All Seasons Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 8, 12 and 13 June 2018 and was announced. This was the first inspection for this service which is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, mental health, older people, learning disabilities, physical disability, sensory impairment and younger adults.

Not everyone using All Seasons Care Services received regulated activity; CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager 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.

Risks had been identified and assessed. There were safety measures in place to make sure people were safe. People we spoke with told us they felt safe.

Staff were recruited safely. The provider had completed the necessary recruitment checks prior to employment. There were sufficient staff to make sure people received care when they needed it. Staff told us they felt supported and they were trained in a variety of areas such as moving and handling, safeguarding and infection prevention and control. People and their relatives told us they felt staff were well trained and had the skills needed to do their jobs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice. The service worked within the principles of the Mental Capacity Act 2005 (MCA).

Medicines were managed safely and staff were trained on how to administer medicines and assessed to check their competence. Records demonstrated that people had their medicines administered by staff appropriately.

Staff we spoke with were able to tell us the signs of abuse and knew how to report any concerns. They were confident the registered manager or a senior member of staff would take appropriate action.

Personal protective equipment was supplied to staff and people told us the staff wore it when supporting personal care. There were stocks of gloves, aprons and shoe covers available at the office.

People were supported to access healthcare if needed and the service supported them to call GPs, district nurses or any other healthcare professional. The service worked in partnership with other agencies to make

sure people had the support they needed at the time they needed it.

People and their relatives thought the service was caring and the staff respected their privacy and dignity. Person centred values were demonstrated by staff that told us they enjoyed the work they did. People were involved in their care and support; care plans were stored at people's own homes so they could read them at any time.

Care plans were person-centred and people told us they had been involved in their assessments of care needs. People felt listened to and were able to have a review on a regular basis. The service was in the process of transferring records from paper to an electronic system. This meant that some records had not been updated.

Confidential information was kept secure and only authorised personnel were able to access records. Staff told us about the importance of respecting people's confidentiality.

Complaints were well managed and records demonstrated all complaints were logged with the action that had been taken.

End of life care had been provided. Staff told us they enjoyed providing this type of care and had received many compliments from relatives praising their approach.

Quality monitoring was in place for a range of areas. Whilst the service had an improvement plan there was no overarching quality audit.

We have made a recommendation about quality monitoring.

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.

Staff were recruited safely. The service completed necessary recruitment checks prior to staff starting employment.

Risks were assessed so that safety measures could be put in place.

Medicines were managed safely. Staff were trained and observed by senior staff to check their competence.

There were sufficient staff to undertake the care packages agreed by the service.

Is the service effective?

Good

The service was effective.

New staff received an induction and then ongoing training in a variety of areas. Staff had supervision regularly where they could discuss training needs or support they may require.

People consented to their care and support and the service worked within the principles of the Mental Capacity Act 2005 (MCA).

People were supported to eat and drink by staff who took their time. People told us their meals were not rushed.

The service referred people to other healthcare professionals when needed and regularly assessed people's needs.

Is the service caring?

Good

The service was caring.

People told us the care workers were kind and respectful. They had support to maintain their dignity.

The service involved people in their care and support. People had reviews of their care on a regular basis.

Records were kept confidential. Staff told us ways in which they respected confidentiality.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service was in the process of transferring care plans to an electronic system which had impacted on their ability to keep records up to date.

Monitoring forms had not always been completed in full. These required a review of their use which we discussed with the registered manager.

Complaints were managed and responded to. The service kept a log of complaints with the investigation notes and outcome.

End of life care was provided by staff who enjoyed and took pride in this type of care provision. The service had received many compliments about the care provided.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place to assess and monitor the quality of the service provided. There was no overarching quality audit to give management an overview of quality and safety.

There were regular team meetings and staff we spoke with told us the management at the service were open, visible and approachable.

The service worked in partnership with other agencies and had good working relationships with local healthcare professionals.

All Seasons Care Services Limited

Detailed findings

Background to this inspection

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

This inspection took place on 8, 12 and 13 June 2018 and was announced. We gave the service notice of the inspection visit because we needed to be sure that someone would be there to help us. The inspection was completed by one Inspector.

