

## Premier Homecare Limited

# Premier Homecare Limited

### Inspection report

24 Candford Lane  
Westbury-On-Trym  
Bristol  
BS9 3DH

Tel: 0117 959 2013

Website: [www.premier-homecare.com](http://www.premier-homecare.com)

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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 

### Overall summary

We undertook an announced inspection of Premier Homecare on Tuesday 14 April 2015. When the service was last inspected in April 2013 there were no breaches of the legal requirements identified.

Premier Homecare provides personal care to people living in their own homes within the Bristol and South Gloucester area. At the time of our inspection the service was providing personal care and support to 145 people.

A registered manager was in post at the time of inspection. 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.

People felt safe and staff knew how to respond to actual or suspected abuse. The provider had a safeguarding adults policy for staff that gave guidance on the identification and reporting of suspected abuse.

# Summary of findings

People's care appointments were undertaken by the staff at the service as planned and there were sufficient staff available to meet people's needs. Staff told us that staffing levels were sufficient and told us they had time to meet people's needs.

People received their medicines on time and the service had arrangements in place for the ordering and administration of medicines. Medicines records had been completed appropriately and the provider had an auditing system to monitor people's medicines.

People praised the care they received from the staff and told us they received a high standard of care. Staff were provided with regular training and supervision processes and staff felt supported.

People were asked for their consent before any care was provided and staff acted in accordance with their wishes. Staff understood their obligations under the Mental Capacity Act 2005 and how people should be supported to make informed decisions.

People were supported to see healthcare professionals when required and records showed that staff responded promptly to people's changing needs. The service had appropriate systems that ensured referrals to healthcare professionals were made.

There were caring relationships between staff and people. People spoke very highly of the staff that provided their care and we also received very positive feedback from people's relatives. People and their relatives were involved in decisions about the care package they received.

People's care records showed people's involvement and the decisions they had made in their care planning. People and their relatives spoke positively about the communication from the management and staff from the service.

People told us they received the care they needed and when they needed it. All said their agreed care package met their needs. The provider had developed systems to ensure that people's care needs could be met by new or unfamiliar staff.

The provider had a complaints procedure and people had been given appropriate information about how to raise a complaint if required. People were confident they could complain should the need arise and felt that any issues identified would be addressed by the management.

The registered manager was highly spoken of by the staff. Staff felt very supported in their roles and the management had sufficient systems to communicate with the staff. The provider was involved in a pilot hospital discharge initiative to speed up hospital discharges for people in the local area.

People and their relatives knew the management structure within the service. Staff told us they worked in a supportive environment and they felt listened to. The registered manager had systems to continually monitor the quality of care provided and auditing systems to monitor records and documentation used by staff.

# Summary of findings

## 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. People felt safe using the service and spoke highly of the staff who supported them.

Staff knew how to identify and report abuse in line with the provider's policy and told us they would report concerns.

There were sufficient numbers of staff to meet people's needs and appropriate recruitment procedures were completed.

People received their medicines when they needed them and clear records were maintained.

Good



### Is the service effective?

The service was effective. Staff were appropriately trained and supported by the provider. Staff supervisions were completed.

The provider had an induction programme for new staff that ensured they were suitably equipped to undertake their role.

Where required, people were supported to ensure they had enough to eat and drink.

People's healthcare needs were met and the service had systems to obtain support and guidance where required.

Good



### Is the service caring?

The service was caring. People said there were excellent relationships between them and the staff team.

People said they were treated with respect by staff.

Staff demonstrated a caring approach to providing person centred care and were knowledgeable about people's needs.

People told us the care they received was in line with their wishes and from staff who knew how to care from them.

Good



### Is the service responsive?

The service was responsive to people's needs. People made choices about the care they received from the service.

The provider had systems to ensure care provision continually met the needs of people.

People said they were involved in planning their care and told us they received care which met their needs when they needed it.

The provider had a complaints procedure and people felt they would be listened to if they complained.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. People spoke highly of the communication they received from the service.

Staff felt supported and valued by the management team.

The provider was involved in a pilot scheme with a local hospital aimed to reduce hospital discharge waiting times.

The provider communicated with staff and staff felt they could express their views and opinions.

