

Carers Trust Thames

# Carers Trust Hillingdon

## Inspection report

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Date of inspection visit:

19 September 2016

20 September 2016

23 September 2016

Date of publication:

28 October 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection was carried out on 19, 20 and 23 September 2016 and the inspection was announced. The service was given 2 working days' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. Telephone calls to gain feedback about the service from people and relatives were made on 22 and 23 September 2016. This was the first inspection under the current registration with the Care Quality Commission.

Carers Trust Hillingdon is a charity and offers support to people who require help with day to day routines including personal care, a respite care service, companionship, meal preparation, light housework, shopping and accompanying people to appointments and activities. At the time of our inspection there were 50 people receiving personal care. The provider, Carers Trust Thames is an independent registered charity. Carers Trust Thames is a network partner of Carers Trust.

Some aspects of the service had not been monitored effectively so issues had not always been picked up and addressed. Action was being taken to improve the auditing of the service and improve monitoring. The issues identified had not had an impact on people's care and safety.

Procedures were in place to safeguard people against the risk of abuse. Staff understood the importance of keeping people safe and reporting any concerns.

Risks were being assessed and where required action plans put in place to minimise them. Staff knew the action to take if someone was unwell including summoning the emergency services.

Staff recruitment procedures were in place and being followed. There were enough staff available to meet the needs of people using the service.

Where they were involved with supporting people with medicines, staff understood medicines administration procedures and provided people with the support they needed to take their medicines safely.

Staff received training and supervision to provide them with the knowledge and skills to care for and support each person effectively.

Staff respected people's rights to make choices about their care and support and knew to act in their best interests.

People were supported to maintain their nutritional intake and were assisted with meals if required.

Staff understood the importance of maintaining people's health and knew how to access healthcare input if people required it.

People and their relatives were very happy with the service and said staff were kind and treated them with dignity and respect. They said staff took the time they needed to provide the care and support they required.

Care records were person-centred and reflected people's individual needs and wishes. Staff read and understood these so they could give people the care and support they needed.

People's care and support was reviewed annually and whenever any changes in their care were identified, so people's needs continued to be met.

Procedures for raising complaints were in place and people and relatives knew how to raise any concerns so they could be addressed.

People and relatives could contact the service easily and at any time they needed to and said the management team were approachable and supportive. Staff also said the management team were supportive and approachable and enjoyed working for 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. Procedures were in place to safeguard people against the risk of abuse. Staff understood the importance of keeping people safe and reporting any concerns.

Risks were being assessed and where required action plans put in place to minimise them. Staff knew the action to take if someone was unwell including summoning the emergency services.

Staff recruitment procedures were in place and being followed. There were enough staff available to meet the needs of people using the service.

Where they were involved with supporting people with medicines, staff understood medicines administration procedures and provided people with the support they needed to take their medicines safely.

### Is the service effective?

Good ●

The service was effective. Staff received training and supervision to provide them with the knowledge and skills to care for and support each person effectively.

Staff respected people's rights to make choices about their care and support and knew to act in their best interests.

People were supported to maintain their nutritional intake and were assisted with meals if required.

Staff understood the importance of maintaining people's health and knew how to access healthcare input if people required it.

### Is the service caring?

Good ●

The service was caring. People and their relatives were very happy with the service and said staff were kind and treated them with dignity and respect. They said staff took the time they needed to provide the care and support they required.

Care records were person-centred and reflected people's

individual needs and wishes. Staff read and understood these so they could give people the care and support they needed.

### **Is the service responsive?**

The service was responsive. People's care and support was reviewed annually and whenever any changes in their care were identified, so people's needs continued to be met.

Procedures for raising complaints were in place and people and relatives knew how to raise any concerns so they could be addressed.

**Good** ●

### **Is the service well-led?**

The service was not always well-led. Some aspects of the service had not been monitored effectively so issues had not always been picked up and addressed. Action was being taken to improve the auditing of the service and improve monitoring. The issues identified had not had an impact on people's care and safety.

People and relatives could contact the service easily and at any time they needed to and said the management team were approachable and supportive. Staff also said the management team were supportive and approachable and enjoyed working for the service.

