Willowbrook (Hyndburn) Limited

Willowbrook Homecare

Inspection report

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

We carried out an announced inspection of Willowbrook Homecare on 17, 18 and 19 April 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses. The agency also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of the inspection, a total of 261 people were receiving a service from the agency.

At the last inspection, in April 2016, the service was rated as overall good, however, we identified one breach of the regulations. This was because the provider had failed to operate a robust recruitment procedure. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key question of 'Safe' to at least good. At this inspection, we found the provider had made the necessary improvements to the recruitment procedure. However, we found some improvements were needed to the management of medicines and the risk assessment process. We have therefore retained the rating of requires improvement in the key question of 'Safe', but as we have identified no breaches of the regulations the overall rating remains 'Good'.

People using the service told us they felt safe and staff treated them well. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Individual risks had been assessed; however, risks associated with choking and skin integrity had not been fully assessed and documented. There were systems in place to support people with their medicines, however, there were some shortfalls found in the records and the care planning for medicines. We were assured by the registered manager the necessary improvements would be made.

People told us the staff arrived on time and stayed for the agreed amount of time. None of the people spoken with had experienced a missed visit. The registered manager closely monitored any missed visits and there was evidence of investigations following missed visits. According to the central register, there had been eight missed visits in 2018. An electronic call monitoring system was in place to monitor visits.

Staff members told us they received effective training to meet people's needs. An induction and training programme was in place for all staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, the principles of the Mental Capacity Act were not always evidenced as part of the care planning process. People were supported with their healthcare and nutritional needs as appropriate.

People told us the staff were caring and they respected their rights to privacy, dignity and independence. All people spoken with told us the staff were kind and caring. People told us they were involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. People told us they usually received care from a consistent group of staff. People were aware of the complaints procedure and processes and were confident they would be listened to.

Systems were in place to monitor the quality of the service, which included seeking and responding to feedback from people and their relatives in relation to the standard of care.

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 not always safe.

Whilst people were satisfied with the support provided for their medicines, there were some shortfalls in record keeping.

Not all risks had been assessed and recorded.

Staff knew how to recognise and report any concerns to keep people safe from harm.

There were enough staff available to provide flexible support and to keep people safe. The provider operated an effective recruitment procedure for new staff.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Willowbrook Homecare

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 checked 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 comprehensive inspection took place on 17, 18 and 19 April 2018 and was announced. 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 in the office. The inspection was undertaken by one adult care inspector on the first day and two adult care inspectors on the second and third day.

Before the inspection, the provider completed a detailed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we looked at previous inspection reports, notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

In addition, we sent satisfaction questionnaires to 50 people using the service and 50 relatives; we received 17 completed questionnaires from people and two from relatives. We also sent 80 questionnaires to staff and 21 were returned. We analysed the responses and took these into account when considering the evidence for the report.

During the inspection, we spoke with ten people using the service, five relatives and four staff over the telephone. We visited the extra care housing scheme and spoke with three people receiving support from the service and one relative. We also spoke with the manager of staff based at the extra care housing scheme and the registered manager.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for six people, medicine administration records, staff training records, three staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction surveys completed by staff and people using the service.

Requires Improvement

Our findings

At our last inspection in April 2016, we found the provider had not followed a robust recruitment procedure when employing new staff to the agency. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to meet the regulation. At this inspection, we found the necessary improvements had been made.

We looked at the recruitment records of three members of staff and noted the recruitment process included a written application form and a face-to-face interview. We saw interview notes were maintained to ensure a fair process. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We also noted two written references and an enhanced criminal records check had been sought before staff commenced work for the service.

People spoken with were satisfied with the way the agency supported them with their medicines. For instance, one person living at the extra care housing scheme told us, "They know exactly how I want to take my tablets and are very good at offering painkillers." Staff confirmed they had received training on the safe handling of medicines and they had access to a policy and procedure.

