Lucketts Care Agency Ltd

Lucketts Farm

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on the 27 November 2018 and was announced.

Lucketts Farm is registered to provide personal care to people living in their own homes. At the time of inspection four people were receiving the regulated activity of 'personal care.' The service supported adults who have autism, learning disabilities and sometimes displayed behaviour that could be challenging. Each person had a tenancy agreement and rented their accommodation.

This service provides care and support to people living in one 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Lucketts Farm receives 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 consider any wider social care provided.

At the last inspection in September 2017 we identified that staff were not always recruited safely and we issued a notice of breach of regulation. We asked the provider to send us an action plan of how they would address this shortfall which they did. This inspection showed that they had made the improvements they said they would make and more robust checks were now made of new staff which helped to provide assurance that they were suitable to support people using the service.

Previously there had been two registered managers; changes to the management structure had meant there was now only one 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 and staff ensured that people were the central focus of this service. People said they were happy and our observations showed them to be smiling, laughing and engaging well with the staff supporting them. There were enough staff available to meet peoples shared and one to one support needs. People's medicines were managed safely and people were given opportunities and encouraged to be actively involved in taking more responsibility for their medicines with staff oversight and support. Risks people may experience from their environment and because of their individual needs were assessed and measures put in place to reduce the likelihood of their suffering harm. Staff were trained to understand recognise and response to abuse, they understood the actions to take to escalate concerns they might have and that they needed to notify the Care Quality Commission when alerts were raised. Incidents and accidents were recorded and acted upon appropriately, these were analysed so that steps could be taken to reduce the likelihood of their happening again.

New staff experienced a period of induction suited to their experience. This provided them with the basic knowledge and skills to support people safely and appropriately. All staff received training updates to keep their knowledge and skills updated, specialist training courses were provided to enable staff to understand how to support people with specific needs such as epilepsy or behaviour that could be challenging. Staff said they felt supported and valued. Their practice and competency was assessed through observations and spot checks, supervisions and annual performance meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and procedures and systems in the service support this. People already living in the service were consulted about new people before they moved in. New people were assessed to be sure their needs could be met and they were compatible with living in shared accommodation. Staff were supportive of people's differences, any protected characteristics under the Equality Act 2010 were recorded to ensure these could be supported. Staff received training in Equality and Diversity to inform their support of people.

People and relatives were involved in the development and review of care plans which provided detailed guidance for staff about people's individual needs and their preferences for support. These were updated regularly and in response to any changes in need. Staff were trained to support people who could display challenging behaviour when their anxieties were heightened, clear guidance was available to inform staff how to manage and de-escalate to keep people and others safe.

People planned, purchased and prepared some of their own snacks and meals and were encouraged to eat healthily. Staff supported people with managing their health needs. People were supported to attend appointments. Staff kept records of visits and advice from health care professionals to ensure people's health care needs were supported appropriately.

An accessible complaints procedure was in place in a format people could understand. People told us if they had any concerns they would make staff and the registered manager aware of these.

People and relatives told us that staff were kind and friendly. People's privacy and dignity was respected by other tenants in the house and by staff. People retained control of their own records which were kept secure in their rooms, their confidentiality was maintained by staff. Computer records were password protected. People met weekly with staff in tenant house meetings to discuss things of importance to them that included meal planning and activities. People, relatives and staff had been surveyed for their views about the service, these were analysed and acted upon by the registered manager. A service development plan was in place of improvements the provider and registered manager wished to make to the overall service. There were effective systems in place to monitor service quality through audits and observations to improve upon this.

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 happy. Relatives felt their relatives were safe and appropriately supported.

There were enough staff available to meet people's needs. An appropriate range of checks were made of new staff suitability before they started working with people.

Staff knew how to keep people safe and escalate their concerns. Risks to people were appropriately assessed and managed. Incidents and accidents were monitored and analysed, steps were taken to reduce the risk of them happening again.

People were supported with their medicines which were managed well.

Is the service effective?

Good

The service was effective

New staff received an induction to their role to give them the basic knowledge and skills needed to provide people with effective care. All staff participated in a programme of training updates to keep their knowledge and skills updated.