There were quality assurance systems to monitor the quality of the service provided.

**Good**



# Premier Homecare Limited

## 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.

The inspection took place on 14 April 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. The last inspection of this service was in April 2013 and we had not identified any breaches of the legal requirements at that time.

This inspection was carried out by one inspector and an expert-by-experience who had experience of domiciliary care. 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 which included notifications they had sent us.

On the day of the inspection and the following day, we spoke with 12 people and the relatives of five other people who received care from the service. We also spoke with eight members of staff which included the registered manager, the general manager and care staff.

We looked at eight people's care and support records. We also looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

People felt safe using the service and spoke very highly of the staff that provided their care. People's relatives felt the service provided safe care. One person commented, "The staff are always on time and I really trust them." One person's relative we spoke with told us, "I have every confidence in Premier Homecare, they are brilliant, so caring. The girls know what they are doing. It's like having a new family to look after my Mother."

The provider had arrangements to identify and respond to suspected abuse. Staff were knowledgeable about safeguarding procedures and reporting processes. They were aware of the different types of abuse or harm people could experience and were clear that any concerns would be immediately reported to a senior within the service. Information we held about the provider showed they had made referrals to the local safeguarding authority when there was a concern for people's welfare. The provider had policies for safeguarding and whistleblowing. The safeguarding policy highlighted reporting processes, however we highlighted to a senior member of staff that the whistleblowing policy did not include information about external agencies staff could contact. This was rectified during the inspection period.

The provider had completed an assessment of people's needs and identified risks were managed when identified. Care records contained risk assessments for people and showed risk assessments in relation to their mobility, risk of falls, specific medical conditions and also identified any risks associated with people's home environments. For example, where people were identified as having reduced mobility and requiring assistance from staff, the mobility equipment they used and guidance for staff was recorded. One person who required a hoist had guidance for staff on the use of the hoist and how to apply and use any associated equipment, such as slings, safely.

Assessments also ensured staff promoted people's independence when supporting them. Within one person's record it showed a person needed to use a stair lift within their home to go upstairs in their property. The record showed that the person liked to operate the stair lift themselves, however staff should supervise and observe the person whilst giving them verbal prompts to use the

equipment safely. This showed the service had managed the risks associated with the person's care positively and enabled the person to maintain control and make choices about their care.

Environmental risk management guidance was available for staff for internal and external aspects of the home. This risk assessment listed the surrounding area of the home and advised staff on any external hazards together with a listing of all internal rooms in the home. Where required, all different mobility equipment used by the person located in different rooms was listed to assist staff in locating it if needed. Information showing staff how to locate and turn off the electricity, gas and water supply in the event of an emergency was listed.

The provider had systems to effectively monitor the reporting and reviewing of incidents and accidents. Incidents or accidents were immediately reported by staff to senior staff within the office and an electronic record was made on the provider's care planning system by the senior staff. The record then remained open until completed by the staff member to ensure that all relevant information was recorded. For example, the record required information such as was the person taken to hospital, did they suffer any injuries and are the person's family aware if required. An overview of the incident was then sent to senior management and supervisory staff via email to ensure this information was communicated to other relevant people. Records showed this system had been effective in ensuring all required information had been obtained.

There were sufficient numbers of staff to support people safely. People and their relatives spoke of a very high level of satisfaction when asked about the reliability and punctuality of staff. One person commented, "The staff are fantastic, they are regular and on time each day." Another told us the staff were, "Always on time." People felt the service provided them with the same staff where they could to ensure their care was provided by familiar staff. One told us, "We cannot fault them, we have the same staff and they really know what they are doing." Another said, "We have a regular carer, she is very caring."

We spoke with the general manager who told us the aim of the service was to build a small team of staff that had developed a good relationship with people to try and ensure people received care from staff they knew. They said that this was achieved a significant amount of the time,

## Is the service safe?

however due to the size and complexity of some care packages this could not always be achieved. Where this was the case, a larger staff team was created to provide care to people.