We found there were details about how people wished to be supported with their medicines in their care plan and a risk assessment had been carried out. However, we noted there were no written protocols for the administration of drugs prescribed 'as necessary' and there were no stool charts in place to assess whether medicines such as laxatives were needed and given appropriately. This is important to ensure such medicines are given consistently and safely. We also found one person's care plan indicated they required drinks prepared with a thickening agent. However, there were no instructions seen as to how much thickening powder was to be used. The person's care plan was reviewed during the inspection and it was established that the person no longer required the staff to prepare drinks. We received a copy of the updated care plan following our visit.

Staff were recording the administration of medicines on a medicine administration record (MAR). These were mostly handwritten and we noted staff had recorded 'blister pack' on some of the MAR charts. Blister packs are used by the supplying pharmacist and medicines are placed in separate compartments depending on the time of day. However, we found records had not always been maintained of the contents of the blister packs. This meant it was not always possible to determine what medicines had been administered. We also noted medicines purchased by people, known as 'over the counter' medicines had

not been identified on the MAR charts and there were not always clear instructions on the application of topical creams. We did not identify any detrimental impact on people as a result of the shortfalls and the registered manager assured us the recording systems used for the management of medicines would be improved. However, we would expect these matters to be addressed without our intervention.

We looked at how the provider managed risks to people's health and safety. We found each person's care record included a series of individual risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors. The assessments were updated once a year or more often if people's needs or circumstances changed. We noted two people had complex care needs; however, there were no risk assessments to assess the risk of choking or pressure ulcers. This meant there were no management strategies seen to mitigate any hazards to keep people safe and reduce the risks of any potential harm. We were assured by the registered manager that the risk assessment template would be updated to include these risks.

We looked at how people were protected from abuse, neglect and discrimination. All people spoken with told us they felt safe receiving care from staff at the agency. For instance, one person told us, "I trust all the carers and feel very safe with them looking after me" and another person living at the extra care housing scheme commented, "The care is excellent. They make sure I am comfortable and safe at all times."

Safeguarding policies and procedures were in place to provide guidance and information to staff. The registered manager and the staff spoken with explained how they would report safeguarding concerns to the appropriate person and organisation. Staff were confident any concerns raised would be listened to and acted upon. All staff had received training in safeguarding vulnerable adults, which helped them identify signs of abuse and actions they were required to take in order to keep people safe. Staff told us they had also received additional training on how to keep people safe, which included moving and handling, infection control and first aid. However, one relative reported an incident to us during the inspection, which we referred to the local authority under safeguarding procedures. The registered manager commenced an investigation into the issues. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

Prior to the inspection, we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. 94% of people who responded indicated they felt safe from harm or abuse from the staff.

Staff had access to equality and diversity policies and procedures and people's individual needs were recorded as part of the care planning process.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance and the registered manager told us new care packages were not accepted unless there were enough staff available to cover the visits required safely. Staff said they usually had adequate time to travel between visits without rushing. This meant there were systems in place to ensure staff were at the right place at the right time. People confirmed the staff arrived on time and did not cut the visit short. One person told us, "On the whole they arrive on time and only occasionally are they held up" and another person commented, "Although they are limited for time, but when they've done all the tasks they will sit and have a short chat before they go." A central register had been maintained of missed visits. The record demonstrated that there had been eight missed visits during 2018. We noted all missed visits had been thoroughly investigated. People told us they usually received care from the same members of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.

We saw records were kept in relation to any accidents or incidents, along with a central register. The registered manager checked and investigated all incident records to make sure any action was effective and to see if any changes could be made to prevent incidents happening again. We noted all actions taken were fully recorded. An analysis of the records was carried out in order to identify any patterns or trends.

There were systems in place to ensure people were protected against the risk of infections. Staff spoken with were aware of their roles and responsibilities in relation to hygiene and infection control. Staff were provided with personal protective equipment, including gloves, aprons and hand gels, which they collected from the agency's office. People spoken with confirmed the staff always used appropriate protective equipment when assisting with personal care. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

Emergency, accident and on-call procedures were summarised in the staff handbook. This meant there were processes in place to help minimize risks and keep people safe. There was a business continuity plan, which set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. A copy of the plan was included in people's care files. People were also given a telephone contact number for any difficulties during and out of hours.

