

iCall Care Limited

iCall Care Office

Inspection report

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Date of inspection visit:
06 October 2016

Date of publication:
14 November 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

iCall Care Office 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 25 people using the service who received personal care.

We previously carried out an announced comprehensive inspection of this service on 19 and 20 January 2016. We found that the provider was not meeting the standards we expected and there were breaches of legal requirements. We found people's care needs and risks were not assessed or reviewed regularly. People were not always involved making decisions about their care. The care plans were not centred on people's needs, were not kept up to date and lacked information for staff to support people safely. Staff were recruited without proper pre-employment checks being carried out. Staff were not provided with training and support to carry out their duties. We issued requirement notices as the provider was in breach of legal requirements. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

This inspection took place on 5 and 6 October 2016 and was announced. 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.

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's care needs were assessed and measures were in place to manage risks. People were involved in the development of their care plans, which provided staff with clear information on how to support people safely.

People's care plans were personalised and described how they wished to be supported and their views about the service were sought regularly. Staff were knowledgeable about people's preferences and how they wished to be supported, which promoted their wellbeing.

Staff were recruited in accordance with the provider's recruitment procedures to ensure they were suitable to look after people living in their own homes. People were supported by the number of staff identified in their care plans to keep them safe and meet their needs.

People's care needs were monitored and reviewed and their care plans were updated when their needs changed. The registered manager and staff had an understanding of the key principles of the Mental Capacity Act 2005. People told us staff asked their consent before providing care.

People told us they felt safe with the staff and care they received from the service. Staff were able to recognise signs of abuse and were confident to report concerns and protect people from harm.

People were supported to take their medicines safely. Staff supported some people, where required with their meals and drinks. Records showed staff worked with health care professionals and supported people to access healthcare services when required.

Staff received a range of training to ensure they had the skills and knowledge they needed to meet people's care needs. Staff told us they were in regular contact with the management team who supported them to meet people's care needs.

People and relatives were positive and complimentary about the staff that supported them. They told us the staff were kind and caring, and responsive when their needs changed to ensure they were supported to stay safe and remain as independent as possible.

There was a complaints procedure and people knew how to use it. People and their relatives were confident that any concerns raised would be responded listened to and addressed.

People had confidence in how the service was managed. The provider monitored the quality of service provided through regular checks on how the staff delivered care and through reviews of people's needs. Accurate up to date records were maintained relating to the people who used the service, staff and the management of the service. People and their relatives' views and opinions of the staff were sought regularly to help develop 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 and staff were confident to report concerns. People's needs had been assessed and risks to their safety identified and managed. People were prompted, where required to receive their medicines in a safe way. There were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People received care and support from trained staff who understood their needs. The management team and staff understood and worked to the principles of the Mental Capacity Act 2005. 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 care and support they received. People were cared for by a consistent group of kind and caring staff who knew their needs. People were involved in their care plans. People were treated with dignity and respect and their diverse cultural needs were met.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed, planned and met in line with their preferences and cultural needs. People and their relatives were involved in the regular review of their care 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 was also the registered provider. The registered manager and staff had a clear view as to the service they wished to provide. The provider had a system in place to assess and monitor the quality of care provided. People, their relatives and staff were encouraged to give their views in order to develop the service.

iCall Care Office

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 5 and 6 October 2016 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 at the office. The inspection was carried out by one inspector. At this inspection we also checked that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 19 and 20 January 2016 had been made.

Before the inspection we looked at the information we had about the service and notifications about any changes, events or incidents that affect people's health and safety that provider's must tell us about. We looked at the provider's action plans sent to us following our last inspection of the service. We contacted commissioners responsible for the funding the care of some people who used the service.

To assist us in understanding the experience of people who used the service, we spoke with two people who used the service and four relatives to gather their views about the care provided and their experience of the service.

We spoke with the registered manager, the care manager and eight staff involved in the delivery of care.

We looked at the care records of four people who used the service, which included their care plans, risk assessments and the records relating to the care provided including the medicine administration records. We also looked at the staff recruitment files for seven staff, a range of policies, procedures and quality assurance checks carried out by the provider to monitor the service provided.

Is the service safe?

Our findings

At our previous inspection of 19 and 20 January 2016 we found assessments of potential risks to people's health, safety and wellbeing were not assessed. Care plans lacked guidance for staff to follow in order to meet people's needs. That meant we could not be sure that people were safe and their needs were met. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan stating they would review and update people's risk assessments and ensure their care plans had clear guidance for staff to follow in order to meet people's needs.

