

UK Care Team Ltd

# UK Care Team Ltd

## Inspection report

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Date of inspection visit:  
06 July 2016  
07 July 2016

Date of publication:  
01 August 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 6 July 2016 and was announced. We returned on the 7 July 2016 to complete the inspection. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

UK Care Team Ltd is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester. At the time of our inspection there were 23 people using the service. People's packages of care varied dependent upon their needs. The provider employed 26 staff.

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

People told us they felt safe with the care staff who supported them and they were happy with the service provided. Staff were trained and understood their responsibility in protecting people from the risk of harm.

Potential risk to people's health had been assessed and measures were in place to manage these risk. People were involved in the development of their care plans and staff had clear information to help keep people safe. People were supported by trained staff to take their medicines.

Staff were recruited in accordance with the provider's recruitment procedures. There were sufficient numbers of staff to meet people's needs. People were supported by a team of staff with the appropriate knowledge and skills, and matched with any known requirements such as individual preferences, cultural or diverse needs and where the person's first language was not English. This promoted continuity of care and had a consistent approach in the delivery of care.

People were involved in making decisions about their care needs and in the development of their care plan. Care staff sought consent before they provided support and staff respected people's choices and decisions. Records showed that the provider followed the principles of the Mental Capacity Act 2005 (MCA 2005) and ensured that people consented to their care and support.

Staff supported some people, where required with their meals and drinks. This included preparation of meals to meet people's cultural dietary needs. Records showed people were supported to maintain their health and accessed medical care when required.

People told us that they were happy with the support they received and the care staff. People were complimentary about the staff and found them to be kind and caring and had developed positive relationships with them.

People's privacy and dignity was maintained, their choice of lifestyle was respected and their independence was promoted. Staff were aware of people's cultural needs and used a form of address which was seen to be respectful of elders within the Asian community.

People's needs were met by reliable staff who knew how to support people. Staff were responsive and provided care that was tailored to people's individual requirements. The management team were proactive and took account of cultural needs and were flexible to ensure people received the care they needed at times that suited them, which could vary at different times of the year.

People's views about the service were sought regularly. There was a complaints procedure and people knew how to use it. People were confident that any concerns raised would be responded listened to and addressed.

The provider had an effective system in place to assess and monitor the quality of the service. The views and opinions of people who used the service and staff were sought, which included meetings, completion of a range of surveys and internal audits. The management team were proactive and encouraged people who used the service, their relatives and staff to express their views about the service and help in the development of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns. Risk to people's health had been assessed and measures were in place to ensure staff supported people safely. People were prompted, where required by staff to take their medicines.

Safe staff recruitment procedures were followed and there were sufficient numbers of staff available to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People were supported by trained staff and who understood the needs of people. The registered manager and staff understood and followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were respected.

People were supported, where required with their dietary and healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were happy with the support provided by a consistent group of caring staff. People were involved in the development and review of their care plans, which recorded their involvement and decisions.

People were supported by care staff who promoted people's rights, listened to their wishes and respected their individual and diverse needs.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before receiving a care service and their needs were regularly reviewed. Staff knew how to support people and took account of their preferences, diverse and cultural needs.

People knew how to complain and were confident that their concerns would be addressed.

**Is the service well-led?**

**Good** ●

The service was well led.

The service had a registered manager who provided good support and leadership. The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices within an inclusive and empowering environment.

The provider had a system in place to assess and monitor the quality of care provided. People and staff were encouraged to give their views about the service which enable the provider to assure themselves people were safe and received quality care.

# UK Care Team Ltd

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 6 July 2016 and was announced. We returned to complete the inspection on the 7 July 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection visit we contacted commissioners for health and social care who are responsible for the care of some people who used the service. We looked at information sent to us from people who used the service, their relatives and the local authority involved in some people's care. We looked at the information we held about the service, which included the provider's statement of purpose and 'notifications'. A statement of purpose is a document which includes a standard required set of information about a service. A notification is information about important events which the service is required to send us by law.

