Jacross Enterprises Ltd

Bright Dawn Home Care

Inspection report

Box Trees Farm
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Solihull
West Midlands
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Tel: 01564784598

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Bright Dawn Home Care was inspected on 12 November 2015. We had received concerns about the service and as such we undertook an unannounced inspection. The service formerly traded as Home Instead Senior Care – Solihull. They have been trading as Bright Dawn Home Care since June 2015.

Bright Dawn Home Care provides domiciliary care (care at home) to people who live in Solihull and the surrounding area. At the time of our visit, the service provided support to 66 people, 20 of whom required support with personal care.

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

The service had previously accepted more care packages for people than they had the staff to meet people's needs. This meant people did not always have staff attend their calls, or staff did not stay for the required length of time. There had also been problems with making sure calls were scheduled so that staff could attend them at the expected time, and provide cover when other staff were on leave. The registered manager had worked to improve this and at the time of our visit, staff and systems were in place which had started to provide a more consistent service to people.

The registered manager had set up systems to monitor quality and ensure home calls were carried out as expected. However, the systems were not as effective as they expected, and led to a reduction in the quality of service provided to people. A recently introduced system has proved so far to be more effective however further development of this was required.

Staff understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care. However, the registered manager did not understand their responsibilities related to community Deprivation of Liberty Safeguards (DoLS).

Care plans and risk assessments contained relevant information for care workers to help them provide the personalised care people required. However, some people's care needs and the risks relating to their care had increased and these had not been updated in the care record.

People who required support with eating and drinking had enough to eat and drink during the day and were assisted to arrange health appointments if required.

People told us the care staff were kind and caring and provided good support to them. They said staff

treated them with dignity and respect, and their privacy was assured when personal care was provided. They told us they felt safe using the service and care workers understood how to protect people from abuse. The registered manager checked care workers were suitable to work with people who used the service.

People knew how to complain and who to contact if they had any concerns. Concerns and formal complaints were addressed appropriately. Staff felt the management team were open and accessible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mostly safe.
Staff understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm, however some people had experienced times when staff had not attended home calls, not attended calls for the correct length of time, and some risk assessments were not up to date. There was a thorough recruitment process. Care workers understood how to support people with medicines.

Is the service effective?

Good

The service was effective.
Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and care workers respected people's decisions and gained people's consent before care was provided. The registered manager did not know their responsibilities relating to the Deprivation of Liberty Safeguards. People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good

The service was caring.
People were supported by staff who they considered kind and caring. Care workers respected people's privacy and promoted their independence. Most people received care and support from consistent care workers that understood their individual needs.

Is the service responsive?

Good

The service was responsive.
People received support from staff who understood their individual needs. People's care needs were assessed and staff were mostly kept up to date about changes in people's care. People were asked for their views about the service and knew how to make a complaint if needed.

Is the service well-led?

Requires Improvement

The service was mostly well-led.
The registered manager, senior team, staff and people all recognised the service had been through a challenging period which meant the service provided to people had not always been good. At the time of our visit, the registered manager had in place a relatively new senior team who had a good understanding of their roles, and new quality monitoring systems which would support the service. The service was beginning to deliver a higher and more consistent quality of care.

Bright Dawn Home Care

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 inspection took place on 11 November 2015 and was unannounced.

The inspection was undertaken by two inspectors. We spent one day in the Bright Dawn office, looking at records, speaking with office staff, care staff and the registered manager. After our visit to the provider's office, we contacted people who used the service and other staff by phone to gain their views of the service provided. We spoke with four people, 12 staff, and one relative. We also spoke with local authority commissioners of services.

We reviewed four people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included checks the management team made to assure themselves that people received a good quality service.

Requires Improvement

Is the service safe?