**Requires Improvement** ●

# Carers Trust Hillingdon

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 19, 20 and 23 September 2016 and was done by one inspector. The service was given 2 working days' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. The inspection visits and getting feedback from care staff were carried out by one inspector and an expert-by-experience carried out telephone calls on 22 and 23 September 2016 to obtain feedback from people using the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the service we checked the information that we held about it, including any notifications sent to us informing us of significant events that had occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also viewed the results of questionnaires sent out by CQC that had been completed and returned by eleven staff working for the service, four people using the service and two relatives of people using the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we viewed a variety of records including recruitment and training details for five staff, care records for four people using the service, some in detail and some to view specific area of care, medicines administration record charts for two people using the service, monitoring records, staff allocations, the business strategy and other documentation relevant to the inspection. We also viewed a selection of the provider's policies and procedures.

We spoke with the chief executive, the registered manager, two locality managers, four senior care practitioners and six care support workers. After the inspection we contacted seven people using the service

and eight relatives of people using the service to get feedback about the service people received.

## Is the service safe?

### Our findings

People and their relatives confirmed they felt the staff maintained people's safety. Comments included, "The care staff are friendly, polite and most importantly very careful.", "My carers are very nice – almost always the same ones, gentle and kind. They wear their plastic pinnies and gloves when they shower me and always ask if I want anything before they leave" and "The nice girls always wear aprons and badges and my property was fully assessed before they started coming – not all agencies come round." We asked staff what they felt was the most important part of their work. One care support worker told us, "Making sure they are safe and not at risk of harm to themselves or other people. To have a quality of life."

Policies and procedures for safeguarding and whistleblowing were in place and being followed to protect people from the risk of abuse. Staff confirmed they had received safeguarding training and said they would take appropriate action to report any concerns. We gave staff a variety of safeguarding scenarios and they were able to tell us the action they would take including reporting all concerns to the service and, where appropriate, calling the police. Staff knew they could contact the local authority or the Care Quality Commission if their concerns were not acted upon by the service, however they were confident that the locality managers and the registered manager would take appropriate action to escalate any concerns they might raise.

People and relatives confirmed they felt the service kept people safe. One relative said, "[Relative] is safe with her carers – an assessment of our property was carried out before the carers from this agency started coming, if [relative] is not feeling well I am told immediately." A comprehensive risk assessment document was completed as part of the assessment process before people used the service. This covered the home environment and was used to identify any areas of risk so that an individual risk assessment could be completed for any risk identified, such as moving and handling needs or medicines administration.

For one person, although complex care needs had been identified, risk assessments for associated risks had not always been completed. Action was taken at the time of inspection to complete the risk assessment documentation and we saw in the daily records that the care support worker followed instructions and recorded the care and support they provided. The registered manager said action would be taken to check that all individual risks had been assessed and an action plan was in place to minimise them. Risk assessment training was planned for the locality managers and senior care practitioners in October 2016, to update their knowledge and skills in this area. Where people had complex needs, the care support workers attending to them had received training in the use of specialist equipment and a locality manager said she would look into further training to ensure their knowledge was up to date. Where moving and handling equipment was in use the care plan identified that two care support workers must be present when it was being used, to maintain the person's safety.

Report forms were completed for any accidents or incidents. These were comprehensive and covered the immediate action taken and then a review by the locality manager to identify any further action to be taken and ways to minimise recurrence. We gave staff examples of emergency situations such as finding a person unconscious or who had fallen and sustained an injury. Staff knew to assess the situation, to summon the

emergency services and to report and record the event. A relative told us staff had taken action to call the emergency services when their family member was unwell and was pleased with this.

The service had a Business Continuity Plan, which covered the action to be taken in the event of a failure of systems within the provider's locations. The chief executive explained that they had a system for geographically mapping where people lived and identifying the nearest staff member for emergency situations, for example in severe weather conditions, so essential care could continue to be provided.

Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Staff were able to tell us about the recruitment checks that had been carried out as part of the recruitment process, and we also saw these in the staff recruitment records. Application forms had been completed and any gaps in employment had been discussed and the explanation recorded. Pre-employment checks included health questionnaires, two references including where applicable one from the previous employer, criminal record checks such as Disclosure and Barring Service checks and proof of identity documents including the right to work in the UK. Photographs of staff were taken and they were issued with identity (ID) badges to wear when attending people's homes. We saw staff were wearing their ID badges when attending the office and staff confirmed they always carried them when carrying out visits to people's homes. People and relatives also confirmed staff wore their ID badges. New staff were introduced to people and relatives so they knew who would be coming to provide care and support.