Good

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. For example, one person living at the extra care housing scheme told us, "The staff are very well trained in everything. They always make sure I am safe whenever helping me to move. We work well together as a team." The majority of the relatives spoken with had confidence in the skills and abilities of the staff team. For instance, one relative said, "Our carers are relaxed, professional and competent. They are really good at what they do." However, two relatives had more reservations about the staff training and we discussed their comments with the registered manager during the inspection. The registered manager arranged for reviews of their family member's care plan.

From the training records seen we noted staff had completed a variety of courses relevant to the people they were supporting including moving and handling, fire safety, diet and nutrition, medication awareness, basic life support and first aid, infection prevention and control, health and safety and dignity, respect and equality, mental capacity and safeguarding. Staff also completed specialist training in accordance with the needs of people using the service. This included peg feeding, dementia awareness, end of life care and challenging behaviour. All staff spoken with confirmed their training was useful and beneficial to their role.

New members of staff participated in a structured induction programme, which included a period of shadowing experienced staff before they started to work alone. The induction training included an initial orientation to the service, familiarisation with the provider's policies and procedures and completion of the provider's mandatory training. The registered manager confirmed arrangements were in place for new staff to complete the Care Certificate and one member of staff had completed the certificate. The registered manager assured us this qualification would be more widely implemented for staff new to a care setting. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care agencies are expected to uphold.

All new staff completed a probationary period, during which their work performance was reviewed at regular intervals. This involved regular spot checks and observations of their work with people using the service.

Staff received regular supervision, which included observations of their practice, as well as annual appraisals. There was an "open day" every Friday and staff were encouraged to attend the office to collect their rota. This gave them the opportunity to express their views to a senior member of staff. The staff told us they had the support of the registered manager and the management team and could discuss anything that

concerned them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. People spoken with confirmed they were asked for their consent before care was given and they were supported and enabled to make their own decisions. Staff had a good understanding of the importance of giving people choices and their right to make decisions about their care and support. For instance, one member of staff said, "I always talk to people and make sure they are happy before I carry out any care." Staff had received training on the MCA and had access to appropriate policies and procedures.

We noted people had signed 'service user agreement' forms, to indicate their consent to the care provided, as well as a consent form for staff to use the telephone and where appropriate the management of their medicines. However, we noted people's capacity to make decisions about their care was not routinely assessed as part of the care planning process. Further to this, we found a relative had signed forms without documented reasons why the person receiving the service could not sign to indicate their agreement. We discussed this situation with the registered manager during the inspection. They assured us a suitable assessment would be implemented to complement the current care planning processes.

People said that a representative from the service met them to discuss their needs before receiving a service. People spoken with could recall meeting with the representative and confirmed they were asked how they wished their care to be delivered. For instance, one person told us, "They went through everything with me and my family. I was able to explain what I wanted." Where appropriate, information was also gained from relatives, relevant health care professionals and from the local authority. We looked at completed assessments during the inspection and noted records had been maintained of people's needs and preferences. However, we saw the assessment template did not include specific reference to people's communication skills. This is important so staff are aware of people's preferred method of communication. The registered manager explained work would begin on the development of a new more detailed assessment form.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. We found staff deployment was managed by coordinators using a computer system. This ensured people's visits were managed effectively. The agency also used an electronic call monitoring system. This system enabled staff to register their visit to people's home via telephone and allowed the coordinators to see via a 'live' system when calls had been made and how long each staff member stayed for. We looked at a sample of call monitoring records during the inspection and noted staff had arrived on time and had stayed for the allocated time.

People were supported at mealtimes in line with their plan of care. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. Food and fluid charts were used when people's dietary input required monitoring. Staff had received training in specialist techniques in line with people's needs. The registered manager explained that there was always one member of staff qualified in specialist techniques working alongside a staff member who was not qualified.