Inspection activity started on 8 June 2018 and ended on 13 June 2018. It included talking to people who use the service, their relatives and staff on the telephone. We visited the office location on 12 and 13 June 2018 to see the registered manager, managing director, office staff and care staff; and to review care records and policies and procedures.

Prior to the inspection, we reviewed the information we held about the service. We reviewed information the provider sent us in the 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.

During the inspection we spoke with 12 people, three relatives, and four members of staff. We reviewed four care plans, five recruitment files, minutes from meetings, quality audits, safeguarding records, staff rotas, health and safety records and other records relating to the management of the service. We contacted six healthcare professionals for feedback about the service but none responded.

Good

Is the service safe?

Our findings

People told us they felt safe receiving their care. Comments included, "They never miss a call, always on time", "[relative] is happy and safe", "they look after me really well, I feel safe", "they always come, I have no problems".

Staff were recruited safely as the necessary pre-employment checks had been completed. The service had completed Disclosure and Baring Service (DBS) checks for all staff. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The registered manager told us they checked references against employment history to make sure dates corresponded.

Risks had been identified and assessed. There were safety measures in place to make sure that people and staff were safe. People had risk assessments for choking, moving and handling and to assess risks of developing pressure ulcers. Where people wanted to self-administer their medicines a risk assessment supported this.

People's homes were assessed for risks. This meant that all aspects of the environment were assessed prior to the service starting. Where people did not have smoke detectors installed the registered manager had discussed this with people and relatives. They had supported some people to fit smoke detectors to help keep people safe.

Behaviour support plans were in place to support people who displayed behaviour that was a concern. The registered manager told us they used a variety of strategies to support the person and to keep staff safe. For example, they introduced male carers if appropriate, they only asked experienced staff to visit and they rotated staff. This meant that staff were not working for long periods of time in potentially difficult situations.

There were sufficient staff to meet the care packages agreed. The registered manager explained that they continuously reviewed the service so that when demand increased they would recruit new workers. There was an on call system so that people, relatives or staff could access All Seasons Care Services at any time. The registered manager told us at times the phone lines could be busy and people had reported difficulty in getting through. They were looking into this to make improvements.

The service employed a rota co-ordinator who made sure all visits were covered with a suitable member of staff. They told us this role was a daily challenge which they enjoyed. They made sure staff received their rotas and that people had a copy so they would know who was visiting. The service aimed to call people to inform them of any last minute changes but this was not always possible. A full time member of staff had recently left the service which had impacted on some visits to people. Management were aware of the situation and covering visits themselves in order to reduce impact.

Medicines were managed safely. Staff had received training on medicines administration and had been

observed to assess their competence. The service administered medicines from 'dosette boxes'. These are prepared tools that pharmacists produce to enable people to manage their own medicines. People's medicines administration records (MAR) had been completed and all handwritten entries had been signed by two members of staff. Best practice guidelines state that all handwritten entries on MAR need to be signed by two members of staff to make sure the risk of transcribing error is reduced. Where people had a variable dose staff had recorded how much medicines had been administered.

People and their relatives told us that staff used personal protective equipment (PPE) when appropriate. One relative told us, "They [care workers] always wear gloves, all the time and they clear away after themselves." The risk of people acquiring an infection was minimised as staff followed safe practice. Staff had supplies of PPE such as gloves, aprons, hand gels and shoe covers. Staff we spoke with told us if they ran out there was always more available at the office. We were able to see ample stocks of PPE stored at the office when we visited.

Staff had been trained in infection prevention and control. The registered manager told us they also offered other ways of learning good practice with regard to this topic. For example, they told us they had the lighting equipment to be able to check if staff had washed their hands correctly. They did a session on handwashing and used specialist lighting to see how well staff had washed their hands. Where staff were supporting people with food preparation records demonstrated that staff had been trained on food hygiene good practice.

Staff understood how to protect people from harm. They were aware of the different types of abuse and the signs to indicate concerns. They were confident how to report their concerns and told us they were sure the registered manager would take appropriate action. Records demonstrated that staff had received safeguarding training. The deputy manager told us they refreshed safeguarding training annually.