Staff felt supported and participated in regular one to one meetings with the registered manager which they found helpful.

People were supported by staff to attend health appointments and staff monitored people's health needs. People were encouraged to eat healthily they helped plan and prepare their own choices of meals.

Staff sought peoples consent and supported people with their everyday choices and decision making. Staff worked to the principles of the Mental Capacity Act (MCA).

Is the service caring?

Good

The service was Caring

Staff respected and upheld people's privacy and dignity.

Staff understood people's needs and characters well. People were smiling and laughing in the company of staff and relaxed in their company and that of other people they lived with.

People were supported to develop their independence and learn new skills.

People met with staff regularly to give feedback about their interests and activities and the support they received.

Steps had been taken to ensure that peoples information was held securely and their confidentiality maintained.

Is the service responsive?

Good

The service is responsive.

An accessible complaints process helped inform people how to complain, complaints received were handled appropriately.

Peoples individual support needs and wishes were well documented. There were kept under review and guided staff in supporting people consistently in a way they preferred.

People were involved in developing the activities and interests they wished to pursue in the community and at home.

Is the service well-led?

Good

The service is well led

Feedback was sought from people, their relatives and staff about how the service was doing, and this informed areas for improvement.

Areas of service quality were routinely monitored and assessed and any areas for improvement highlighted and addressed.

Staff found the registered manager approachable and supportive, they felt involved in service development and able to share their views and opinions. They felt communication was good and there was an open honest culture.

CQC were appropriately informed of notifiable events.

The previous inspection rating was displayed in the office.

Lucketts Farm

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.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. 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. We looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Inspection site visit was conducted on 27 November 2018. During our visit we met the four people in receipt of personal care in their home. We also visited the office location where we met with the registered manager and two staff. We reviewed a range of records including 2 people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision records, staff rotas, accidents and incidents and quality assurance surveys and audits.

After the inspection we contacted three health professionals, four social care professionals and three relatives via email for their feedback.

Good

Is the service safe?

Our findings

People said they were happy where they lived and were given the support they needed to live their life the way they wanted more independently. A relative told us "I feel my relative has always got the supervision required to maintain safe within his home as well as when he is out within the community."

At the last inspection we issued a breach of regulation regarding recruitment checks. This was because checks made did not meet the requirements of the regulation. This could leave people vulnerable to receiving support from unsuitable staff. We asked the registered provider to send us an action plan of what improvements they would be making to ensure they met the regulation. The provider did this and has now met the breach in regulation. At this inspection we checked three new staff files. These were well organised and indexed. They contained all the relevant information required such as employment history, previous employment references, a Disclosure and Barring Service (DBS) check, (The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services), proof of the staff members identity including a photograph. In addition to the interview process these checks informed the provider as to the suitability of prospective staff and whether they were appropriate to work with people using the service.

Although recently there had been high staff turnover, this was settling down. New staff were receiving extra weekly support through workshops to improve their confidence, knowledge, and skills to fulfil their role. There were enough staff available to support people, and people indicated that staff were available to support them with their various activities inside the house and out in the community. People had higher needs and were allocated one to one hours each day to support this. Staffing was planned around people's needs and the provider made sure there were enough skilled staff available to provide the support people needed.

Staff were available to people whenever they were at home. A minimum staffing level was maintained of two staff for shared care during those times when people were at home but not in receipt of one to one support from a support worker. Between 10:30 am and 6:30 pm additional support workers were available to provide one to one support to people with their activities and skills development. A single member of staff slept in at night to ensure people remained safe. Staff were readily available to take people out during the day and to accompany them to evening events. For example, we saw people were excited and talking about going to an evening club that evening. They were speaking with staff about what time they needed to leave.

Staff and the registered manager told us that there was an on call out of hours number that staff could ring in an emergency. The on-call number was mainly covered by the registered manager who lived on site. Staff said this was always responded to when they needed advice and guidance in an emergency.