There were sufficient numbers of staff employed by the service to meet people's needs. People and relatives confirmed they had regular care support workers so they got to know and trust them. Staff said enough time was allotted for them to complete their work properly and also to travel between calls. One person said, "I really trust them – they come on time and stay the allotted amount of time." A relative also confirmed the care support workers arrived on time and stayed for the period of time they were allocated for. We saw staff rotas that were sent out five days in advance and staff could access their rota online and knew in advance who they would be caring for. Access to the rota could also be given to people or their next of kin so they knew who to expect and there was a continuity of care for people. The locality managers explained that if a visit had to be added or changed, the member of staff had to confirm the change before they were put on the rota, to ensure they were aware of it. This had been put in place so that staff knew about all the work they were allocated and to minimise the risk of 'missed calls'. People and relatives said they were given a named person to contact at the service in case of any difficulties or queries. There was also an 'on call' system so people could contact a member of the management team outside office hours if they needed to, so they always had contact with the service.

Systems were in place and being followed to ensure people received their medicines safely. People and relatives confirmed staff provided the support people needed with their medicines. One relative told us, "My [relative] has the carer to give her meds from the blister pack during the day." They confirmed the staff were careful and recorded the medicines they gave. Staff had received training in medicines administration and this was recorded in the staff files. Staff were clear they could not support people with medicines unless they had undertaken training and been assessed by a senior member of staff as being competent to administer medicines. Staff described the process they followed for supporting people with or administering people's medicines and understood the importance of following the procedures correctly and safely. They knew to report any concerns to the office so they could be addressed.

Policies and procedures for the management of medicines were in place and provided comprehensive information for senior staff and those involved with supporting people with their medicines. People's medicines were recorded in the care records and medicine administration record charts (MARs) were in use and listed each medicine and when it was to be administered. Staff signed when they gave people their

medicines. We saw some MARs for previous months that had been handwritten and it did not identify who had written them. A locality manager explained this shortfall had been identified and addressed and all MARs were now typed up at the office by suitably trained senior staff under the jurisdiction of the registered manager, examples of which we were shown. If any specialist techniques were required to administer medicines then there was evidence staff had received appropriate training to administer the medicine safely. A senior care practitioner explained how they had recognised where someone was struggling to manage a complex medicine regime and had supported them to get help to manage their medicines better.

## Is the service effective?

### Our findings

People and their relatives were happy that the staff providing care were 'well trained' and carried out their work effectively. Staff confirmed they received the training they needed to care for people and one told us, "The training is good, they update you and remind you when training is due." One of the locality managers told us, "Care support workers are our eyes and ears out there so we rely on them to know what is going on."

Staff received the training and support they needed to provide people with effective care and support. All new staff had induction training and shadowed experienced staff prior to working alone with people. We saw evidence that staff had completed a recognised induction programme and the service had also introduced the Care Certificate, an induction programme for care workers new to health and social care and this was being undertaken by new staff. We saw training records for topics including safe handling of medication, infection control, equal opportunities and diversity, dementia awareness, health and safety, safeguarding, moving and handling, emergency first aid. There was a training and development pathway that included the opportunity for all staff to gain recognised qualifications in health and social care as well as regular training updates. Staff were able to tell us about aspects of their training and said they received training to keep their knowledge and skills up to date. They also said that there were good opportunities for training available to them.

The service monitored staff practice and progress to ensure they supported people effectively. Staff had supervision sessions every three months or more often if necessary and annual appraisals to monitor their progress and identify areas for development. Unannounced spot checks were carried out in people's homes to assess the care and support staff provided. One person told us, "Spot checks are carried out to look at the care plan and especially medication." Staff confirmed they felt well supported by the service and could approach the senior care practitioners and the locality managers if they had any queries and said they were listened to.