Our findings

Prior to our visit, people and whistle blowers had contacted us to tell us that staff were not attending calls on time and sometimes staff had missed calls completely. We were told this had put people at risk because people had not received their medicines on time. Also one person required the assistance of two staff members to move but this was not always possible because one of the two staff members had not attended the call. Concerns were raised that staff schedules did not provide sufficient travel time and there were not enough staff available to meet people's needs. The registered manager told us in response to this, that the person who had been responsible for the scheduling had left the service. They told us this member of staff had not managed the schedule as expected and it was during the period of time this person was in charge of the rota when staff were not getting to calls on time to meet people's needs. They told us this had now improved.

Staff and people who used the service confirmed this improvement. One member of staff told us, "The rotas are a lot better. There was previously a lack of understanding about clients, carers and distances; now we have [Staff name] doing the rotas things are running smoothly." One person informed us they were now sent a copy of the rota for the following week so they knew which staff were coming to support them. Another told us, that there had been a period when they weren't sure who was coming and whether someone would turn up but, "Recently it has been fine." This meant staff and people had more confidence in their care calls being met, but there had not been sufficient time to demonstrate sustained improvement .

Despite these concerns, at this inspection people we spoke with told us they felt safe using the organisation, although two people confirmed they did not always have two staff attend to them. One person said, "I occasionally only get one person and they do it themselves with my husband as he will help." The registered manager informed us that this arrangement had been agreed with the person prior to the care worker attending the call on their own, when it became clear that they did not have two staff available. Another person told us they had "No problems" with safety. People told us if they didn't feel comfortable or safe with a member of staff they felt able to contact the office and ask for a change of staff. One person told us there had been a couple of staff they described as 'iffy', but they told the office staff and those care workers did not come to their home again. The registered manager acknowledged there had been problems with monitoring staff's attendance at calls over the last few months. They told us they had implemented a new electronic call monitoring system which would let them know if staff had attended calls.

The system relied on staff having a 'smart' mobile phone and use of an 'app' to scan a device at the time they arrived and left a person's home (An "app" is a piece of electronic software that runs on a mobile phone and passes information quickly over the internet). A small number of staff however, did not have these phones or refused to use them and continued to sign in and out using a paper based system. This meant that two different systems were in place at the same time, and at the time of the visit there was no plan for all staff to be provided with a smart mobile phone.

Office staff could not monitor whether staff who used the paper based system had turned up for the call. During our visit, we found there had been a recent situation where a care worker had not attended a call.

The care worker did not use the new electronic system, and the office had not been alerted until the relative had contacted them to inform them. The person who used the service was unable to tell the office themselves that their call had been missed. As a consequence of this, the person had been put at risk. The provider told us they had offered to put into place 'overlapping' calls which would mean the member of staff would know if the next care worker had not attended the call and contact the office, but the person's relative declined. A person we spoke with also informed us that the previous week they had contacted the office to inform them staff had not attended the call. The registered manager had taken steps to ensure staff were clear about their rota, and had asked staff to provide written confirmation that they had seen changes to the rota, however this did not give assurances that the office would find out if a call had been missed for other reasons.

Not every person who used the service experienced staff spending the agreed amount of time at their home. Prior to our inspection, one person told us that their one hour care call had sometimes been shortened by 15 minutes or half an hour. During our inspection, another person told us their care calls had sometimes been shortened to half an hour. They said, "The idea is that they are here for an hour, but they've sometimes only been here for half an hour." They went on to say that this happened more in the summer months where they felt the scheduler did not give the staff enough time to get from one job to the next. They told us it had improved in the last few weeks. Other people told us staff stayed for the full hour and one person told us sometimes staff stayed longer to ensure their needs were met.

The registered manager acknowledged that the previous problems with scheduling and staffing meant staff were rushed and did not always stay the agreed amount of time. They also told us a previous care co-ordinator had given too many staff annual leave at the same time, which left them with a problem covering calls for the required time during the summer. They said the reduction in the length of call times had been agreed with the person in advance and they were not calls where the person required support with personal care. Instead the calls were companionship and cleaning calls. During the visit we looked at a sample of electronic call records and we saw that staff who were using electronic call monitoring system were staying for the allocated amount of time. However the time sheets for staff who were not on the electronic call system were not always available for us to check. We were satisfied from the information we saw, people were now receiving their calls for the correct length of time.