At this inspection we found the provider had made improvements. People, and where appropriate their relatives, told us their needs had been assessed and they were involved in the development of their care plan. One person told us the care manager explained how risks would be managed and the role of staff to meet their needs before the service started. A relative said, "We met with the agency to discuss the support my [person using the service] needed. We wanted to make sure the support was aligned with her care needs and cultural needs. I know her needs are being met; she's safe and her quality of life has been enhanced."

Care records showed that assessments of potential risks were completed as part of the people's assessment of needs. These covered people's safety within the home environment and aspects of their physical health needs in order to promote their wellbeing and independence. Care plans provided staff with clear information about people's needs and how they wished to be supported to stay safe. There was information about the equipment to be used in the delivery of care, such as a hoist or shower chair, the security and access to people's homes, which included a key safe where people were unable to answer the door. Advice sought from the occupational therapist to help someone move in a safe manner was included in the care plan. That helped staff to ensure people's needs were met and they were supported to stay safe.

Staff understood the importance of following the care plan to maintain people's safety and help to meet their daily care needs. Records confirmed that staff had received training on a range of topics linked to the promotion of people's health and safety, what equipment to use and their own safety. That meant people could be assured that staff knew how to meet their needs and manage risks safely.

People told us that they had regular and reliable staff that met their needs. One person said, "It's always the same carers and they're usually on time give or take a few minutes." A relative said, "My [person using the service] has the same carers. She likes the carers and is settled." Another relative said, "We were introduced to the carers. Usually when there's a new carer we've asked that they are introduced to [person's name] to make sure she's happy." That showed care was taken to ensure people were comfortable with the staff member identified to support them.

The care manager told us they assessed the number of staff required to meet people's needs safely as part of the initial assessment and this detailed in their care plan. Staff told us the service employed enough staff to support people safely. They told us they supported people on a regular basis and understood how they wished to be supported. Staff holidays and sickness was covered by the existing staff or the care manager who worked alongside the care staff. That meant people were assured of receiving continuity of care.

At our previous inspection of 19 and 20 January 2016 we found that the provider did not follow the provider's staff recruitment procedures. That meant people's safety with regard to suitable staff could not be assured. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan stating that all staff would be required to complete pre-employment checks before they commenced work.

At this inspection we found the provider had made improvements. Staff recruitment records showed that the relevant checks were carried out including a check from Disclosure and Barring Services (DBS) for all staff. DBS helps employers to make safer recruitment decisions. A new staff member said, "I was interviewed and had to have a DBS check before I could start." They told us they worked alongside an experienced member of staff as part of their induction training to ensure they knew how to support people safely.

People told us that they felt safe with the staff and the care they received. One person said, "I'm quite happy with the help I get. We get on and they do what's needed. I do feel safe because I usually have the same carers."

A relative said, "I know mum is safe. I feel my mum is in safe hands or she would tell me if she didn't think so." Another relative said, "[Care manager] did the first call care and had called us every week to check if we were happy with everything." The care manager told us they would have daily or weekly contact with people when they began to use the service to make sure the care and support provided was appropriate. This also helped to ensure that any changes to people's care plan or staff could be made without delay.

Staff were trained in safeguarding (protecting people from abuse) as part of their induction so they knew how to protect people from harm. The provider's safeguarding and whistleblowing policies advised staff what to do if they had any concerns about the welfare of any of the people who used the service. Staff we spoke with understood their responsibilities to keep people safe, were confident to raise concerns with the management team and knew the role of external agencies.

Following our inspection visit we were made aware of safeguarding concerns that were referred to the local authority to investigate. The registered manager worked with the local authority and had taken steps to protect people who used the service, whilst the investigation continued.

We found people's medicine was managed safely where their assessment had identified the person required support to take their medicine. One person told us that the staff reminded them to take their medicines and would hand them their medicines prepared by the pharmacy.

Information about people's medicines was included in the care plan with clear guidance for staff to follow. Medicines were prepared and dispensed by a pharmacy. Staff followed the pharmacist's instructions in order to support people to manage their medicines safely. Staff told us they had received training on medicines awareness and that they were required to prompt or remind people to take their medicines. The care records returned to the office showed staff had signed to confirm that people were supported to take their medicines safely.

Is the service effective?

Our findings

At our previous inspection of 19 and 20 January 2016 we found the provider did not ensure staff received appropriate training, support or supervisions to enable them to carry out their duties safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan outlining that all staff would be provided with the training and support they needed to carry out their role.

At this inspection we found the provider had made improvements. We spoke to a new member of staff who told us that they had completed the induction training. They had also worked alongside experienced members of staff and their work practice was checked to ensure the care they provided was of the expected standard. Other staff told us the training provided had helped to ensure they had the necessary knowledge and understanding to meet people's care needs.