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. The service had an 'autonomy and independence' policy and this incorporated information regarding the requirements of MCA and how this applied to people receiving care in their own homes. Staff had received training in MCA and understood the importance of offering people choices and acting in their best interests. They were clear to report any changes in a person's condition or any concerns in respect of people having their liberty restricted in any way. Senior staff knew to reassess the person and where appropriate to report findings to the local authority for a best interest assessment. The provider had updated their care plan and review documents to include sections on mental capacity, so that this was covered when care plans were being formulated and also at each review. We saw four review documents and the new documentation had been used in three cases. The fourth was updated during the inspection and a locality manager said they would speak with all staff that carried out the reviews

to ensure the updated documentation was always used.

Staff received training in food handling and said they were happy to prepare and assist people with meals. The support people needed with meal preparation and at mealtimes was recorded in the care plan and provided staff with clear instruction, so people were assisted in a safe way, for example, ensuring a person was sat upright to eat their meals. Staff said if they had any concerns someone was not eating or drinking they would inform their next of kin and the office so the situation could be monitored and if necessary the person referred to the GP. Where people required specialist care, for example the use of a feeding tube, staff involved with their care had received the relevant training so they knew how to provide the care and support the person needed.

People and relatives confirmed that if someone was unwell staff took appropriate action so people received the medical help they needed. One person told us, "When I was unwell the carer rang the agency to see if she should call the GP or an ambulance. The person from the agency asked to speak to me and I said I was worried. The GP was called followed by an ambulance when the GP had OK'd it." Staff knew to observe for any indications that someone was unwell and to report them, so people could be referred to their GP or, if the situation warranted it, to summon the emergency services. Staff explained they would also always record the action they had taken, so it was documented. Information about people's medical conditions including any signs and symptoms to look for were included in the care records, such as the action to take if a person's condition changed, for example, they had a seizure, so staff had clear instructions to follow. Contact details for people's GP and other healthcare professionals were in the care records and where necessary the service would contact them to request input.

## Is the service caring?

### Our findings

People were happy with the care people received. Comments included, "My carers are like kind and caring friends" and "My carers are gentle and kind and always find time to make me a cup of tea and have a little chat before they go." Two relatives told us, "The carers treat my [relative] with great respect and sometimes it's a bit of a struggle caring for her" and "Sometimes [relative] needs a bit of persuasion to do things like have a shower and to eat. The carers are gentle and patient – they don't hurry her."

We asked staff what was most important to them when caring for people. Comments included, "Make sure they have privacy, curtains are closed and keep them covered. Talk to people and explain – I always talk through what I'm doing to make them feel comfortable and secure.", "To be patient, kind, chatty, ask people what they want to do.", "Good communication, asking what their needs are and checking they are in agreement. Give people the opportunity to do things for themselves" and "Always explain what you are doing and always try and get them to help – give them their independence." Feedback from a staff questionnaire included, "All I can say is that I love working for the company and they always try and match the service users needs and help them in gaining their confidence."

People and relatives confirmed that someone from the service had visited and made a full assessment before care began, when 'everything' was discussed. We saw that pre-service assessments had been carried out and people and their relatives had been involved with these, so people's individual needs and wishes were known and could be included in the care plans. The service provided care and support at times to suit the people using the service and their relatives. This included providing a respite service to enable relatives who were the primary carer to have time to themselves, in the knowledge that their family member was being well cared for in their absence.

It was clear from speaking with people and relatives that the service worked to match care support workers with people to meet their needs. For example, when it was identified that a more mature care support worker would be appropriate to meet a person's needs, this had been arranged. Relatives were happy with the shadowing processes when a new care support worker was being introduced. They felt this allowed for the person receiving the service and the care support worker to get to know each other and to build up trust. These processes all enhanced the opinion that the service prioritised the care of people using the service.

The locality managers explained how they matched care support workers with people taking into account their religious and cultural needs. We saw that where people did not speak English, language matches had been made so staff could communicate effectively with them. Staff were aware of people's religious and cultural needs and told us they would sometimes accompany people to their places of worship as part of their care and support. They also understood people's dietary requirements, for example where people were vegetarian or did not eat some meats, so that these could be respected and met. One person confirmed the care support workers respected their routine and needs in relation to their religion.

Leaflets for support from the local authorities covered by the service were available to provide information about support groups available to unpaid carers, who are usually relatives who provide day to day care for a

family member. The service worked with the Hillingdon Carers Partnership to provide support to people and those caring for them.