The provider had systems in place to monitor that care was being delivered safely. A system in use recorded staff arrival and departure times at appointments to monitor attendance times and punctuality. Records supported the views and opinions people gave us and demonstrated the service delivered care in line with people's assessed needs. We reviewed a performance summary for the period of 5 January 2015 to 29 March 2015. The summary showed the service had completed 11,139 care appointments during this period and had not missed any appointments. The summary also showed that 99.43% of these calls had been delivered either on time or within 30 minutes of the specified appointment time.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed. Staff files contained initial application forms that showed previous employment history, together with

employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensures that people barred from working with certain groups such as vulnerable adults would be identified.

Medicines were managed safely. Some people managed their own medicines and assessments to manage this risk had been completed where required. There were different systems in operation for different people for the obtaining and disposing of medicines. For example, for some people a relative would collect their medicines from the local pharmacist and others would have it delivered to their address via the pharmacist. Some people had their medicines collected by staff and this was recorded on the care records. People said they were happy in how their medicines were managed for them and no concerns were raised with us by people or their relatives. Medicine Administration Records (MAR) were completed by staff within people's homes and the provider had systems to monitor the accuracy of people's individual MAR.

# Is the service effective?

## Our findings

All of the people we spoke with and their relatives commented positively about the standard of care they received. One person said, “The staff that visit me are well trained and the staff know what they are doing.” Another positive comment received was, “All the staff who come were well trained and know what to do.”

Staff received training to enable them to carry out their roles. Staff spoke positively about the training they received and felt they were able to provide good care as a result of the training. The training record showed staff had received training in a variety of relevant topics such as moving and handling, medicines and first aid. The service maintained a record that ensured staff received refresher training so the training they received was current and in line with best practice.

New staff completed an induction training programme. The provider’s initial staff induction was completed over a two day period and new staff received training in medicines, mental capacity and making decisions, safeguarding adults and communication skills. The new staff member completed an induction book throughout the induction period to monitor their competence and knowledge in the subjects they were being taught. The induction also included a period of shadowing experienced care staff and then being observed during the initial stages of their employment.

Additional training was provided to enhance staff knowledge in certain areas. All staff received additional training at a local hospital in clinical subjects to meet the needs of some people using the service. The training was entitled ‘Basic Clinical Skills’ and was provided by healthcare professionals. Staff received training in infection control, protecting yourself and cross contamination, catheter care, stoma care and the correct disposal of clinical items. All of the staff we spoke with told us this training very useful.

Staff were supported to effectively carry out their roles. Staff received regular performance supervision and told us these supervisions were useful and constructive. Supervisions were completed by senior staff following observations made during care provision at people’s homes and administrative staff received supervision within

the provider’s head office. A sample of some supervision record showed that matters such as team working, employment satisfaction and absence through sickness were discussed when required.

People told us staff always asked them before they provided any care. One person commented, “The girls never do anything for me without asking first.” A consent policy was in place and gave staff guidance on the principles of the Mental Capacity Act 2005. The policy showed the process for determining capacity and how this had an impact of the decisions people made. Care records showed that people had confirmed their agreed package of care.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and demonstrated an understanding of how the MCA impacted on their work. Staff told us how they always involved people they cared for in making decisions, for example the clothing they wore on different days and what meals or drinks they wanted. Staff told us they were aware that at times decisions needed to be made for people by those acting on their behalf and they understood there was a formal process for this.

Staff provided assistance to some people in the preparation of their meals and drinks. A senior staff member informed us that no person currently using the service was at risk of malnutrition. The people we spoke with who were supported by staff with their meals and drinks said the staff supported them well. One person told us, “They never leave the house without offering me a drink first.” For people who required the assistance of staff to prepare their meals, this was clearly recorded within their care records. The records also contained personal information to assist staff, for example if somebody wore dentures and preferred tender food. Details of the level of social interaction people preferred during meal times was recorded. One person’s record showed how they liked the company of the care staff during meal times and it was part of the person’s agreed care package that the care staff would sit and eat with them.

People could see healthcare professionals such as a GP or the community nursing team. People’s care records displayed information that may have been important to staff about when people’s needs may require healthcare professionals to be involved. For example, some people’s records showed that they were at risk of skin breakdown and that staff supported people by applying prescribed or

## Is the service effective?

topical creams. The guidance showed that staff should contact the head office immediately should any signs of redness or soreness be identified. People's records showed that the service had made referrals when requested by staff.