Lone working risk assessments were in place to protect staff out and about in the community. Staff told us they felt safe, they had phones and were able to call the office at any time. Equipment such as torches, first aid boxes and electrical circuit breakers could be provided where needed.

Health and safety checks had been completed at the office. Regular checks were carried out on the fire alarms, fire extinguishers and electrical equipment had been tested. Staff working at the office had completed a risk assessment for using visual display screens.

Accidents and incidents were recorded. Lessons were learned and shared when things went wrong. The registered manager told us that accidents, incidents and complaints were discussed at meetings and during supervisions. They used reflective practice to discuss the incident and ways the service could improve.

Good

Is the service effective?

Our findings

People were assessed before a care package was started. One person told us, "I met the manager when they came to do my assessment." One relative told us, "They [manager] came and did an assessment first, asked us what we wanted and when." The registered manager or deputy manager completed assessments when needed. The deputy manager told us that if the referral came from the local authority or the NHS they would ask for additional information. The local authority usually completed an assessment of needs which could be shared to support partnership working.

Records demonstrated that healthcare professionals were involved in people's care and support and referrals had been made in a timely way. If people required support from occupational therapists, GPs, district nurses, dieticians, physiotherapists or any other health professional care workers would help people to contact them. One person had been identified as being at risk of choking. The service had contacted the Speech and Language Therapist (SALT) to visit and assess the person. Another person had specific moving and handling requirements. The service had liaised with the occupational therapist about how best to support this person and how to safely use the equipment needed.

Staff we spoke with were able to talk about the signs of ill health and what they would do about it. For example, staff told us indicators of a possible urine infection and what action they would take such as calling the person's GP or nurse. One person told us about a time they experienced chest pain. They called the office which was nearby to seek help. The registered manager went to their home straight away and called for an ambulance.

Where people may benefit from assistive technology this had been sought. The registered manager told us that some people had sensors installed to help to keep them safe. One person used a pager to call for staff when they wanted them. They had a 'live in' carer but only required assistance at certain times of the day. They used a pager to alert their carer when they wanted assistance. This helped to promote their privacy and independence.

The service had been invited to be part of 'The Parliamentary Review'. This is a process where businesses are encouraged to share best practice as a learning tool to others in the sector. The registered manager told us they looked forward to discussing how they delivered care that was evidence based and focused on good outcomes for people.

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 in the least restrictive way possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service, applications to deprive people of their liberty must be made to the Court of Protection. The service was working within the principles of the MCA.

Staff we spoke with understood the principles of the MCA and how it applied to their work. They told us that people always had choice and this was promoted. People told us the care workers always offered them a choice. Comments included, "They treat me with respect and always offer me choice", "They always ask me before they do anything". The service used consent to care forms which had been signed by people.

As part of care packages people could have support with their meal preparation and meal times. The support offered ranged from meal preparation to heating up a meal in the person's microwave. People told us they had sufficient time to help them enjoy a meal and they were not rushed. One person told us, "I always get offered a choice of meal, they discuss with me what I want to eat. It is never rushed, I don't feel hurried at all." Staff supported people to eat meals of their choosing. We saw one person had been reluctant to eat any meal at all. After some time working with the person staff established they would eat a particular flavour of soup. They supported them to buy ample stocks of the soup and documented this preference in their support plan.

New members of staff completed an induction which incorporated the Care Certificate. The Care Certificate is a set of 15 standards that care workers are expected to complete to make sure they can demonstrate the right skills, values, knowledge and behaviours to provide quality care. One member of staff told us about their induction. They said they were able to do online training, face to face training, they had read the policies and had time to read care plans. They had shadowed more experienced staff in their first two weeks which they had found useful. They told us, "When I was new if I wasn't sure about anything, I would ring the office and someone would come out and show me."