## Is the service responsive?

### Our findings

People and relatives were satisfied with the way the service responded to people's needs. Comments included, "I can speak to the agency but I've not made a complaint in the two years we have been using them. I fill in the satisfaction survey which they clearly read and would recommend them because I am content.", "I have a good relationship with the agency. [locality manager] is excellent and contacts me regularly, she is trying to get me a few more hours.", "An annual satisfaction survey is sent out and is taken notice of.", "The agency are very good at responding if I question any action good or not so good" and "This agency is clear about its responsibilities, we are asked to fill in satisfaction surveys. I have no qualms with them." One person told us that there were no problems and she was certain the service would respond positively if there were any problems about her well-being.

We asked staff what they considered an important aspect of their work. Comments included, "The people you work with and making a difference and keeping people in their own homes.", "It is important to maintain people's independence and keep them mobile, hopefully for a better quality of life.", "I love my job, getting out there and seeing my clients. Different people with different care.", "The more you put into a job, the more you get out of it.", "To help each person as much as I can" and "I thoroughly enjoy all aspects of the job and have a good variety of work." From our discussions with all the staff it was clear they understood the importance of responding to and meeting people's individual needs.

The majority of care plans we viewed were person-centred and identified people's needs, wishes and interests. Staff told us they read the care plans and the risk assessments first so they knew the care and support people needed and how to meet to their needs. One said, "The first thing I do is read the care plan." We read one care plan that did not identify the level of assistance someone needed, for example with bathing. We discussed this with a locality manager who immediately saw the shortfall and updated the records. Staff were clear on the level of care people required and the paperwork did not have an impact on the care people received. We discussed the need to ensure staff involved with writing and reviewing care records identified all the needs of each individual and the service responded and arranged for care plan and risk assessment training to be carried out in October 2016 to refresh the skills and knowledge of the staff involved.

People and where appropriate their next of kin were involved with care reviews. These were carried out annually or whenever a person's needs changed, to incorporate any changes in care. One person told us, "Someone from the Agency comes round and does a spot check on medication and all other care matters at least once a year, possibly more." If it was identified that the package of care someone received was no longer adequate then the service would identify this to the funding authority so the person's needs could be reassessed. The senior care practitioners said that if they received a call from a care support worker who needed advice they would discuss the issue and, if necessary, go to attend and assess the situation and provide any help and support that was needed. The care support workers confirmed they could contact the locality managers and senior care practitioners for advice and that they were responsive.

A large part of the work was to provide respite care for people's carers. These were usually relatives who

provided full time care for someone. It was clear from our conversations with staff that they were flexible and would take people for outings and to attend social clubs and events. Where people would stay at home, care support workers would sit with them to provide support and companionship, keeping the person safe while their full time carer was away from the home. The service responded to other situations, for example, spending time with people when they were hospital so they had a familiar person providing support and reassurance.

Systems were in place so people and relatives could raise any concerns to be addressed. The service had a complaints procedure and this was contained in the service information given to people using the service. People and relatives were confident to raise any issues they might have and said these were responded to. Comments included, "If I phone the agency everything gets sorted – they don't mind a bit of criticism – and the carers are on the whole wonderful!" and "The care agency always look into concerns and comes back to me – unlike a previous agency." Staff were aware of their responsibilities and said if anyone had a concern they would listen to them and report it to the office. The service had received two formal complaints in 2016 and had followed their complaints procedure to investigate and respond to them. All concerns received, however minor, had been recorded and responded to.

## Is the service well-led?

### Our findings

People and relatives expressed satisfaction with the service. Comments included, "I know that I can call the agency and be listened to – they are the best agency I have ever had and yes I would certainly recommend them.", "Yes, we have a name at the agency to call – while most of the carers are excellent a few do the caring by the book, but not many and yes, I would recommend." All the people and relatives we spoke with said they would recommend the service to another family in a similar situation as they were proactive and careful and the carers were really kind and well trained. One person said, "Communication is excellent." Another person who provided feedback said they were "happy with the service." Staff also said they would recommend the service and be happy for them to care for a loved one.