We looked at the way the service provided people with support with their healthcare needs. We found people's plans contained important telephone contact details for people's GP and next of kin. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being. We noted people's care plans included a list of people's healthcare needs. The registered manager told us additional details would be added to the plans to inform staff how people's medical conditions impacted on their daily lives and how they could monitor people's conditions to increase their awareness of any deterioration.

Good

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "I feel really privileged to have such carers. They are friendly and cheer me up" and another person living at the extra care housing scheme commented, "The carers are absolutely lovely. They truly brighten our lives" and another person said, "The carers are so caring and will do anything for me." The majority of relatives spoken with were also complimentary about the approach taken by staff, for instance, one relative said, "My [family member's] carer has a real affinity with them. She treats both of us with total respect."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of their care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. People and where appropriate families were consulted about the care they needed and how they wished to receive it. Whilst people told us they were involved in developing their care plans and their views were listened to and respected, we found there was limited evidence in the care plans to demonstrate their participation and agreement. People using the service told us staff had time to ask them about their preferences and were flexible in their approach. One person told us, "They always ask me what I would like them to do. I feel well cared for."

Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. People told us their privacy was respected at all times. One person told us, "They are respectful of my feelings and make sure I'm feeling comfortable." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and we noted regular unannounced observations were carried out to ensure staff were adhering to best practice.

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they promoted people's independence and choices, for instance ensuring people had time to carry out personal tasks for themselves, wherever possible. One member of staff told us, "We do everything we can to keep people's independence it makes them feel better about themselves." This approach was reflected in people's comments, for instance one person told us, "I am fiercely independent and in a way I let them know exactly how I like things doing. It's good to have them there for back up."

The service had an equality and diversity policy in place. From our discussions, it was clear staff understood the importance of acknowledging people's diversity, treating people equally and ensuring that they

promoted people's right to be free from discrimination. We also noted from the Provider Information Return submitted prior to the inspection, that the agency had been awarded the LGBT (Lesbian, Gay, Bisexual and Transgender) Awareness Champion Award by the Age Concern 'Older and Out' project.

People told us they were able to express their views on the service on an ongoing basis, during care plan reviews, unannounced observations and the customer satisfaction questionnaire. People were given an information file, which contained a client guide as well as their care plan documentation. The client guide provided a detailed overview of the services provided by the agency. We noted this document included the aims and objectives and what people could expect from the service. People were also given information advising where they could access advocacy services.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than those available in people's homes were stored securely in the registered office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. The registered manager was aware of the forthcoming changes in the legislation governing data protection and was working hard to ensure the agency was compliant with the new regulations.

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance, one relative had written, "My family and I would like to thank you for the care you gave [family member] over the past few months."

Good

Our findings

People spoken with told us the staff responded well to their current and changing needs. They said they made their own decisions about their care and were supported by the staff. People and their relatives confirmed they had a care plan and said they felt part of the care planning process. One person said, "They come out from time to time to go through my care plan and make sure I'm happy with the care arrangements" and another person commented, "I've got a care plan, but the carers will always ask me what I want doing. It's very reassuring and gives me confidence."

We looked at the way the service assessed and planned for people's needs, choices and abilities. We reviewed six people's care plans during the inspection, including three care plans belonging to people at the extra care housing scheme as well as other associated documentation. We found all people had an individual care plan and a one page profile. The profile provided information on what was important to each person and how they could best be supported. The care plan set out details of people's care requirements for staff to follow. For example, one person's plan included detailed information about how to support them with their nutritional needs.

The registered manager explained there were arrangements in place to review and update people's care plans every 12 months. However, we noted one person's plan had not been updated since November 2016. The person's family had raised some concerns about their family member's care and whilst we noted there had been communication between the family and the agency, this did not prompt a review of the care plan. The registered manager made immediate arrangements to review the person's care plan during the inspection.

Staff told us they found the care plans helpful when providing people with care and support. For example, one member of staff said, "Everyone has a care plan. They work very well and are straightforward to follow." They said they were confident the plans contained up to date information. They also confirmed there were systems in place to alert the agency's office staff of any changes in needs in a timely manner. Further to this, staff were issued with a weekly update sheet which included details of any changes in people's needs. The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service.