Staff we spoke with had a good understanding of the risks related to people's care and ensured these were managed to support people's safety. One member of staff told us, "Keeping people safe is part of my job. There are some 'not very nice people' out there. I always make sure that my clients are safe, for example I put the key back in the key safe box when I am finished."

Most of the people provided with personal care had been receiving care and support from the organisation for at least a year. Staff knew people's needs and how to ensure their risks were reduced. For example, staff knew when a person might be more at risk of their skin breaking down and pressure sores developing. However, people's records did not have up to date risk assessments which would ensure that new staff attending a person would know what to do. For example, one person's care record informed that they required support to have a shower and to get dressed. From looking at the daily records we saw staff were also supporting the person to wear a continence pad and were applying cream to their skin. This meant the person might have been at risk of their skin breaking down, but this was not identified as part of a risk assessment. It was not clearly explained why staff should apply cream to the person's skin. The registered manager acknowledged the records required updating and they had started to do this.

Staff understood how to keep people safe. We asked staff how they would deal with different safeguarding scenarios. They all understood the importance of recording what they had witnessed, making sure the

person was safe and secure, and reporting their observations to management. Staff understood management had responsibility to refer their concerns to the local authority safeguarding team. They also knew to contact social services or the CQC if they did not feel the registered manager had undertaken this responsibility.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured only suitable staff were employed. Prior to staff working at the service, the registered manager checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at Bright Dawn until the checks had been received by the registered manager. One member of staff told us, "I had to wait for all the checks, DBS and references before I started work.". The registered manager told us staff could not work independently until all their checks had been completed satisfactorily, they could work alongside another member of staff once their initial police check confirmed they were not on the barred list of workers.

Staff knew how to manage medical emergencies. We asked staff what they would do if there was an emergency when they arrived at a person's home. One member of staff told us, "Care workers are confident to deal with emergencies, it's included within their training. They call the office if they need any support." Another member of staff told us, "I have had to call an ambulance for someone before as they were on the floor when I arrived. I then phoned the office and the family." The registered manager told us they were working on contingency plans for events such as poor weather so that people with the highest needs were not left without support or care.

Staff administered and prompted people to take their medicines safely. Staff explained how they supported people to manage their medicines safely. One staff member said, "The medicines are removed from the blister pack onto a spoon. We then assist the person to take them and record that they have been taken. If the person refuses, we record that they have refused." They told us of one person who had difficulty swallowing medicine because it was too big for them. They had reported this to the office and the medicine was changed to one that was easier to swallow. Staff confirmed they had received training to enable them to administer medicines safely, and their practice was checked by senior staff to ensure they remained competent to do so. The medicine administration records (MARS) were kept in people's houses. The provider's policy was to bring records back to the office each month. The MARS we saw were from August 2015 because they most recent ones had not been brought back to the office. This meant we could not see whether medicines had been accurately recorded in recent months.

Good

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found one person who used the service was being deprived of their liberty. The person did not have capacity to make an informed decision about their safety, and their relative and the registered manager agreed they would be at high risk if they left their home unsupervised. It had been decided it was in the person's best interest to lock the front door of their home during the times that care workers were not present and the relative was out of the home during the day. The registered manager had not sent an application to the court of protection for a 'community' Deprivation of Liberty safeguard. The registered manager agreed as a matter of priority to send an application to the local DoLs team at the local authority to ensure this action was appropriately authorised by a Supervisory Body.

Staff understood the principles of The Mental Capacity Act and told us they had received training to help them understand the Act. They told us, "The Mental Capacity Act is about people making decisions for themselves." Staff were clear that people had the right to make their own decisions, and supported people to make decisions where they had the capacity to do so. People we spoke with confirmed this. We noted that care records of people with dementia did not always clearly inform which decisions the person continued to have capacity to make and which decisions had to be undertaken in the person's best interest. This meant a new worker might not understand how to fully support a person whose mental capacity had been reduced or fluctuated. The registered manager agreed and said this would be rectified.