Staff had supervision on a regular basis with their supervisor, which gave them the opportunity to discuss any concerns or training needs. One member of staff told us they had supervision every two months and felt well supported. Another member of staff said, "During my supervision my manager always wants to know how I am coping with work, what are the challenges I am experiencing. They always ask if I need any support."

People told us they thought the staff were trained and competent. Staff were able to have training in a range of areas such as moving and handling, supporting someone with dysphagia and dementia awareness. The deputy manager told us that if staff felt there was a gap in their knowledge they only had to ask and training would be provided. One member of staff told us, "I feel well trained, I feel well supported. I have asked for more training and I know that I will be able to do it." Quizzes were used at team meetings to identify any gaps in staff knowledge. Additional training could then be provided where appropriate.

Good

Is the service caring?

Our findings

People told us they thought the staff were kind and caring. One person told us, "The carers are polite, friendly and always interested in me." Another person told us, "The carers do a great job, they treat me nicely." Another person told us that the care workers who visited them were, "very helpful" and "very nice". A relative told us, "The carers are polite and not rude, they are very helpful." One person told us they thought the care workers that visited them were "fantastic". Another person said, "They are so kind, they treat me like a member of the family."

Staff took time to get to know people, what was important to them and how they wanted to be cared for. Another person told us, "They [staff] can't do enough for you, they are very thoughtful." Another person said, "They get to know me, they take their time to talk to me." Another person told us, "The carers are good, they are very dedicated." People told us the staff always asked what they wanted to be called and respected that wish. One person told us, "They [staff] enjoy their work, always communicate with me. They asked my preferred name and respect that." Staff told us that people's preferred names were written in their care plan.

Person centred principles were supported by staff. They told us that they made sure people had choices, they always gained consent for care and treatment before they gave support, and they respected people and promoted their independence. People told us they felt all the care workers respected their property and their belongings. One person told us, "I have an en-suite bathroom, they look after it; treat it with respect."

People told us that staff respected their privacy and dignity. People commented, "They look after my dignity", "They do what they can to make sure they protect my dignity". Staff we spoke with gave us examples of how they supported people's dignity. They told us they made sure people were covered with towels when supporting their personal care; they talked to people giving them reassurance and tried to make them feel comfortable.

As far as possible the service tried to make sure people had consistency with a regular care worker. One person told us about how they were not confident starting the service as they were unsure if t it would work for them. They had been supported by a core group of workers and now felt all of the staff knew their needs well. They said, "They [care workers] are getting it right for me, it all goes how I want it to." Another person told us, "I usually get the same carer, they are all so kind." One member of staff told us, "I have the same clients every week, it means you can build up trust and a rapport."

Staff we spoke with told us they enjoyed their jobs. One member of staff told us, "I really enjoy going into people's homes to provide care, it is good to see people able to stay living at home with our support." Another told us, "I feel like I can make a difference to people's lives doing this job."

People and their relatives were involved in planning and reviews of care and support provided. People had access to their care plans in their homes. One person told us, "I like to read it, see what they have written, they write literally just what they do every day." Another person told us, "I read my care plan, it is accurate."

The registered manager told us that reviews were open to whomever the person wanted present. This could be family or a healthcare professional such as a social worker.

Where people had no relatives or others to support them the service supported people to access advocacy services. We saw one person had received support from an advocate when making some key decisions. People's religious and cultural needs had been identified and were supported. One person was supported to attend their local church every Sunday.

Where people could not easily communicate staff gave examples of different techniques they used. Staff told us they always checked the care plan first to see what the communication needs were. If they were unsure they could always check with the registered manager. Staff told us they used closed questions, picture boards and simple sentences to communicate with some people. One member of staff told us about a person they supported who had dementia. They told us they communicated with them by "getting into their reality". They told us they did not contradict the person, they listened and empathised with how they were feeling.

People's confidential information was stored safely and only accessed by authorised staff. Staff we spoke with also told us how they respected people's confidentiality by not talking about work outside of work, not talking about people to other people and by only sharing information with authorised personnel.

Requires Improvement

Is the service responsive?

