouraged to be active participants in helping to plan the package of care they or their family member received at home. People were consulted about their care plan, which they signed to indicate they agreed to its contents. A relative told us, "The carers who visit us at home and the managers in the office are excellent listeners and do take on board what we tell them."
- Staff told us they supported people on a daily basis to make informed decisions about the care they received. A member of staff said, "I ensure people have an informed choice about their care by encouraging them to actively chose what food and drinks I prepare them or the clothes they wear. I would never make those choices for people I support."
- Staff were aware of people's individual support needs, preferences and daily routines. Managers told us at the assessment stage they asked potential clients to tell them all about their preferences including, how they took their tea or coffee, liked to be addressed, and if they preferred to have male or female carers.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by the provider.
- People told us staff respected their privacy and dignity. A relative said, "My [family member] carers always respect her privacy and dignity and make sure they cover her modesty when they support her with any personal care."
- Staff demonstrated good awareness of how to respect people's privacy, dignity and independence. 1 staff member said, "I always knock on my client's door to ask their permission to enter, and ensure their curtains and doors are always closed whenever I provide them with any personal care." A second member of staff told us how they supported a client to use their walking frame to improve their mobility and help them maintain their ability to walk independently, which was a stated goal in their care plan.
- Care plans included detailed information about people's different dependency levels and what they were willing and could do for themselves safely and what tasks they needed additional staff support with. For example, care plans contained detailed information that made it clear to staff who needed support to manage their own medicines safely and who was willing and capable of self-medicating.

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

- People were treated with kindness and compassion, and had their human rights and diversity respected.
- People told us staff treated them with respect. A relative said, "I cannot speak highly enough about how

well our carers treat us", while a second relative added, "I can't fault any of the carers who are all our guardian angels...Such lovely, friendly people".

- Care plans contained information about people's spiritual and cultural needs.
- Where people expressed a preference to have staff support them who they had things in common with, such as gender, language, culture, religion and/or social interests, the provider respected peoples wishes. A relative told us, "My [family member] prefers to have only female carers, which the managers make sure happens."
- Staff knew how to protect people from discriminatory behaviours and practices.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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

- People received personalised care that was tailored to meet their individual needs and wishes.
- People told us the service they received was person-centred and staff respected their expressed wishes.
- People had up to date person-centred care plans in place. These plans included detailed information about people's personal, social and health care needs, daily routines, tasks they wanted completing, and how they wanted this all to be delivered. For example, 1 client had expressed a preference for staff to serve them their breakfast in the same bowl each morning, which staff respected.
- Staff were aware of people's individual support needs, preferences and daily routines, and always respected their choices. 1 member of staff said, "I feel I have a good relationship with all of my clients that I regularly visit and have a good knowledge and understanding of their needs, wishes and daily routines." Managers added, at the assessment stage we ask potential clients to tell us how they take their tea or coffee, liked to be addressed, and if they preferred to have male or female carers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plan.
- The provider was aware of their responsibility to meet the AIS. Managers told us they could provide people with information about the service in accessible formats as and when required. For example, a large white board is used by staff to write in clear bold letters the name of care staff who will be visiting each day for one client with a sensory impairment who had expressed a wish to be kept informed in this way. Managers also told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the providers complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions as and when requested.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to.
- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People said they had been given a copy of this complaints policy, which told them how to raise any concerns or complaints they might have and how they would be managed by the provider. A relative told us,

"Never actually made a complaint about the agency, but I know the manager is always very quick to respond to a number of queries I had at the beginning, so I have no doubt he would take any concern's I might have seriously and deal with them as quickly as he could."

- Complaints were logged, responded to appropriately and actions were identified to improve the service. A member of staff said, "If clients feel unhappy with the care given, they are able to ring the managers in the office who I'm confident would make the necessary adjustments to resolve the problem. I know my clients feel able to just phone the office anytime and not feel uncomfortable doing so."