People told us staff had the skills and experience to support them with their care. One person told us staff, "Always made sure [person] is safe when using the hoist." On the day of our visit some staff were in the office undertaking practical training in moving and handling to make sure they knew how to support people to move safely. Office staff told us they had also undertaken this training to enable them to provide cover if there were unexpected staff absences. A person who used the service told us, "Everyone [staff] has to go through a refresher – especially with the safety aspects. Staff know what they are doing."

Staff told us they had been inducted into the organisation when they first started work. They said this included working alongside more experienced and established staff and undertaking the 'required' training. New staff told us they were in the process of completing the Care Certificate. The Care Certificate was introduced by the government to support workers to have the relevant knowledge and skills to provide compassionate, safe and high quality care and support.

Staff told us the training they had received had given them the skills to do their job. Some staff who worked with people who lived with dementia had recently undertaken training to provide them with a greater awareness of dementia. One member of staff said, "It was really good, really informative, looking at why people have dementia and how to react to the changes." Another said, "It helped to give some perspective and to give you the tools to use to get the best out of people." A relative of a person who lived with dementia told us, "The care mum gets is superb. I have no issues with the carers and would be totally lost without them." They told us how the care workers continually re-assured their relation, and how staff managed to deal with challenging situations. The new care co-ordinator told us they had been booked on to co-ordinator competency training with UKHCA (United Kingdom Home Care Association). This was to support them in their new role.

Care workers told us their knowledge and learning was monitored through a system of supervision meetings and unannounced 'observation checks' on their practice. They told us they had a supervision session every three months and an annual performance appraisal meeting. Staff said they felt communication between the office staff and care workers had improved recently as a consequence of new staff coming into post. They told us they felt more supported, particularly with the on-call system. They told us if they rang the office outside of normal working hours there would always be a senior manager available to support them.

Some people who used the service needed support to eat and drink. The care records gave information about people's food and drink likes and dislikes. Most people received support to eat food which their relatives had made, or were assisted to eat pre-prepared meals heated by care staff. Where people were at risk of dehydration or malnutrition, their care plans informed staff to encourage and prompt them to eat and drink. We could not see whether staff had been working to the care plans because the daily logs had not been returned to the office since July 2015. We spoke with one person who received support to eat their meals. They told us, "They help me to eat and drink at my own pace."

Staff told us they supported people to access healthcare and social care professionals when necessary. They told us they shared information with people's relatives, or when required, arranged health care appointments on behalf of people. For example, one member of staff told us they spoke frequently to health professionals regarding medication queries or to request home visits for people. Another member of staff told us, "The telephone number for people's families and GPs are in the care plan" and they would support the person to make a call. A relative told us they were confident that staff would tell them if there were any changes they needed to know about. For example, staff would tell them if their relation's feet were swollen, or if they had detected some reddening of the skin where there were skin folds.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with kindness in their day to day care. One person said, "If I'm in a bad mood, I'm not in it for long, because they are fun, they're nice girls." A second person said, "The girls are fantastic, I have no problems with them at all, the girls at the office are very good. I couldn't speak highly enough of them.".

People's needs were met by staff they knew and trusted. The registered manager told us they allocated regular care workers where possible. One person we spoke with talked highly of their regular team of workers. They told us this team was, "A* brilliant", and one in particular was their, "Goddess". Another person said, "We have regular care workers. They come every day of the week. They know us, it is very seamless, it doesn't feel like we have carers coming in, they know where everything is. They're lovely."

People and their relatives told us they were contacted by office staff if they could not have their regular care worker because of annual leave or sick leave. They told us they were informed who the replacement would be. One person explained that if the agency knew a person was going to be away, they would send another member of staff with one of the regular staff to work with them prior to taking the call on their own. This ensured continuity of care was maintained.

Staff we spoke with had a good understanding of people's needs, wants and preferences. Care records were written with the person at the centre of care, identifying what people could do independently and what they required support with. For example one care record informed staff to, "Prompt and assist by putting soap on [persons] flannel and shampoo in [person's] hand for them to wash their hair."