Our findings

The service was in the process of transferring paper care plans and daily notes onto an electronic system. This meant that staff were in some cases keeping three care and support plans and supporting risk assessments up to date. We found that some records had not been updated with the required information. For example, one person had been prescribed some medicines that required additional guidance for staff. The registered manager told us that this medicine had been stopped by the person's GP. Whilst the person's MAR was up to date the care plan had not been reviewed and updated. We saw another person's risk assessments were detailed and contained good guidance for staff. They had not been reviewed for nine months which meant the service could not be sure the risk assessment contained current information.

Where people had specific needs such as risk of constipation or a high risk of developing pressure ulcers the service had put in place monitoring forms. Care workers would complete the forms to record dates and times of bowel movements or re-positioning. If people were at risk of dehydration they had food and fluid monitoring forms. We found these were not always completed in full and the service was not using the information to monitor the person's needs.

We discussed these concerns with the management during our inspection. Due to the changes being made to transfer paper based records to the electronic system the service had struggled to keep all records up to date. The registered manager told us they would review the current situation and remove any unnecessary documentation.

Despite the shortfalls in the records people told us they received care that was personalised to their needs. One person told us, "The care is excellent, they do what I want, when I want and how I want." Staff told us they were able to read people's care plans before they started working with the person. This meant staff understood what was needed ahead of the service starting. Staff told us that if they had any questions they would ask more senior staff.

Care plans were person centred and contained information on a variety of needs. Following an assessment the care plan was written to give staff guidance on how to meet people's needs. In addition to health related needs the care plan also gave staff guidance on how to meet people's social needs. Plans informed staff about people's backgrounds and what was important to them.

Where people had health needs that required specialist intervention we saw that specific care plans were in place. For example, one person who had epileptic seizures had a care plan in place to inform staff of the different types of seizure the person may experience. This plan also included the interventions that staff were to consider, for example rescue medicines. The plan was written in plain and simple language and included pictures. We saw another person had a catheter in place. There was guidance for staff on how to monitor the output of urine. Detailed guidance was recorded on what signs would indicate concern.

The service often completed a 'welfare call' at no cost to the person. This was done to check on people that were not well, or experiencing difficulty. The registered manager told us they tried to respond to requests for

emergency packages of care at short notice. They had in the past set up packages of care on the same day for people who were assessed as being in need of end of life care. They told us it was important to be able to do this as people may have requested to be able to die in their own home.

The service managed complaints responsively. Records demonstrated that complaints had been recorded and managed according to the provider's procedure. There were some occasions when visits to people had been late or unable to be provided. The service had received a complaint about this which they had documented. There was a letter of apology to the person explaining why the error had occurred. People and their relatives told us they would know how to complain but said they didn't need to. People told us they would ring the office and speak to someone if they had a concern. One relative told us, "[Relative] is happy with the care, if they were not happy they would soon tell them [service]."

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs were recorded in their care plans with details of how to meet individual's specific needs. The service provided information in supportive formats depending on the need. For example, the complaints procedure had been produced on one page, with pictures and simplified wording in a larger font to support people with a visual impairment.

End of life care was provided when needed. The service had supported people at the end of their lives. People had been given the opportunity to record their wishes for this stage of their life. Some people had recorded their wishes and preferences. Staff we spoke with told us they enjoyed supporting people with this type of care. One member of staff told us they really enjoyed being able to sit with people and "hold their hands" or "brush their hair".

The service had received many compliments about their end of life care provision. One relative had written, 'Thank you for the excellent care and attention given to [person]. You have not just been her carers but her friends'. Another relative had written, 'Thank you for the exemplary care given to [relative] during the last month of her life. You were extremely kind, compassionate and professional until the very end'. Another relative had written, 'We are truly grateful for the love and care you gave [relative] during her last few weeks of her life. Thank you so much, you made such a difference during our very sad time'.

Good

Is the service well-led?

Our findings

There was a registered manager 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. The registered manager was a nurse with many years' experience managing care services.

The provider was a member of the United Kingdom Homecare Association (UKHCA). This is a member led organisation that aims to promote high quality care so that people can continue to live in their own homes. The service used resources provided by UKHCA such as training and the care workers handbook. Each member of staff was given a handbook during their induction which gave them information covering a range of areas.