We sent questionnaires to 25 people who used the services, relatives, staff and health care professionals. We received three responses from people who used the service.

We spoke with three people who used the service and five relatives to gather their views about the care provided and their experience of the service. We also spoke with the registered manager, the company director, the care coordinator and six staff. We looked at the care records of six people who used the service, which included their care plans, risk assessments, medicine administration records and records detailing

the care provided. We also looked at the staff recruitment files for five care staff, a range of policies and procedures and management records relating to quality assurance.

# Is the service safe?

## Our findings

People told us that they felt very safe with the staff and the care received. One person said, "I wouldn't be using them [service] if I didn't feel safe." A relative told us, "Mum would tell me if there was anything wrong. I know she's safe and happy with the care and the carers."

All the staff we spoke with understood their responsibilities to keep people safe. One staff member told us, "If I had any concerns I'd phone the manager and she would report it to social services." Staff were confident to use the provider's whistle-blowing procedure to report concerns to external agencies. Staff had received safeguarding training as part of their induction and the staff handbook provided clear guidance about the reporting procedures and the contact details for social services and CQC. This showed that staff understood their role keeping people safe and were trained to report concerns. This supported the information we received in the PIR.

There were policies and procedures in place for managing risks associated to people's care needs. One person told us, "[care coordinator] visited to check what help I needed and make sure everything was in place for me." This related to the use of a hoist to move the person. They went on to say that the care coordinator explained what the risks were and the need for two staff to support the person to move safely. A relative told us that when their family member needed urgent care, the care coordinator completed a risk assessment promptly and also provided the first few care calls to ensure their care needs were met safely. This meant that people could be assured that risks were managed and their needs safely.

The service reported concerns where people's safety could be at risk. Records showed that action was taken promptly to ensure people were safe. The registered manager told us after any incident they considered whether any lessons could be learnt to avoid a similar event from happening again. Where people were assessed to require support with shopping or managing their own money. Staff described how they supported people and records completed to ensure people's money was managed safely. This demonstrated that the registered manager followed procedures consistently and sought advice where required which meant people's safety was assured.

Risk assessments undertaken were centred on the needs of people and covered risk to people health and safety within the home environment and aspects of people's physical health. Staff had clear guidance and understood the importance of following the care plan to maintain people's safety. Records confirmed staff had received training on a range of topics linked to the promotion of health and safety of people they cared for and themselves. This meant people could be assured that staff knew about people's risks and how these were to be managed whilst promoting people's independence.

Staff had clear information about the security and access to people's homes, which included a key safe where people were unable to answer their door. A key safe is a secure method of storing keys to a person's property. This helped to ensure people's safety within their homes whilst enabling staff access to the person's home.



People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff and found that the relevant checks had been completed before staff worked at the service. Staff who used their own vehicles for work were required to provide appropriate car insurance cover for business use to protect people's welfare when transporting them.

People told us they had a team of regular staff who supported them. One person said, "I have the same staff unless they're on holiday but I usually know the one that's covering too." Another said, "I have one regular carer and two will cover if [carer's name] is off." A relative said, "From the beginning we told them [the service] they must get it right; two to three regular staff so that my mother has consistency and continuity of care." Another relative told us they received a weekly staff rota which assured them that their family member was being supported by a consistent team of staff.

We found there to be sufficient staff to meet people's needs and maintain continuity of care. Staff told us they worked within a small team to supported people, which was consistent with the feedback we had received. Most staff had been with the service since it was registered. Staff told us that any gaps in staffing due to annual leave or sickness was met by the staff who were familiar with the person requiring the support. This helped to ensure people received a seamless service.

We found people's medicine was managed safely where assessments of need identified they required support in taking their medicine. One person told us, "They [staff] only need to remind to take my tablets." A relative told us that the staff helped by taking the tablets out of the box so that their family member could take their medicine.