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.
- Managers told us the service would liaise with various external health care professionals, including GPs, district nurses, palliative care nurses and staff from local hospices, as and when required to ensure people who were nearing the end of their life continued to experience comfortable and dignified care at home.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People consistently described the quality of the care they or their relatives received from this provider as "excellent". 1 person said, "I am very happy with the quality of care I get from my carers. I can't fault any of them." A second person added, "I can't speak highly enough of the managers and carers. I would recommend this excellent agency to anyone."
- Managers carried out thorough care and risk assessments which they used to develop person-centred management plans, which they continuously reviewed. This ensured people's needs, if they changed, would be met. Managers told us they regular telephone clients to check in and see how they are doing.
- Managers had a clear vision for the agency which they shared with care staff. They told us they routinely used individual and group staff meetings, training and various electronic communication systems, including WhatsApp groups, to continually remind staff about the organisation's underlying core values and principles.
- Managers were aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff providing it.
- Managers used a range of methods to gather views about what they did well or might do better. For example, people had ongoing opportunities to share their views about the home care service they or their relatives received through regular in-person home monitoring visits, and telephone and email contact. People were also encouraged to complete the providers bi-annual client satisfaction survey. The results of the provider's inaugural satisfaction survey were positive.
- People confirmed the office-based managers and care staff remained in regular contact with them and often sought their views to find out if they and their relatives were happy with the support they received from this provider. A relative told us, "I feel able to ring the managers in the office anytime if I have a query and they often text us to see how things are going with our carers, especially if they are new." A second relative remarked, "Nothing seems to be too much trouble for the managers. They're so approachable and always make themselves available to ask us how things are going."
- Managers valued and listened to the views of staff. Staff stayed in touch with the manager through regular telephone, social media and email contact. 1 member of staff said, "My views are listened to and

acknowledged by the managers. Whether that's requirements for my own needs or if I mention changes to my client's needs. We have regular group staff meetings every few months and I can have a face-to-face or telephone conversation with any of the managers at any time." A second member of staff added, "I am actively encouraged to discuss anything that could help improve the care I provide people I support."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and, Continuous learning and improving care

- People spoke positively about the way this home care agency was managed. A relative said, "The managers are so hands on, helpful and approachable. A lovely bunch." A community health care professional added, "This agency provides an excellent service to my clients. The manager is very approachable. I have no concerns about how he runs his organisation."
- Staff were equally complimentary about how the managers ran the service. They felt supported and effectively guided by the office-based managers. 1 staff member said, "The agency is managed very well. The managers provide us with good support, clear communication and we have an excellent team spirit. A second member of staff added, "The managers are all very approachable and support me in a way that brings out the best of my ability as a care worker."
- The managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.
- The managers were keen to improve the service and they recognised the importance of continuous learning. 1 member of staff told us, "They [managers] believe, as I do, that every day is a 'school day' and that there is always room for improvement."
- The provider had well-established and effectively operated oversight and scrutiny systems in place which helped ensured continuous development and improvement of the service. This included a range of managerial audits, ongoing care plan reviews and regular spot checks conducted by the office-based managers to observe staff's working practices during scheduled home visits. A relative told us, "The managers from the office often come to see us to check our new carers are competent and are doing everything they've been asked to do in the right way." This was confirmed by staff, 1 of whom said, "The managers frequently accompany us on our home visits to ensure we provide the best level of care and to help us fully understand what is expected of us."
- The provider also used a multi-purpose electronic system to record every aspect of the care pole received and to continuously monitor staff's time and record keep, the occurrence of any incidents and accidents, how mobile hoists were used and medicines managed. For example, the system logged the exact time staff started and finished their scheduled visits, which would automatically flag up and alert the managers in the office if staff were running late, left early or missed a call visit all together. In addition, electronic medicines records would automatically alert the office if staff had failed to administer or explain why a person may not have been given their prescribed medicines.
- The outcome of these audits and feedback the provider gathered from people using the service and their relatives were routinely analysed to identify issues and learn lessons.

Working in partnership with others

- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities, GP's, district nurses, occupational therapists, the local hospice and the CQC.
- Managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. Managers also gave us a good example of how they had worked closely with a district nurse to minimise the risk of 1 client with mobility needs developing pressure sores.