People were supported to live as independently as they could and were assessed regarding their ability take their medicines unsupported. Therefore, everyone needed varying degrees of staff input from full supervision to prompting. Development of people's skills in this area was ongoing and at a pace that suited each person's abilities. Some people ordered their own medicines and collected the prescriptions from the

Doctors surgery, other people needed staff to do this on their behalf. Staff giving people medicines were trained to do so, this training was kept updated and their competency assessed annually to make sure their practice remained safe.

Medicines were stored individually in people's bedrooms in locked cabinets. Currently no one took their medicines independently but two people were working towards this. For example, one person was given their key each day and prepared their medicines ready for staff to observe them taking them. Some people had 'as and when required' medicines prescribed for when they needed them, guidance was in place to inform staff when these should be administered. This guidance helped to ensure consistency in the way staff gave people these medicines. Weekly and monthly audits were undertaken to check balances of medicines and that no errors had occurred and all stock was in date. All Medicine Administration Records (MAR) were checked at the time of inspection, only a few recording omissions were noted for homely remedies not taken due to people being away, staff had not used the absence code to record this. This was pointed out to the team leader auditing medicines. A recent pharmacy audit identified no concerns and recommendations made had already been implemented.

Staff received Safeguarding training annually. They knew the responsibilities of their role to escalate their concerns if they suspected or were made aware of abuse taking place. Since the previous inspection the registered manager had appropriately alerted the local safeguarding team of several incidents and had kept the Care Quality Commission informed of these alerts as required. People held their own money and were supported to purchase the things they needed and wanted, this sometimes exceeded their budget so staff helped them to plan and budget their finances. The registered manager had arranged for records of people's personal money to be independently audited regularly and this was due to start in December 2018.

Each person had been assessed for the risks they may experience from their environment or risks that resulted from their own care and support needs. Health conditions such as epilepsy, risks when out in the community, on transport, or when at home and cooking, moving around the premises were all assessed to identify the potential risks and the steps needed to reduce this. This information was routinely reviewed and updated. When incidents and accidents occurred risk, assessments were reviewed to assess whether there was any additional learning or further measures that could be put in place to further reduce the risk of harm.

A record of every accident and incident was recorded by staff and reviewed by the registered manager. The registered manager audited the accident and incident forms monthly specifically looking to identify any new emerging patterns or trends. Existing risk measures were reviewed for their continued adequacy and positive effect on reducing incidents or accidents, these were updated if changes were needed.

Staff were trained in challenging behaviour and positive behaviour support (PBS) - Positive behaviour support is a way of understanding behaviours that challenge and looking at why specific behaviours occur. Written guidelines using a traffic light system of Green, Amber Red, for different types of behaviour were recorded in the support plans for each person requiring this type of support. These gave staff an understanding of some of the triggers that caused behaviours to occur and guided their responses to de-escalate and divert behaviours to keep individuals and others safe.

Good

Is the service effective?

Our findings

People told us that they were happy with the way staff supported them. New staff were provided with a period of induction that ranged from two weeks to three months dependent on their existing care experience, knowledge and skills. Induction comprised of an orientation to the service, a period of shadowing other staff whilst being an extra on the rota and the completion of 21 courses during the overall period of induction. This provided all staff with the right mix of basic knowledge and skills to support people safely and appropriately. This training included an understanding of safeguarding, moving and handling safe practice, health and safety, food hygiene, infection control, first aid, mental capacity, and fire safety. Staff said they were given the right training to meet the needs of people in the service, and were given time to finish courses.

Due to the high number of new staff recently recruited and in post, the registered manager had introduced weekly workshops. During these new staff discussed aspects of the job role, people's needs, understanding their responsibilities under safeguarding, managing behaviour positively all with the aim of preparing staff for their role and instilling confidence in them. New starters were expected to complete the Care Certificate and an introductory workshop had been set up to explain the certificate and what was expected of staff when they started the course In November 2018. The Care Certificate is an identified set of standards that social care workers work through based on their competency. The registered manager understood her responsibilities to assess each unit staff completed to ensure they had understood what they had learned and were competent.