People told us they were supported with at their own pace. One person told us, "I've never felt rushed, they take it at your pace." Another said, "They know exactly what my needs are. As long as they listen and do things I want it works out." This person told us they felt confident the new care co-ordinator would deal with any changes requested. They told us, "I trust her completely." People felt involved in making decisions and planning their own care. One relative said, "They ask if there are any changes required." A person explained how staff involved them with their care. They said staff would say, "We've just got to do so and so, is that OK? Do you want us to do that?" People and their relatives told us they were involved in reviews of their care.

We checked whether people had the privacy they needed when personal care was undertaken. A person confirmed this was so, and said, "They have to get me out of bed and take me into the shower. They undress me and make sure I have everything I need. They leave me in the shower and just shout out occasionally to make sure I am OK." A member of staff confirmed this was their practice, "I always knock the door and wait to enter a client's bedroom and wait outside the bathroom door if they are using the toilet. I let people do what they can for themselves. As I have hour calls I have the time to do this."

Staff understood they were guests in people's homes and were respectful. One member of staff told us, "I work with one lady who says that I did not need to knock the door before I go in, but I always do as its polite and respectful. It's their home and I wouldn't want someone just walking in to my house." They also told us

they were not prepared to accept disrespectful behaviour within the staff team. One member of staff said, "I would call the office if other workers were not respectful. I am patient and give people time to do what they can for themselves.". One person told us they had previously been supported by a member of staff who did not listen to how they wanted their care provided and they thought they knew better. The person told us they phoned the office staff to voice their concern, their views were listened to, and the staff member never returned.

Good

Is the service responsive?

Our findings

People's care and support was planned with them. Prior to using the service, a member of the office team met with the person to discuss their needs and how they wanted care staff to support them in meeting these. Written care plans were developed outlining how these needs were to be met. Staff we spoke with had a good understanding of people's needs, however the care plans did not always reflect recent changes. The registered manager acknowledged they needed to update some of their care records to reflect recent changes and reviews of care. Care staff told us of instances where care plans had been out of date and told us the office team ensured they were updated once this had been identified. A member of staff told us, "I read a person's care plan and it said that they didn't need any support to use the toilet. I worked with them and this was not true as the person had difficulty to undo their buttons, so I helped them with this. I spoke to the office about this and the office staff changed the care plan to reflect the level of help needed". They also said, "One person seemed to relax when I played music. I told the office and they added it to their care plan".

People who used the service told us they were asked their views about how they wanted to receive their care and support. One person told us, "I have been asked my opinions, they come and review the care. They are doing everything they can, if I wanted them to do something, I'd ask them and I am sure they'd respond." A care worker gave an example of being told by a relative that the relative needed more support to help the person. The care worker phoned the office to let them know. They told us the manager then contacted the person's social worker and the person's care needs were reviewed. This resulted in more time being allocated to ensure that the persons care needs were fully met.

People and relatives knew who to contact if they had concerns or complaints about the service provided. People saw office staff as responsive to their needs. One person told us, "Office staff are good, they are very helpful and good with communication." Another person told us, "If I had any concerns I would contact the office, they are always very helpful." One person told us there was a time when it was difficult to know who to contact in the office because staff had left. The person told us,"It is now stable and we know who to contact again." From talking with people and staff, most concerns were resolved at an informal level. During our visit we were made aware there was a formal complaint investigation in process relating to staff not staying for the contracted period of time. We also saw another formal complaint had been made earlier in the year about the suitability of care workers visiting at the week-end. This had been resolved to the person's satisfaction.

As well as looking at complaints and concerns, we also looked at positive feedback received by the provider. We saw many cards had been sent thanking staff for the care provided. The provider sent quality assurance questionnaires to people to find out their views. We saw the results of one survey conducted in February 2015. The seven responses we reviewed were positive about the service. One respondent had asked for a care worker to be removed from their calls and the provider had responded to this request and replaced the care worker.