People's whose records we viewed managed their own medicines and where assistance was required by staff, people's care plans identified the responsibility of staff was to remind people to take their medicine. Records showed staff had signed to confirm when medicines had been given.

Staff had received training on supporting people with their medicines. Staff's competency was observed and assessed by the care coordinator which helped to ensure people were supported correctly. This supported the information in the PIR, which meant people, where required were supported to take their medicines safely.

## Is the service effective?

### Our findings

People told us that staff had the skills to support them and respected their diverse cultural needs and lifestyle. A relative said, "The carers are extremely helpful in caring for mum. They're aware of her needs and will encourage her to do more for herself, which is good." Another relative told us that the care coordinator carried out unannounced checks on the staff to make sure staff used the equipment correctly and the care provided was correct and consistent with the care agreed. The survey responses we received confirmed that people received effective care because the care was provided by a consistent staff group, who were trained, arrived on time and provided the care that was agreed.

Staff described the induction and on-going training which had equipped them with the knowledge and skills to meet people's care needs. One staff member said "We have lots of training; classroom based and on-line. We talk about things in the staff meeting as well which is good like safeguarding." Another staff member told us that they were encouraged and supported to complete a nationally recognised qualification in health and social care.

Training records showed staff were trained in health and safety topics and providing personalised care. Staff had completed the Care Certificate training. This is a set of standards for care staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. This supported the information we received in the PIR, which formed the foundation of staff's knowledge to provide safe and effective care.

A social worker told us that they found staff were well trained and knowledgeable about the support people required and respected their rights and choices.

Staff told us they were supervised regularly and had the opportunity to discuss their training and development needs. Supervisions consisted of observational supervisions and meetings where the delivery of care and support was discussed and also focused on staff's professional development. Unannounced spot checks were undertaken to observe staff practices and professional conduct when providing the care and support to people. This helped to assure people received the care and support in line with their agreed care plan.

We found communicating with staff was effective. Staff were provided with a weekly rota which advised them who they were visiting each week and at what time. Staff were updated by telephone when there were any changes to people's needs or the care call times.

Staff told us the staff meetings were informative and felt confident to raise concerns about people's health or welfare with the registered manager. One person said, "I know she will deal with things straight away." The meeting minutes showed topics discussed included health and safety issues and reminded for staff about the importance of wearing uniforms and completing the daily records accurately. Our discussion with the staff team and the information received in the PIR meant that people were supported by well informed and supported staff team.

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 told us that they were involved and made decisions about all aspects of their care. One person told us that staff would ask before they were helped to get ready. A relative said, "They [staff] know what help [family member] needs but will ask her anyway so that she's involved and knows what's happening."

We checked whether the service was working within the principles of the MCA. The registered manager and staff showed awareness and understanding of the MCA, and when this should be applied. Records showed people were consulted with all aspects of their care and support package. Documents had been signed by the person or their nominated representative to evidence their consent and agreement.

People were supported with their daily nutritional needs when this was needed. One person told us they the staff member prepared a full Asian meal, which they said was 'excellent'. People's care plans provided staff with clear guidance about people's dietary needs including any known food tolerances and the role of staff. For example, one care plan stated staff were to heat the meal prepared by the relative using the microwave and how the meal should be served.

Staff told us they were trained in food and hygiene and knew how to prepare meals and drinks safely. One staff member said "I go shopping with [person's name] and prepare a full meal from scratch because that's the support they need." Another staff member told us they encouraged the person they supported to have healthier options such as replacing jam with honey on their toast. This meant people could be assured they would be supported to maintain a healthy diet.

One person told us that they were supported to access health care services where this was required. Another person informed us staff were aware of their recent medical treatment and when required was supported to call the GP when they were unwell.

Staff we spoke with gave examples of how they supported people to maintain good health and accessed ongoing health care support. One staff member told us that they had supported one person to attend medical appointments when their relative was unable to support them. People's records contained information about their health needs including their medical conditions and medication. The contact details of health care professionals involved in people's care were kept in their care file at home and at the office, which staff could refer to. Routine medical appointments were recorded to help ensure care calls were flexible to ensure people were able to attend appointments planned in advance. This meant people were supported to maintain their health.