A programme of refresher training was in place for all staff which the registered manager monitored. Staff training was a mixture of on line courses and face to face training. Training records showed most staff had completed this with only new starters still to complete some courses. The registered manager booked staff onto courses, and staff were expected to complete these within specific deadlines. Staff told us about specialist courses they completed such as Epilepsy training to meet the needs of a few people using the service with this condition. This training enabled staff to understand and support people with this condition effectively and safely.

Observations of staff practice were done every six months with the recent addition of more frequent and random spot checks of staff practice. This was to highlight any areas where staff may need additional support and training or areas of good practice that could be celebrated and shared. Staff received monthly one to one meetings with the team leader or registered manager. Staff valued these meetings and felt supported by the registered manager. One to one meetings gave them opportunities to discuss issues arising in their day to day work and reflect on their own learning and development needs. An appraisal system was in place for those in post for longer than one year to assess their overall work performance, aspirations and opportunities for training and career development.

People told us that staff supported them with health appointments "help if sick-go to doctor", Staff knew them well and understood when people were unwell through talking with them or observing their facial expressions and body language. Each person had a health action plan and this told staff what the persons

health needs were, how this was supported and how much support the person needed with different types of health check. People also had individual Hospital Passports which provided hospital staff with important initial information about the person, their medical history, medication, and issues hospital staff needed to be aware of such as the persons capacity to make decisions, the people relevant to making decisions on their behalf, and how the person communicated their needs. This type of information helped hospital staff to provide the right support to the person in a way the person was comfortable with. Records showed that in the community people were seen at appointments by a range of health professionals including dentists, opticians, GP's, nurses and psychology and psychiatry appointments and speech and language therapists (SALT) for communication difficulties. Staff attended these appointments with people if relatives were unavailable, clear records were kept of the outcomes of these visits.

Staff had received training and understood the Mental Capacity Act (MCA). Peoples capacity had been assessed and they were encouraged and supported to make everyday decisions for themselves. More complex decisions were made with the involvement of other people like their relatives and care managers to help make decisions in their best interests. At inspection staff were observed and heard consulting people about their choices and decisions for the evening meal, the evening activity, and the seasonal question of where the Christmas tree was going to go. Earlier people had been asked whether they wanted to speak to us and whether we could look at their records.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In supported living services an application must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met. An application had been made and authorized by the Court of Protection for one person. The registered manager had identified several other people who may meet the criteria for applications to be made and was currently consulting with relevant care managers..

The provider Information return told us that no one was nutritionally at risk. People who had expressed the wish for support with losing weight had been supported to attend a weight loss programme. People told us that they met with staff weekly to discuss the main meals for the week which were a shared experience. Consideration was given to everyone's likes and preferences. Staff recognised that a few people made poor food choices and were working to encourage them to make healthier choices about the food and drinks they bought and ate. People bought their own food for their lunches and snacks and had separate shelves in the fridge and in the cupboards. Most people ate together as a group in the evenings although those who chose not to had meals when they were out during the day. People took turns cooking and people were helped to improve their cooking skills at the day centre and through one to one time with staff.

The provider had one vacancy in the house. The registered manager had received a referral for this place and had consulted the people living in their house for their views. They had been positive about the person referred. The registered manager said she now felt able to start the process of assessment. This would involve getting a range of information from the person, their relatives and health and social care professionals involved in their care. This would help inform the decision as to whether the person was suited

to the service, that their needs could be met appropriately and safely.

Good

Is the service caring?

Our findings

Some people were not able to express their views clearly due to their limited communication, others could. People who could told us they were happy living at the farm "I like it here, it's a top farm." People told us staff were kind and caring "Support workers good." And "Staff are really nice." A staff member said about the people living at the house "It's a nice group there, I like it there." A relative told us "The services have supported my relative by learning independence; learning some essential skills required."

People were relaxed in each other's company and there was a good sense of friendship and acceptance amongst them. Some staff were new but they were kind and attentive and people were comfortable with them. There was good engagement and interaction between people and staff with occasional banter. Different approaches were used to suit people's personalities. People told us they liked the staff and that they were kind. People were smiling and happy and excited about preparations for Christmas. There was a homely and cosy atmosphere to the service.

People showed interest in why we were there and what we were doing and once we told them they carried on as normal.