# Is the service caring?

## Our findings

We received a very positive feedback from people throughout the inspection when asked about the caring nature of staff. All people spoke of the friendly relations they had with staff and said they were treated as an individual. One person said, "They [staff] are wonderful girls, they care so much about us." People's relatives and friends gave similar comments, with one relative saying, "The girls are like friends, we couldn't manage without them." Another relative said, "I couldn't look after my Mother better myself."

We reviewed the compliments log at the service that reflected the information given to us by people during our inspection. One person who received care from the service said, "The girls are lovely, they are always respectful, they work hard and always ask if they could do anything else. Nothing is too much trouble for them." One person's relative said, "The family couldn't wish to meet a better group of carers, all very professional and caring."

A nationally recognised website to give feedback on care experiences showed positive feedback on the caring nature of staff at this service. The website had 10 reviews about the service and all rated the service as excellent and gave the service the highest available scoring. Extracts from comments on the website read, "Life changing - from the time I spoke to the owner I felt my husband would be well cared for." Another person commented, "Extremely well organised, staff friendly & very obliging."

People had been given information about the service. People told us they had the service user guide within their homes that communicated information about the service. The service user guide told people about the aims and objectives of the service and how the service would achieve the objectives by delivering quality care and told people the aim of the service was to improve their quality

of life. There was information about the management and staff structure at the service together with contractual information and information about the care and support the person would receive.

Staff were knowledgeable about people's needs and told us they always aimed to provide personal, individual care to people. Staff told us how people preferred to be cared for and demonstrated they understood the people they cared for. They told us how continually supporting the same people assisted in developing a close relationship with people and allowed them to understand their needs. One member of staff told us, "I don't look at my job as just helping people, it's about promoting a good quality of life." Staff told us about people's preferred care routines, their daily preferences and how they had helped people achieve individual goals such as increasing their mobility under the guidance of an occupational therapist.

People's felt respected by the staff. People felt they were treated respectfully by the staff. People's comments reflected the excellent relationships they had built with staff who supported them. One person said, "I am always treated with respect, I feel that I am not just a number but I am treated like a real person." Another person told us, "I was treated very well at all times." One person's relative commented, "My wife is treated with respect at all times."

People felt involved in decisions about their care and their independence was maintained. People said they had been involved in deciding their care packages and they were pleased with the care they received. People told us that the service communicated well with them. People's records contained personalised information within them, for example how somebody liked their personal care given, what drinks they preferred or tasks they wished for the staff to complete prior to them leaving. All of the people we spoke with told us that care was delivered that met their needs and in line with their preferences.

# Is the service responsive?

## Our findings

People's care needs were being met. People and their relatives told us the service delivered the care they needed and all spoke very positively about the care provided. One relative told us, "Her [person who received care] care is delivered as agreed in her care plan." One person told us how the staff met their care needs and said they always asked if they could help with anything at all before they left. They said, "This shows they care. This is over and above what they have to do."

Care records were personalised for people and clearly demonstrated their agreed package of care. People and their relatives were involved in the planning of their care and told us their care plans were discussed with them. Records contained information for staff that showed each person's individual needs and how they liked to be supported. Staff told us they felt the records were detailed and enabled them to provide personalised care.

People's recorded care packages were variable and were unique to that person. For example, they showed what different tasks were required by staff on each visit they attended. They showed preferences for personal care and highlighted how people liked to have their topical creams applied. Special instructions such as leaving additional flasks of boiling water to allow the person easy access to hot drinks between their care appointments was recorded. The provider had a system whereby a new care record followed a checking and authorisation process. Senior staff and management reviewed the care plans to ensure they were accurate and in accordance with the person's assessed needs. Following final authorisation from a senior member of staff, the care plan was then placed in the person's home for use.

People's care needs were reviewed annually or earlier if required, for example if a person had been admitted to hospital or had fallen. People told us they were always involved in their reviews and discussed any changes in their care plan. One person commented, "The carers involve me in everything they do." Another told us, "The staff discuss my care all of the time." We spoke with a person's relative who felt the care plans contained a very good level of information and said, "My wife's care plan is very comprehensive and it's reviewed regularly." One person who had recently commenced receiving care from the

service told us that senior staff had ensured they were happy with their care package. They said, "I have used Premier Homecare for three months and my care plan has been reviewed once."