Records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. The care records were returned to the office for auditing purposes and for filing. The registered manager confirmed the records were regularly checked.

We saw evidence of the checks during the inspection.

People told us they were satisfied with the response they received from office-based staff if they needed to make any changes to their scheduled care visits or discuss any other issue. However, we received some negative comments about the office staff in the responses to the questionnaires sent out prior to the inspection. We discussed this issue with the registered manager who assured us she would closely monitor the staff.

People were supported to participate in social activities in line with their package of care. On visiting the extra care housing scheme we saw there was a programme of activities arranged for people using the service and the people in the surrounding community. The programme was posted through people's letterboxes and displayed in the foyer. The activities provided included bingo, knitting, arts and crafts and coffee mornings.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed the complaints procedure and client guide was available in different font sizes to help people with visual impairments. Staff were aware of the importance of communicating with people in ways that met their needs and preferences. To support this further, the registered manager intended to add details about people's communication needs to their care plans.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person commented, "They always do their best to address issues when I've raised anything. I can't ask for more." Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was information about the procedure in the client guide. We looked at the complaints records and noted the registered manager had received five complaints during 2018. We saw there were systems in place to investigate complaints. Records seen indicated the matters had been investigated and outcome letters had been sent. This meant people could be confident in raising concerns and having these acknowledged and addressed.

Where necessary and appropriate, the staff worked alongside other professionals to provide people with dignified care at the end of their life.

Good

Our findings

People spoken with told us they valued the service provided and made positive comments about the leadership and management of the agency. For example, one person told us, "It seems well managed to me. Everything works smoothly" and another person said, "They provide me with a good service. I would be lost without their help and support." We also received some positive feedback about the service from the satisfaction survey we carried out before the inspection. For example, one person wrote, "Everyone is excellent at their jobs."

There was a manager in post who was registered with the commission. 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 registered manager was knowledgeable about the circumstances of the people using the service and was aware of their needs and preferences. She said she was committed to the ongoing development of the service and over the next 12 months planned to fully implement a weekly management audit to check all aspects of the operation of the service, review and implement a revised assessment and risk assessment template and fully integrate the principles of the Mental Capacity Act in the care planning process. The registered manager had also set out detailed planned improvements for the service in the Provider Information Return. This demonstrated the registered manager had a good understanding of the service and how it could be developed and improved.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were well supported by the registered manager. The staff said they appreciated being able to readily contact the registered manager and confirmed she was supportive and approachable. For instance, one staff member commented, "[Registered manager] is always there for us and will listen to our concerns and then take action straight away" and another staff member said, "[Registered manager] is very good. She has helped me out a lot."

We saw regular unannounced observations were undertaken to review the quality of the service provided. This included observing the standard of care provided and asking people for their feedback. The observations also included reviewing the care records kept at the person's home to ensure they were

appropriately completed and to see if care was being provided according to the person's wishes.

Staff were supported to question practice and were invited to regular meetings. They were also given the opportunity to complete an annual satisfaction questionnaire. This enabled them to give anonymous feedback to the agency on any issues causing concern.

The registered manager and management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete customer satisfaction questionnaires. We looked at the results of the survey carried out in April 2017 and noted the majority of people indicated they were satisfied with the overall service provided. People had also made positive comments about the service, for instance one person had written, "Very happy with the care I have received over the many years you have provided my care."

The registered manager, the management team and supervisors also carried out regular checks and audits. These included checks on care plans, medicines records, daily care records, staff training and supervision. Whilst some of the issues identified during the inspection had not been picked up on the audits, the registered manager assured us the audit forms will be checked to ensure any future shortfalls would be identified. Visits to people's homes were monitored by analysing the data from the computerised telephone tracking system which staff used each time they visited a person's home or by the visit records. Since our last visit, the registered manager had introduced central registers to monitor accidents and incidents, complaints, compliments, missed visits and medicine errors. This meant any patterns or trends could be clearly identified and action taken as necessary.