There was a sense of ownership of this house and people feeling truly relaxed in this space. Staff respected people's right to privacy. Visitors were not allowed to enter until people who were at the house had been asked for permission to do so. Similarly, staff sought people's permission to remove their records from their room for us to view.

Staff maintained confidentiality when speaking about people's needs and only did this in private. People kept control of their own records which were kept in their bedrooms to ensure confidentiality was maintained. Records kept on computer were password protected.

Staff were trained in how to deliver personal care and this enabled staff to be mindful of people's dignity and ensure personal care was delivered discreetly.

Staff showed that they respected and celebrated peoples differences, and were supportive and encouraging of people's choices and decisions around this.

People told us they were happy living in the house, and liked the staff that supported them. People were smiling and laughing with staff. Staff showed affection and fondness for the people in the house.

People were supported to develop their independence. They were given household chores to help around the house and were encouraged and supported to participate by staff. One to one time with individual staff was also spent in developing skills "I have a one to one day – I do food shopping. "and "I am more independent that I was before learning skills – I do more baking now."

People told us that they took turns cooking and were supported by staff to do their own laundry and keep

their personal and communal space clean and tidy.

People were set informal individual goals to develop their skills. They had responded well and had achieved greater confidence and fulfilment in learning to do many things for themselves since moving to Lucketts Farm. For example, several people were closely involved with the process of taking control their medicines and one person was at the point when they would be assessed as able to organise and take their medicines under staff supervision. All were learning to plan and budget for buying their own food and clothing and to plan and cook their own and meals for the group. We had queried that people's records did not clearly show the individual goals people had agreed to work towards or progress of achieving goals. The registered manager agreed that the service was not documenting its successes around learning skills and independence and that it would be good to formalise and document the goals people were working towards. They could then see how well people were learning and identify what worked well for each person. They agreed to implement this.

People and staff told us that there was a house meeting each week where people could raise issues and discuss, activities and food choices "We have a house meeting we can choose what we want to eat". Discussions about events and annual holiday plans were also discussed and planned at these meetings.

Good

Is the service responsive?

Our findings

People told us that if they were unhappy about something they would tell staff or the registered manager "I've reported things to a few staff" this person told us their concerns had been listened to. There was a complaints procedure and an easy read version had been produced for people which was displayed in their house to remind them. Complaints were handled appropriately, investigated and responded to.

People received care that was personalised to their needs. People had varying amounts of one to one hours funded for activities or tasks that needed staff support. Individual support plans were very personalised. These had been developed from initial assessments and from ongoing consultation and review of people's needs and preferences with each person and their relatives. A relative told us "The agency will update me on anything that may have occurred such as a fall or any acute medication change, so I believe they are responsive."

These plans guided staff in how to provide support people wanted and needed. Peoples personal daily routines, specific needs that required support including health needs, any risks associated to people's everyday care were documented. These were kept updated in response to changing needs. Staff were kept informed of individual people's state of wellbeing through a handover of important information and how individuals were feeling between changeovers of staff. This communication between staff prepared staff coming onto shift for any additional monitoring or support they might need to provide to a person. Staff completed a daily log for what had occurred during the day and night for each person, this was a live record of peoples support and care each day.

Information was provided to people in ways that met their specific communications needs The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Most people in the service made their needs and wishes known verbally and received information in formats that best suited their needs. Two people were receiving support from speech and language therapists (SALT) to develop communication passports, so that staff and other professionals who worked with them could use these and understand their preferred means of communication better. This information guided staff to provide the support each person needed and helped people to have an active input into making choices and decisions for themselves. Some information regarding complaints and advocacy information, daily planners had been produced into easier read versions for people to use.