The provider had implemented systems to increase their responsiveness to people's needs. A 'Helpdesk' was in operation at the service for people and staff to use. This was a dedicated number that essentially provided a 24 hour triage service for people and staff. The helpdesk would take calls from people and staff about matters such as medicine concerns or any welfare concerns staff had about people. For example, if a staff member observed a person's skin was in danger of breaking down, a call to the helpdesk would be made immediately who would then contact with the district nursing team to report this. When a call was made to a healthcare professional, an electronic record would be opened and would not be closed until the matter was resolved, for example when the district nurse advised they would attend the person's house. The helpdesk allowed staff to continue to provide care to people whilst arrangements to meet the person's needs were made by the helpdesk.

The helpdesk was operated by senior care staff and also acted as a point of contact for healthcare professionals to ensure the service were aware of any changes in people's needs. We spoke with a senior member of staff employed on the helpdesk who told us they frequently communicated with district nurses, GPs, hospitals and people's relatives about people's care needs. The service had a reporting system that ensured significant information about people was disseminated to the appropriate management and staff to ensure people's changing care needs were communicated. Staff gave examples of when they had received information on the phone or via email to tell them about a change in people's care needs. The helpdesk also obtained medicines advice from GPs and pharmacists when required by people or staff.

The provider had systems to ensure people's needs were met by staff who had not provided their care before. The service had an electronic care planning system that raised an alert when it was identified that a staff member had not provided care to a person before. In order to ensure the person's needs were met, the service ensured that a copy

## Is the service responsive?

of the person's care plan was given to the staff member before their appointment. This gave the staff member time to read and understand the person's needs to ensure they provided the appropriate care during the appointment.

The provider had a system to ensure that people with more complex needs continually received the support they required. The care planning system also identified if a staff member was providing care to a person for the first time who had more complex needs. For example, where people had special requirements such as more complex moving and handling needs or they liked their personal care given in a very specific order. The care planner system would identify a new member of staff was attending this person's home and raise an alert. This alert would then ensure that the person's specific needs were communicated to the staff member by telephone by a senior member of staff who knew the person. In addition to informing the staff member by telephone, the senior staff member could also attend the appointment with the new staff member to ensure the person's needs were met should it be required.

The provider was responsive when staff highlighted matters that may have an impact on the delivery of people's care needs. We asked staff if they felt they were given sufficient time at appointments to provide the care that people needed. They told us the service allowed sufficient time travelling between and during appointments and that care could be delivered in a personalised way at a pace suited to the person.

Staff told us how on occasions, they had highlighted that travel time was not sufficient to the planning team who

immediately adjusted the travel time to ensure the person had their full appointment. We were told how staff communicated matters such as traffic accidents and road works to the planning team, and that this was factored into travel time and the message was disseminated immediately to staff via the telephone if required.

The provider had arrangements in place to encourage people and their relatives to provide feedback. In addition to using a national care website to allow people to feedback, the provider sent out a survey to obtain the views of people who used the service. A survey had been sent out to 205 people in January 2015 and the service received 87 responses. The survey included asking people the five questions we ask during an inspection. Did people feel the service was safe, effective, caring, responsive and well led. The results of the survey showed a high level of satisfaction with most people rating the different aspects of the service as either good or excellent. Comments received on the surveys included, "I'm very happy to be with Premier" and "Excellent and incredibly reliable service. Thank you."

People and their relatives felt able to complain should they need to. The service had a complaints procedure and this was communicated to people within their service user packs. People and their relatives told us they knew how to make a complaint. One person commented, "I have never needed to raise a complaint but I know how if I needed to." One person's relative told us they would contact the office directly to raise any concerns. The service had not received any formal complaints since our last inspection.

# Is the service well-led?

## Our findings

People told us they were aware of the management structure within the service. There was a clear structure in place and the service had a registered manager and a general manager who were supported by senior care staff. The service had minimal staff turnover and were currently recruiting. A senior member of staff told us the service had a 'high standard' when it came to recruitment. They said this ensured that only staff who appeared committed to long term employment and those who demonstrated they could achieve the aims and objectives of the service were employed.