Training records and certificates detailed the modules covered within each training course relating to health and safety and personalised care and included practical training such as moving and handling. The registered manager delivered the Care Certificate as part of staff's induction training, using the training tools provided by Skills of Care. The Care Certificate is a set of standards for staff, which aim to provide staff with awareness, skills and knowledge to enable them to provide effective care and support. This helped to assure people that they would be supported by trained staff.

Staff told us they felt supported by the care manager who provided advice and support when they had any concerns about people's needs. A staff member said, "If you have any problems, you just talk to [care manager], she's really helps you. Another said, "We never know when [care manager] is going to do a spot check. I was scared at first but it's good that she checks we are doing this properly." Unannounced spot checks were carried out regularly to check staff's practices, which also helped to ensure people's needs were met in line with their care plan. Staff were supported through staff meetings and individual supervision. These provided staff with an opportunity to discuss their work, follow-up issues from the spot checks and discuss any training needs. That showed staff were supported in their role.

Staff told us that there was good communication between them and the management team. Weekly care call rotas were sent to staff in advance or they could collect them from the office if they chose to. Staff were contacted by text or telephone where there were any changes to people's needs or the times for care calls. This showed the service was flexible, which helped to ensure people's needs were met.

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

At the previous inspection of 19 and 20 January 2016 we found the provider had not acted in accordance with the MCA and the Deprivation of Liberty Safeguards to ensure people's liberty was not deprived. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan outlining that records would be updated and training provided to meet the requirements of MCA.

At this inspection we found the provider had made improvements. The registered manager and staff had undertaken MCA training and were aware of their responsibilities. Staff told us they sought people's consent before they supported people. A staff member said, "I always ask. I will never do anything if he or she doesn't want it. Sometimes they want to think about it and will tell me when they want me to help them."

People and relatives whose family member used the service told us that staff always sought consent before care and support was provided. One person said, "They [staff] always ask me if I want to have a shower or breakfast first." A relative said, "[Person's name] is very much in control of her care. She will say what she wants and the carers respect her wishes."

People's records evidenced where people had the capacity to make decisions for themselves. People's care records showed they had been consulted with all aspects of their care and support package. Care plans were signed to confirm people's agreement for the care to be provided. Records showed staff recorded decisions made by people about their day to day lives, for example, where people had said they did not want a shower and preferred to have a flannel wash instead. That showed the service was working within the principles of the MCA.

People were supported with their daily nutritional needs when this was needed. A relative said, "I'll do the grocery shopping and the carer will prepare whatever [person's name] wants to eat. She can choose what she wants to eat."

Staff were aware of the needs of people who they supported with regards to their nutritional needs and we found people received the appropriate support. Care plans provided staff with clear information and guidance about people's dietary needs including any known food intolerances and the role of staff. Where people were unable to independently access food and drink information was included in people's care plans. For example, one care plan stated that staff should prepare meal and to make sure a drink was left on the table next to it so the person could help themselves before staff left.

People were supported to access healthcare services when required. A relative said, "They [staff] understand [person's name's] condition so will help accordingly." They told us that the care calls were flexible, which meant their family member could attend medical appointments.

Staff were able to describe how they supported people to maintain their health and followed the guidance within people's care plans with regards to their personal care and nutritional needs. Staff said they would contact the office for advice if someone's health was of concern. People's records contained information about their health needs including their medical conditions and the contact details of the GP. That meant people could be assured that their health needs would be met.

Is the service caring?

Our findings

People and relatives we spoke with told us that the staff were kind and caring in their attitude and approach. People told us that they were supported by regular staff and had developed positive relationships with them. One person said, "My carers are courteous, well-mannered and respect me." Another said, "The carers are good girls, very nice and always help me."

Relatives told us staff were kind and respectful towards their family members. A relative said, "[Person using the service] likes the carers and is very settled otherwise I'd be looking for another agency." Another relative told us that it was important for their family member to have consistency and continuity of care. They said, "The carers have struck the right balance, they [staff] enable her to do what she can and are there to help her. They have a fantastic relationship and she sees them [staff] as her friends."

People told us they were involved in the planning of their care and provided with information to help them make decisions about their care. A relative told us that their family member was involved in all aspects of their care and said, "[Person's name's] identity and culture is important her; she has carers that can speak with her, recognise when her health condition can be frustrating and never patronise her."

Care plans we read identified the care and support people needed and contained information about people's views, choices and what was important to them. These included specific wishes regarding how they liked to be cared for and how much they could do for themselves. People's views about all aspects of their care needs were evident in the care plans including their preferences, daily routines and diverse cultural needs.