We asked staff what they felt about the support they received. Comments included, "They have good communication, it makes everything easier.", "A real team that is people orientated. The focus is on care and the people we care for. The office staff are very positive, give time to listen and I am respected and valued. This company is about the ethos of care.", "I'm always supported and things have been dealt with effectively" and "The company is great, whatever you need for a client they help, you are never alone. Good communication." The service had received 53 compliments in 2016 from people and their relatives and these had been recorded and shared with the staff they referred to.

Staff felt the service was being well managed. Comments included, "If I've got any problems I'd come in and speak to the locality managers. If I felt the need to speak with someone they are always here and are very supportive.", "They are always quite flexible and will get back to you" and "There is a good management team, very supportive. Any training you need will be arranged." Feedback from surveys completed by staff included, "I am fully supported by my office and there are very open lines of communication enabling us to work as a team to offer a personal and high level of care." "I love working at Carers Trust and feel the staff have been very supportive towards me and genuinely care about our clients" and "I don't have any raised issues or concerns about Carers Trust. Everything's all right!"

The registered manager had been in post since May 2016 and was getting to know the service and the people who used it. She had attended local authority carers meetings and registered manager's network meetings. The registered manager was commencing a health and social care management qualification and had completed training in health and safety topics, safeguarding, person centred care and MCA as part of her induction into the service. She told us she received updates from organisations such as Skills for Care and attended workshops relevant to her role. Her aim was to "ensure the client has the best quality service." The registered manager felt well supported by the chief executive and the locality managers and understood the importance of working together as a team to lead the service.

The locality managers told us, "We work closely together to ensure we cover everything – a good team. I am supported by the company and taken notice of if I raise a concern. All the management are really approachable" and "We work as a team and support each other." The locality managers were undertaking management qualifications in health and social care and also had access to publications and information to keep their knowledge of the care sector up to date. The chief executive visited the service regularly and we

saw there was effective communication between all staff and action was taken promptly to address any issues that arose. For example, a care support worker was held up in traffic and we heard a locality manager relay this information without delay to the person they were to visit and their carer. In another case a care support worker was needed to attend and support a person new to them. The locality manager provided a comprehensive telephone handover so they had a good picture of the person and their needs prior to the visit.

Systems were in place for monitoring the quality of the service provision, however some were still to be actioned. For example, there was a medicine audit form for completed medicine administration records (MARs), but this had not yet been commenced. We were also told that completed daily records should be checked but we did not see evidence of this on documents viewed on the first day of inspection. The Quality Assurance Guidelines identified these two processes were to be carried out when the relevant documents were returned to the office. We identified some minor issues with the completion of these records, for example, some gaps in the dating of daily records and strengths of medicines had not always included on the MARs, and monitoring would identify such issues so they could be addressed.

Auditing had been commenced by the last day of inspection and the registered manager said that both auditing processes would be followed to ensure documentation was being monitored and any shortfalls could be identified and addressed promptly. We also discussed the shortfalls we had identified with individual risk assessments and care records and the locality managers had responded promptly to these findings and taken action to address them. The issues we identified at inspection had not impacted on the care and support people received, however systems needed to be improved and sustained to ensure monitoring systems were used effectively. The service had a comprehensive service development plan for 2016-2017 and following the inspection this was updated to include the areas for improvement that had been identified at the inspection and the actions being taken to address them.

Complaints and accidents were being monitored and reports were presented to the bi-monthly Carers Trust Thames Board meetings, so any points could be discussed. People's care was being monitored and reviewed annually and when there were any changes and telephone checks were also carried out to gain feedback from people. Satisfaction surveys were completed annually and people confirmed they were listened to and changes had been made where necessary, for example, providing a new care support worker. Policies and procedures were supplied by Carers Trust and had been reviewed in 2016, to keep the information current in line with relevant legislation and good practice guidance.

Staff meetings were held regularly for care support workers and senior care practitioners and also for the locality managers and registered manager. Staff felt able to participate and said they were listened to. There was a weekly staff newsletter that was emailed out and these were informative and covered topics such as staff changes, updates to documentation, training opportunities, support group meetings and health and safety articles. These helped to keep staff informed and their knowledge up to date. There were also six monthly newsletters for people using the service and their relatives, which contained information about the service and support available, interesting articles and contact details for the service and support organisations.