# Is the service caring?

## Our findings

People spoke positively about their individual care, saying, "All my carers are very caring. They really do care about me." Relatives all said that having the same staff enabled them and their family member to build a trusting relationship. One relative said, "Mum's got really good carers, they all can speak Gujarati so she's always chatting with them [staff]." Another relative told us staff were committed to promoting their family member's wellbeing and independence. They said "They're [staff] always encouraging her to do more for herself. Mum's more proactive and is talking more."

People told us that they received a flexible service where ever possible to accommodate medical appointments and at certain times during the year. Staff we spoke were confident and committed to promoting continuity of care and gave examples of how they helped people to make a positive change to their wellbeing. For example, one staff member supported a person with their daily personal care needs and social support to promote their independence. The person's care records showed the person was more independent and confident to access the wider community.

We found staff were caring and passionate about the people they supported, often going the 'extra mile'. An example of this was the information leaflets shared with staff about local community activities and the memory café, which people locally could use. A staff member told us the person they supported was more confident to access the wider community and had made new friendships. One person we spoke had participated in one of the activity as a result of the information provided.

People told us they were involved in the planning of their care and provided with information and explanation to help them make decisions about their care. People's care plans contained information that was important to them. All aspects of people's views were evident in their care plans and included their preferences and diverse cultural needs. A relative told us that the care coordinator kept was in regular contact with them to make sure they were happy with the care provided when their family member first started to use the service. Care plans showed that people's needs were regularly reviewed and signed by the person or their relative which meant the care to be provided was agreed.

The registered manager told us that whilst people had regular staff, they would introduce new staff in advance of the regular staff going on holiday. They said, "It's important for people to have continuity of care and staff understand what people's requirements not just the care and support that they need." This showed the registered manager's caring approach towards people and supported the information in the PIR with regards to promotion of personalised care.

The care coordinator told us they worked alongside the staff to provide the care and support to people for the first few weeks with another staff member. People were able to build a rapport with the staff and also provided staff the time to get to know the person and read their care plan. This showed care provided was tailored and centred on people's needs whilst taking account of individual requirements with regards to equality and diversity needs. This meant people received planned care that was focussed on their individual needs and requirements.

People commented on how staff respected their privacy and dignity. One person informed us that when staff entered their home using the key safe they always announced themselves so that they knew which staff member it was. Another person said, "They're [staff] always very respectful. They know what needs to be done and do it with care; they never make me feel embarrassed or uncomfortable."

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people with their personal hygiene needs. They described ways in which they preserved people's privacy and dignity, which demonstrated that staff had put their training into practice and were respectful of people's cultural diversity. For example, staff referred to people in a manner that was culturally respectful of elders within the family. Records showed that action taken by the staff was consistent with the guidance detailed in the person's care plan. This meant people could be confident that staff promoted and respected people's privacy and dignity.

## Is the service responsive?

### Our findings

People told us they service provided personalised care that met their needs. People met with the care coordinator to discuss their needs and had the opportunity to identify any specific requirements with regards to their cultural diverse needs. For example, several people told us that they preferred to have a female staff member who could speak in their first language which was not English. They all said that their individual needs and requirements were met by a consistent team of staff who understood the support they needed.

One person said, "Because I have appointments I let my carer know so that the call times can be adjusted to suit me." Another told us they received the care they needed which had enabled them to be more independent and confident to remain in their own home. This showed that the care provided was tailored and promoted people's independence.

A relative said, "We made it clear from the beginning what my mother needed. They've [the service] been brilliant and provided what they said they would. We have the same staff, who are punctual and don't need to be told what to do." Another relative told us that the care coordinator reviewed their family member's care plan when their care needs had changed. They went on to tell us that they and the regular staff member was involved, which meant their family member was assured their needs would be met. People's care records showed people were involved in the development of their care plan and were involved in regular reviews of their needs.