Staff knew about people's individual needs, abilities and the support they required in order to meet their personal care needs and assist them with daily living tasks. Information about people's life and interests helped staff get to know people as individuals. Staff gave examples of people's interests and what was important in their lives, which supported the comments received from relatives and the information contained in people's care records that we read.

People confirmed they had been involved in the development of their care plan, which helped to assure them that their individual needs would be met, whilst promoting their independence and lifestyle choices. Relatives told us that the care manager was in regular contact with their family members to make sure they were happy with the care provided. That showed the service assured themselves that people's needs were being met and provided people with an opportunity to make comments about the service or to discuss any changes to their care needs.

People told us that staff respected their privacy and dignity. We received positive comments about how staff did this. When we asked one person how staff promoted their privacy and dignity, they said, "I have no concerns about what they do; they [staff] respect me and my dignity. They will always close the door, draw the curtains first and make sure I'm comfortable."

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people with their personal hygiene needs. Staff told us they maintained people's privacy and dignity by making sure the curtains were drawn, doors were closed and the room was warm. A staff member said, "We use at least two towels, one to dry whilst the other towel is used to cover them. When I help to wash them I use the lighter coloured flannel for the face and the darker one for the lower part; we all do that. I'll hand them the flannel so they can at least wash their face. It's important that they do what they can for themselves."

Staff told us that they completed the daily records to show that care and support tasks had been completed and to report any changes. We saw that daily records were completed accurately to reflect the support identified in people's care plans and to show that people's wishes were respected. That showed staff had developed a good understanding of people's needs and the level of support needed to promote people's wellbeing.

Is the service responsive?

Our findings

At our previous inspection of 19 and 20 January 2016 we found people did not receive the care and support in line with their assessed needs. Care was not always personalised and people's preferences and wishes were not made clear. Guidance from health care professionals was not included in people's care plans and their needs were not reviewed regularly to ensure the care provided was appropriate. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan outlining that people would be involved in their care, their care plans would be tailored to their individual needs and reviewed regularly to ensure that care provided was appropriate.

At this inspection we found the provider had made improvements. People told us the service was responsive to their needs. People told us that the care manager had assessed their care needs before they started to use the service. People were involved in the development of their care plan, asked about their preferences, what they could do for themselves and the role of staff. People told us their care needs and care plan had been reviewed regularly and the care plan updated when their needs had changed.

A relative said, "[Person's name] was asked what help she needed, how often and what she wanted the carers to help her with." They told us that the care manager was responsive when their family member's care needs had changed. A further assessment of needs was carried out; the care plan was updated and staff were made aware of the additional support their family member needed. Another relative told us that staff supporting their family member respected their diverse cultural needs and said, "She's kept her identity because she's still doing things for herself, sometimes with a little help for the carer."

We found improvements were made to people's care records. Assessments of people's care needs were detailed and used to develop care plans, which took account of individual preferences, cultural needs and what staff needed to do to enhance people's quality of life. Care plans were focused on all aspects of the person's needs and provided staff with clear guidance as to their role. For example, because someone health condition could vary from day to day, staff had information about the level of support the person needed when they were able to look after themselves and on other days when they needed staff to support them. Staff were able to describe how they supported this person which meant that staff had followed the guidance in the care plan

Staff had a good understanding of people's needs and an awareness of people's diverse cultural needs and preferences. Staff told us they read the care plans kept in people's homes to make sure they knew what support the person needed. A staff member said, "I always make sure they [people using the service] have a drink and a snack within reach. We've [staff] also been checking the home is warm and been putting on the lamp at the tea time call for one person, so they're warm and not sitting in the dark until the carer comes in the evening." That showed staff were responsive to the changing of seasons and made sure the person's safety and wellbeing was maintained.

Care records showed people's care needs were regularly reviewed and the care plan updated to ensure any new needs were met. The reviews took account of people's views about the care provided, their wishes and

the daily reports completed by staff. A new electronic communication log was in place and used to record any communication between the management team, staff and people who used the service, their relatives or health care professionals. We saw a sample of the communication logs which also showed wellbeing checks were carried out to ensure people were satisfied with the care provided.

People told us that staff were on time and provided the support they needed. The care manager carried out unannounced spot checks on staff. This helped to ensure staff arrived on time and people received the support in line with their care plan. A member of staff said, "I don't mind the spot check, because I'm on time and I do what's written in the care plan." One person told us that they had no concerns about signing the staff's timesheet because staff were on time and they received the care they needed.