There was a staff structure with clear responsibilities which were known to staff. The service had a weekly handover which management and supervisory staff attended. The registered manager kept records of each handover and the discussion held. This gave staff present the opportunity to raise any concerns about care packages so that changes could be made if needed and appropriate. Records also recorded the actions to be taken following discussion and the review of previous actions agreed. The values of the service were known to staff and there was recognition that the registered manager wanted to do their best for people. One member of staff told us, "[The registered manager] wants everything to be good, they want to help people so they are always thinking of the bigger picture."

Staff told us they felt supported by the management at the service. One member of staff told us, "I can't say a bad word about the company, they are really supportive and I am happy to work for them." Regular team meetings were held and minutes kept. Staff we spoke with were appreciative of being part of the team at the service. One member of staff told us, "It is a great team, I feel I can talk to anyone." Another member of staff told us, "I really love it here, I see colleagues most days, it is good to meet up with them and chat." Staff felt able to approach the registered manager if needed. One member of staff told us, "[The registered manager] tries hard to keep everyone happy, they will always help the staff at short notice and gives out lots of praise."

The registered manager told us they worked hard to promote an open culture at the service. They encouraged staff to report concerns, to be open and honest so the service could be transparent throughout. The service supported people with complex needs, the registered manager encouraged staff to share ideas on care packages as they were always striving to achieve the best outcomes for people. One member of staff told us, "I feel able to talk to the manager and say what I think, they always listen."

The service aimed to continuously improve practice. They recognised that use of technology would improve outcomes for people so were transferring all care and support plans onto an electronic system. This system would not only hold all care and support notes but medicines recording, visit logs and other monitoring information. The registered manager and deputy manager were in the process of migrating records to the

system and hoped to be live in a few months' time. Electronic records would ensure that any risk of errors were minimised and the management would have a real time record of where the staff were.

The team of staff were diverse and from various cultures and backgrounds. The registered manager told us that some staff had experienced racism from people so action had been taken to support them. The registered manager had changed some care workers around. This made sure people received support from care workers they would appreciate and staff were not subjected to disrespectful comments. The registered manager told us they were trying to educate people and had experienced some success with this approach.

People and staff had been able to share their views on the service through a formal survey. The survey results had been analysed and a copy of the results shared with people and staff. The results from people indicated that overall people rated the service as 'good' or 'very good'. The one key area which required improvement was complaints. People had written that they were not sure how to complain. Results had been shared with people and a copy of the complaints procedure had been posted out. The staff survey indicated that all the questions had been returned with a response of 'good' or 'very good'.

The provider had a range of quality monitoring systems in place to support them to monitor the quality and safety of the service. The senior management did regular unannounced 'spot checks' where they visited people during a visit. These visits made sure that management were able to check that staff had the necessary equipment, recorded the visit accurately and how they engaged with the person.

As part of the 'spot check' people's MAR's were checked. Records demonstrated that where any gaps were noted on people's MAR the service investigated to determine the cause. We saw one person's gap had been due to the member of staff not signing the record, however the medicines had been administered. The service recorded on the quality monitoring form the actions that were taken.

The local authority safeguarding team had visited and completed a quality report. This indicated the service was taking appropriate actions to report any concerns. Whilst the service completed various quality monitoring checks to improve the quality and safety of the service there was no overarching audit to capture the service performance overall. There was a service report which gave a summary of performance and overview in each key area such as recruitment, incidents and accidents. We discussed the use of an overarching audit to monitor the performance of the service overall. The registered manager told us they were reviewing how they used audits and were looking into ways they could improve monitoring.

We recommend the service seeks guidance on the use of an overarching audit to monitor the performance of the service overall.

The service worked in partnership with various agencies. Senior staff had good relationships with other professionals such as social workers, GPs and other healthcare professionals. Compliments had been received from professionals about the responsiveness of the service and positive attitudes of staff. The registered manager was in the process of securing an apprentice for the administration team. They were working with a local organisation who partnered with businesses to find young people who were suitable.