People's plans were person centred and had sufficient detail to give a good account as to their preferences and needs. Staff we spoke with had a good understanding of people's daily routines, likes and dislikes and they supported people consistently with their care plan. Staff showed awareness of people's preferences as to how they wished to be supported and respected their diverse cultural needs. This meant people received care that was tailored to their needs.

Risk assessments and care plans were regularly reviewed to ensure the measures in place were appropriate. Staff were updated by the care coordinator when there were any changes or minor adjustments made to people's care or the call times. Where any permanent changes were made to people's care, the care plan was then updated. This ensured staff met people's needs reliably.

Information received from a social worker further supported our findings with regards to people receiving care that was tailored to their needs. They told us that the service reviewed people's needs regularly and found the management team to be proactive in monitoring people's care.

The care plans provided staff with information about the person, their needs, lifestyle choices, cultural, needs and the preferred times to receive the support. The daily records completed by the staff showed the care provided was consistent with the person's care plan, whilst respecting people's choices. For example, staff had recorded the person was coughing and appeared unwell. The following entry stated the person asked the staff member to call the paramedics because they remained unwell and continued to cough. The

records showed staff were responsive and followed procedures to ensure the person received the appropriate support. Subsequent records showed that staff monitored the person's health. This meant staff responded to people's requests, acted promptly and monitored their wellbeing to ensure the care provided was appropriate.

People told us that staff were on time and provided the support they needed. Staff explained the system whereby they confirmed they had arrived at the care call by using a telephone pin. This was monitored by the care coordinator to ensure people received the support at the right time. One person told us that they had no concerns about signing the staff's timesheet as staff were on time.

Staff completed the daily records to confirm the care and support provided including any concerns. One staff member said, "We do get told when someone's not well but it's important to know what's happened by reading the notes. Usually if I've got any concerns then I tell the carer that's going in next." The care coordinator explained that they updated staff individually or sent text message when there were any changes or reminders for all staff. This showed that the service shared information with the staff team in a timely manner.

The care coordinator and the registered manager provided the out of hours' on-call service and they had access to people's information in the event of an emergency. People told us that the care coordinator was responsive and we saw this to be the case when they dealt with a call from a staff member. They advised the staff member to remain with the person until the medical support arrived and arranged for another staff member to attend their next care call.

People told us their concerns about any aspects of the care were addressed promptly. One person said, "Initially there were a few issues but [registered manager] dealt with them all. I'm quite happy with everything." A relative said, "Whenever I've had any concerns I call the [registered manager] or [care coordinator]. Both deal with things professionally and it's all good now."

The provider had a complaints procedure in place. A copy was included in the information pack given to people when they started to use the service. The contact details for the local authority, CQC and the Ombudsman were included. The contact details for the local advocacy services would be made available if people needed support to make a complaint.

The PIR stated the service had received complaints and all were addressed. The complaints file showed the service had received a number of complaints. All were investigated and the outcome, including any remedial actions taken was shared with the complainant, where appropriate. For example, staff completed infection control refresher training and spot checks were completed to ensure people who used the service and the provider was assured that staff promoted and maintained people's safety. This supported the survey responses we received from people who used the service who indicated that complaints were well managed. This meant complaints were taken seriously and addressed.

The service had received compliments about the service and the care provided to people who used the service. The registered manager the compliments as part of the quality audits to help monitor the quality of service. We looked at letters and e-mails where relatives had expressed thanks and gratitude about the care provided to their family members and also complimented individual staff. The registered manager told us that they shared the compliments with the staff member named, which showed staff were valued.

# Is the service well-led?

## Our findings

People were happy with the quality of care they received. One person said, "They [referring to the care coordinator and the registered manager] called every day at the beginning to check everything was ok." Another person said the care coordinator contacted them frequently to check whether they were satisfied with care provided and if they had any concerns.