The management communicated with people frequently to ensure the care provided met their needs. People were complimentary about the management of the service and the frequency of the contact they received from them. One person commented, "The manager rings me up to see if I am ok." One person's relative told us, "The managers ring me up on occasions to see if I am happy with my Mother's care, and I am – It's brilliant."

Staff were very happy with their employment and felt valued and supported by the management team. Staff gave very positive feedback about their roles, the support they received to undertake their roles and the management within the service. One member of staff told us, "Support here is very good, they [management] are fantastic and far exceed what I expected." Another comment received about a staff members employment was, "It's a lovely team, everybody is a team player and very supportive."

The provider was involved in a pilot scheme with a local hospital to help improve people's experience of hospital discharge. A pilot scheme was launched in March 2015 that was aimed to enable people being discharged from hospital to receive the required support they needed in their homes. This was aimed at avoiding an unnecessary delay in their discharge from hospital. A senior member of staff told us the pilot was currently working effectively. The pilot involved the service receiving notice of a discharge from the hospital and then a short notice assessment of the person's needs to ensure they could meet the person's needs. Following this assessment the service would commence a short term care package of approximately two or three weeks.

The provider ensured the service could meet people's needs during the hospital discharge pilot by having designated staff 'discharge teams'. This ensured that only staff specifically trained to be involved in the pilot undertook assessments and provided care. This helped ensure that the people being discharged from hospital received staff stability during this process. The discharge teams comprised of supervisors, senior care staff and care staff. Within the service there was a documented procedure for staff on how the discharge process should be undertaken and which documentation staff should complete during the process.

The provider had systems that monitored the quality of the service provided by the staff. A 'spot check' system was undertaken whereby senior care staff would monitor the care provision given by staff. We saw from records that the spot checks monitored the support given to people during the care appointment. For example, staff supporting people with moving and handling and health and safety was monitored. The accuracy of personal care given in accordance with people's support plan was also observed. Records made by staff were checked for accuracy and the records highlighted any areas of concern that may require a follow up call or further spot check.

Direct observations of staff were completed to ensure the provider's standards were maintained. During these unannounced direct observations a senior member of staff would observe the entirety of a care appointment. Staff told us how they sometimes arrived at care appointments and senior staff or management would already be at the person's home to complete the observation. The observation monitored the staff member's timekeeping, their appearance, if they had their ID badge on, the standard of care provided and their communication with people. We saw that when required, additional training was given if a shortfall in standards was identified during an observation.

The management communicated with staff about the service. 'Homecare' team meetings were held frequently to discuss different aspects of the service. We saw from the supporting minutes that senior staff attended the meetings and matters such as the efficiency of care planning, new people who had recently commenced care packages and

## Is the service well-led?

care package reviews were discussed. We saw that matters such as people's care needs were reviewed to establish if they needed to be identified to staff as having complex needs to ensure their needs could be met.

The provider communicated frequently with staff. Staff told us they attended the office frequently and communicated with the management and senior staff about people's care needs. In addition to this, we saw the provider had a 'memo' system to communicate significant information to all staff. These memos, when not urgent, were emailed or posted to staff with their weekly rotas. We saw they communicated matters such as the correct storage of food in refrigerators when a concern was identified, laundry washing guidance and actions to take when staff were concerned about people's skin breaking down. Other memos had business information such as pay rate increases and the providers 'recommend a friend' employment scheme. Staff confirmed they received the memos from the provider.

The provider had an auditing programme that effectively monitored documentation that helped ensure the safety of

people using the service. Care records and Medicine Administration Records (MAR) were collected monthly from people's homes. These were all then reviewed by senior staff to ensure they had been completed correctly and were accurate. We saw that when issues of inaccurate recording had been identified, the provider had a system in operation to disseminate this information to the staff member involved and their senior for the identified errors to be addressed.

We spoke with the registered manager who understood their legal obligations in relation to the notifications they needed to send to the Commission. They attended local provider forums to keep informed of current guidance, legislation and best practice. A senior member of staff also attended meetings about the Care Act to ensure the service were currently aware of current legislation. Any significant information from these meetings was relayed to the registered manager to ensure all relevant people were aware.