The on-call telephone support which operated outside the normal office hours was managed by the care manager and the registered manager. Staff were confident to use the on-call support for advice, for instance if staff had concerns about someone's health. People knew how to contact the office and the on-call. A relative said, "The communication with the office and the management team is good, if needed I would contact the on-call in an emergency or if the carer was late." Staff also told us that the care manager responded to calls and was always available for support. That meant people could be assured that the service could respond to emergencies and ensure any late or missed care calls could be managed.

People and relatives we spoke with knew how to make a complaint and were confident to raise concerns. A relative told us that they had been concerned that the quality of recording made in the daily reports by staff was not meaningful so they had met with the staff and the care manager to discuss this. As a result the quality of recording had improved. That showed the provider had listened to the concern and made the improvements required to benefit people who used the service.

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, Care Quality Commission (CQC) and the Ombudsman were included. The registered manager told us the contact details for the local advocacy services would be made available if people needed support to make a complaint.

The complaints file showed the service had received a number of complaints and included the complaints received by CQC, which were referred to the provider to investigate. Records showed all complaints were investigated and, where appropriate, the registered manager had liaised with the commissioners and taken action. For example, further training and spot checks were carried out on staff to ensure people received care at the agreed times. That showed complaints were taken seriously and addressed.

The service had received a number of compliments about the service and the care provided to people who used the service. The registered manager told us that they shared the compliments with the staff team and also used to help monitor the quality of service provided.

Is the service well-led?

Our findings

People told us they were happy with the care the staff provided and felt involved in the service in a meaningful way and the staff. For example, people told us the care manager visited and called them to check they were happy with the care provided. People told us that they found the service was managed well and the management team were responsive. One person said, "Whenever I've called the office someone always answers and they come back to me when they say they will." Another person said, "They [management team] come to check everything is ok and also call to check if I'm happy with the support I get."

Relatives also spoke positively about the management team. Comments received included, "They [management team] seem to know what they are doing" and "They seem organised and focus on what is important for [person's name]. They have done what they said which meets my [person's name's] needs and kept in touch with us to make sure we're all happy with the care she's getting."

The service had a registered manager who was also the registered provider. They were in day-to-day control of the service. They were supported by the care manager who had key responsibilities to make sure people's needs were assessed, reviewed and monitored. From our discussions with the management team, we found they demonstrated that they understood their responsibilities, were knowledgeable about the needs of the people who used their service and each member of staff. That helped to ensure that people received care that was tailored to their needs and provided by trained staff.

The registered manager and care manager told us they met with staff on a regular basis and provided training. Staff attended training sessions and also worked alongside the care manager, which helped staff to ensure their skills and knowledge was kept up to date. We saw confirmation of a number of training sessions that were booked for staff. That showed the registered manager had invested in training for staff to ensure their skills and knowledge was kept up to date.

Staff were supported through individual meetings, staff meetings and unannounced spot checks carried out to observe their practice. Staff told us they found staff meetings were informative and they were able to share their views about people's care and in the development of the service. For example, a member of staff told us that because they were due to go on holiday, they had introduced another member of staff to the person they supported so they could familiarise themselves with the person's needs and routines. That helped to ensure the person received continuity of care delivered by staff with a consistent approach and attitude.

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 kept up to date. People were involved in their care. Care plans were monitored and reviewed regularly. Care plans were updated when people's needs changed to ensure staff had clear guidance to follow in order to meet people's needs whilst promoting their independence.

The provider's policies and procedures were reviewed and kept up to date. The registered manager told us that they informed staff about any changes to the policies and procedures at the staff meeting and sent the information with staff's care call rotas. The provider's business contingency plan was reviewed to ensure there was clear guidance about the 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 provider's quality assurance system was used to monitor the quality of care. People told us they had opportunities to influence the service. They were contacted by telephone and asked for their views about the service and also met with the care manager. The registered manager told us that satisfaction surveys would be sent out next year and would be used to gather people's views about all aspects of the service such as safety, quality of the service and staffing. The results and improvements planned would be shared with people who used the service and staff.

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. People who used the service, relatives and staff we spoke with said they were confident with how the service was managed.

Audits were carried out on people's care plans and risks assessments which helped to ensure people's needs were monitored and reviewed. Daily records completed by staff were returned to the office and checked for auditing purposes. This helped to ensure the care provided continued to be appropriate. We found the registered manager addressed any issues identified through the audits and staff meetings. The registered manager was responsive and made improvements to the service and the care people received through reviews and staff training and addressed complaints in line with the procedure. That helped to assure people that the service was managed and continued to develop.

People's care records showed that the registered manager and the care manager 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.