Requires Improvement

Is the service well-led?

Our findings

People told us in the last few months, the service had not been as good as they were used to. They told us there had been a high turnover of staff, they sometimes did not receive their scheduled calls and sometimes staff did not stay for the expected amount of time. Most felt it had recently started to improve and were more confident that management was, "Going through a stable period."

The registered manager acknowledged they had been through a challenging time. The service was previously part of the Home Instead franchise and traded as 'Home Instead – Solihull. Earlier in the year they had bought themselves out of the franchise to trade as Bright Dawn Home Care. This meant the infrastructure provided by the franchise operator was removed and the service had to set up its own systems for scheduling and monitoring the service. The registered manager told us the initial systems they had implemented were not as effective as they had hoped . Another system had recently been introduced which they expected to be an improvement, but had not been tested over a longer period of time to ensure improvements were sustained.

The registered manager told us there had been a number of staff changes in the office and this had impacted on the quality of care. They acknowledged scheduling had been poor during recent months, but told us this had improved with the new scheduling system and by recruiting a scheduler who understood how to ensure people were matched with staff who could get to their calls as agreed. Office staff explained to us how the scheduling tool worked and how they assigned care workers to calls. They demonstrated how they ensured care workers were available to attend calls, and the time it took them to travel to a call.

The registered manager told us they had taken on too many new people earlier in the year, and they could not meet all people's needs. They had spent the last few months rectifying this, and would not accept any new care packages until they had enough staff to meet their current service users' needs effectively. We saw a list of people who wanted to use the service but who were 'on hold' until sufficient staff had been recruited. The registered manager told us some people who currently used Bright Dawn wanted increased hours but had been advised staff were currently at full capacity. One person we spoke told us, "They are short of staff. We have had to move to another agency for two of our calls each day, but as soon as they get the staff we will move back to Bright Dawn."

On the day of our visit, we saw the new office team were clear about their individual roles and responsibilities. These included scheduling and ensuring staff rotas covered people's needs; recruitment and retention of staff; and administration. We saw the team worked well with each other and there was a supportive atmosphere. A recently recruited member of staff told us, "At my last company the phone was always going because people were not happy, this doesn't happen here, everyone knows what they are doing. I can talk to the manager. Her door is always open." A member of office staff told us," I feel listened to and we are always trying to improve things in the office to ensure that good care is being provided."

The registered manager operated a 'worker of the month' scheme. This was where a member of staff had been identified as providing care or support over and above their duties. The member of staff was given

recognition by the organisation for their efforts, and given a gift as a thank you for the work they had done.

Staff told us they felt more supported by senior staff. They told us the new deputy care manager had improved communication and consistency within the service. One staff member told us, "[Deputy care manager] is lovely. If it doesn't work, she changes things. Since [deputy care manager] and [scheduler] have been in post, everything is better."

The registered manager told us they had office meetings on Mondays, Wednesdays and Fridays. Each day focused on specific issues. For example, Monday meetings looked at the key performance indicators (a method of determining how the organisation was performing to its targets) and any on-call concerns, and Friday meetings were to ensure all calls were covered for the week-end and forthcoming week, as well as looking at any issues that needed to be addressed.

Office and care staff told us they had staff meetings every two to three months. We asked to see staff meeting minutes. The registered manager could not find minutes of meetings prior to July 2015. They told us they thought they had sent back to the Home Instead head office when they left the franchise. We looked at the minutes of a meeting held in July 2015. These demonstrated that staff had been given clear information about their roles and responsibilities. We were told staff had met since July 2015 but minutes had not been written up.

Bright Dawn were developing their own quality monitoring systems. Some, such as staff observation and supervision had been established well, whereas others such as auditing daily care records, monitoring calls, and reviewing care plans and risk assessments continued to need further work.

The registered manager recognised the need to improve care records to ensure they provided up to date information about people's risks and support needs. They also recognised that whilst the scheduling and call monitoring had improved there were still improvements to be made to ensure office staff knew whether every call had been attended and for the correct length of time.