People had enough to occupy them although this was not as structured as the registered manager would like, and they were making changes to introduce a new activity programme called 'my week' to help this. At inspection people were busy spending time at planned activities in the on-site day centre. There were opportunities to help on the farm but none of those receiving the regulated activity did so. People had defined amounts of one to one staffing hours allocated to them each day, this was used to support people with activities they wished to do in the community or at home, and to develop their independence skills regarding for example domestic tasks such as cleaning and laundry "I do my own laundry. "

People were scheduled to take turns cooking for the house for main evening meals. They were supported and supervised to develop confidence and ability to undertake aspects of their personal care, "Sometimes I want staff to help me with my straighteners." People had personal shopping time. People were supported to attend activities they had expressed an interest in, and staff actively sought to source activities for people that they expressed interests in. "I'm going bike riding." Some people went swimming, or to the gym, there were bowling sessions and horse-riding. Trips to the cinema and participating in walks around the surrounding countryside. Some people liked to use the computer, and there were opportunities to participate in line dancing, or using the karaoke machine "I like dancing in the hall and at parties." Activity boards reminded people what they were doing each day.

The people in the service were younger, fit and well. End of life discussions had not taken place with them or their relatives. The registered manager recognised the need to have last wishes recorded in the event of any unforeseen events, but acknowledged this was an extremely sensitive area for people and relatives to discuss. She agreed to consider how and when this would be appropriate to discuss.

Good

Is the service well-led?

Our findings

There had been a recent change to the management structure for Lucketts Farm, following the departure of one of the registered managers. The decision had been taken that there would now be only one registered manager who would have full oversight of all aspects of the service. A relative told us "The agency has had staff leave where new ones have been employed. I feel the leadership has improved recently."

Staff turnover had resulted in the loss of some senior support worker and team leader roles. A review of the structure to accommodate these changes had led to the Registered manager having more direct management of staff and brought about a closer working relationship with them. Staff felt supported by these arrangements. The recent appointment of a team leader had helped the registered manager, manage some specific tasks such as oversight of medicines audits and the induction of new staff. This appointment of a team leader provided staff with additional support when the registered manager was not there. There was an out of hours on call system that was currently covered by the registered manager who lived on site. Staff said that the out of hours on call system worked well and the registered manager was always available if they needed advice and guidance. The registered manager said that staff mostly used the out of hours service appropriately. Staff told us that they found the registered manager approachable, their door was always open to staff. "You can raise anything at any time -it's a very open culture." "I like it, I like it all and I am very happy here. I am very supported, any little problem they try to help out."

At the previous inspection we recommended the provider and registered manager that refresh themselves and adhered to all requirements laid out in the Health and Social Care Act regulations. The provider had now developed their systems and processes for monitoring the quality of the service. A range of audits were carried out some weekly, some monthly. These included weekly health and safety checks and a short medicine audit these were to identify any immediate risks to people's safety. A monthly more in-depth medicine audit was carried out looking at all aspects of medicine management during the month. Monthly audits of people's finances were to be implemented from December 2018 using an independent person.

Monthly analysis of accidents and incidents was undertaken to identify trends and patterns and inform updates of care plans and risk information. The content of peoples care records were also checked each month to ensure these contained all the correct and updated information to inform staff in their support of people. Audits were working well in identifying shortfalls

People and their relatives had completed surveys to gain their views. The registered manager analysed and collated this information, responding to specific comments on an individual basis. If areas for improvement were identified these were highlighted and action taken to address them. The overall themes from the surveys were not currently published for people and their relatives to see and the action being taken to address them, however this was something the registered manager planned to do with the latest batch of questionnaires. Surveys conducted earlier in the year showed relatives to have a very positive view of the service with no suggestions for improvement.

Staff had access to policies and procedures, which were contained within a folder and was held in the

service. These were reviewed regularly and kept up to date by the provider. Staff were alerted by email to new procedures or changes to existing ones.

Staff felt very well supported by the registered manager, team leader and by their colleagues, they said that communication within the staff team and with the registered manager was good. They felt informed and able to express their views at staff meetings which were held monthly. Staff said they worked well together. They felt it was a good place to work and they enjoyed working there.
The Provider Information Return informed us that the registered manager and team leader kept their knowledge updated through participation in a network for managers provided by the local council and skills for care. The registered manager also had a membership with skills for care, and said this had provided them with valuable guidance.

The registered manager understood the need to notify the Care Quality Commission should any significant events occur, in line with their legal obligations and had done so when required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the office for the service, they do not currently have a website.