A relative told us the management and staff were "Extremely helpful from the beginning and I feel mum gets really good care from this agency." Another relative, said, "It's a very professional outfit, keep up the good work" and went on to say they were kept them informed and updated about any changes to their family member's care needs or changes to the regular staff. This showed the management of the service was proactive.

The service had a registered manager. They were motivated and had clear visions and values that they worked towards, which focussed on providing good quality of care. This view was consistent with our discussions with the staff team.

The registered manager worked with an external company who supported them with various aspects of the service, which included training, compliance with regulations and provided information about any changes in the health and social care sector. We found policies were in place and some procedures and guidance for staff were being updated. The registered manager and company director liaised with the other health and social care professionals when reviewing people's care, where required.

The registered manager encouraged people and staff to share their views about the service. They operated an 'open door' policy, which meant they were available to listen to the views of people who used the service and staff. All the people we spoke with including relatives and staff said they had confidence in the management of the service.

The registered manager provided staff with regular training and support. Supervisions, unannounced spot checks and observations of practice were used to check the care provided was of a good standard. Staff meetings were held, providing an opportunity for staff, the registered manager, the care coordinator and the company director, to discuss aspects of the service and make suggestions to develop the service. The registered manager told us they plan to train staff to be 'Dignity Champions'. A dignity champion is someone who has had additional training in valuing and promoting equality in care, respect diversity, and to challenge behaviours that could be discriminatory.

Staff told us that the registered manager was approachable and felt they provided good leadership. One staff member said, "The whole management team do listen and help; not only with work issues but personal matters." We saw the registered manager positively receive a suggestion made by staff member to improve the quality of information people received. The registered manager had a further discussion with the staff member about the content of the newsletter being developed. The company director showed us a draft newsletter. The content proposed included advice for the summer heatwave, information about events in



the local community, outcome from the satisfaction survey and how to contact the office. This was an example of the service being receptive and encouraging staff to influence the development of the service, which supported the information in the PIR.

We looked at how the provider ensured the service delivered high quality of care. People were provided with information about the service, which was easy to understand and available in alternative languages and formats.

The provider's quality assurance system was used effectively to monitor the quality of care and management of the service. People had opportunities to influence the service they received. People told us that the management team contacted them by telephone and asked for their views about the service and also had completed satisfaction surveys. The results showed that people were satisfied with the support and the management of the service. The registered manager reviewed all the responses as part of the quality assurance process to help them determine the quality of service provided and develop the service.

The electronic care call monitoring systems were monitored and assured the provider that people received the care at the agreed times. This information was also used to monitor people's wellbeing and in required, the care coordinator would consider reviewing the person's care needs.

Regular audits of people's care plans and risks assessments helped to ensure people's needs were monitored and reviewed. People were able to make changes to their care to ensure their new needs were met. Daily records about the care and support provided were returned to the office weekly so they could be checked for auditing purposes. This helped to ensure the care provided continued to be appropriate. This supported the information in the PIR and our discussion with people who used the service and relatives.

We found the registered manager addressed any issues identified through the audits and staff meetings. For example, additional training and new documentation was introduced to help ensure staff recorded accurately when prompting people to take their medicines. We found that calls made to people or received were not always recorded. This meant in the event of an incident or accident there was no record of what communication or action was taken. Whilst this did not affect people's care directly, the potential lack of recording could affect people's care, for example, when investigating a complaint. We raised this with the registered manager. After checking the electronic care call monitoring system used, the registered manager confirmed calls would be logged on the system with immediate effect. This showed the registered manager was responsive to making improvements to the service. This meant people could be assured the service was well managed, continued to develop and helped to ensure the provider's expectations of providing a quality service was maintained.

The provider's business contingency plan which detailed what action they and staff would take in the event of an unplanned incident. This helped to ensure people continued to receive the support they needed. The plan was reviewed regularly to ensure information provided was accurate.

The service worked in partnership with other organisations such as the health care professionals to ensure people who used the service received care that was appropriate and safe. This supported the feedback we received from the social worker.