Transform Housing & Support

Transform Homecare North West Surrey - Mitchison Court

Inspection report

Mitchison Court
Downside
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TW16 6RX

Tel: 01372387100

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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

About the service
Transform Home Care North West Surrey - Mitchison Court is a domiciliary care agency. It provides a service to older adults, some of whom are living with dementia. Not everyone using Transform Home Care North West Surrey receives a 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. At the time of our inspection, it was providing the regulated activity of personal care to 22 people living in their own houses and flats

People's experience of using this service and what we found
People received safe and good quality care from staff who were aware of their responsibility to safeguard people from abuse. Risks to people were appropriately recorded and managed and medicines were administered and recorded safely. There were sufficient numbers of staff which allowed flexibility in call times to be given to people to meet their personalised needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People and relatives felt staff were competent in their roles, thanks to safe recruitment processes and effective training, supervisions and observations.

Staff treated people with genuine affection and kindness, which led people to feel they could approach them with any requests. Although people we spoke with had never had to complain to the service, they felt comfortable to do so if needed. Staff knew people well due to detailed care plans that included information around people's backgrounds and preferences. Staff respected people's privacy and dignity, whilst encouraging them to be independent where safe to do so.

The service was not delivering end of life care to anyone at the time of the inspection, but this topic had been discussed and recorded in people's care files. The service had strong partnership working links with other agencies to improve their knowledge and the care available for people, such as local volunteers and medical consultants. Thorough quality assurance checks identified shortfalls which were resolved in a timely manner.

People, relatives and staff were complimentary on the running of the service and felt that the management team were approachable. Staff felt they were listened to and were kept up to date with the latest care guidance and important information through weekly newsletters. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection (and update)
This is the first inspection since the service registered with us on 4 September 2018.

Why we inspected
This was a planned inspection based on the service's registration date.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Transform Homecare North West Surrey - Mitchison Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
This service provides care and support to people living in a 'supported living' setting[s], so that they can live 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection took place on 29 August 2019. We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure the registered manager and staff would be in the office to speak with us.

What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at our inspection

During the inspection
We spoke with three people who used the service, two relatives, and four staff members including the registered manager and the provider of the service. We reviewed a range of documents including four care plans, three staff recruitment files, medication administration records, accident and incidents records, policies and procedures and internal audits that had been completed.

After the inspection
Following the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At out inspection we rated the service Good in Safe. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One person told us, "I definitely feel safe, they're here if I need anything." Another person said, "There's always someone around and it feels secure. I never feel lonely and I've made so many good friends." A relative told us, "I absolutely feel [my family member] is safe. She's been here five years and she is safer than when she was with me." A staff member told us, "The safety is the best thing here. They can feel relaxed and comfortable with the security here. Knowing you've got someone on call, they've all got their buzzers and can call anytime."
- Staff were aware of their responsibility to safeguard people from abuse and who to report concerns to. One staff member said, "I'd go straight to the registered manager or above. We would then go to the social services safeguarding team and any other professionals who may have any knowledge of the person if that was appropriate." Staff were able to tell us the signs and types of abuse.
- A safeguarding policy was in place, and concerns that had been raised had been appropriately investigated and resolved.

Assessing risk, safety monitoring and management

- Risks to people were appropriately recorded and managed. One person was at a high risk of seizures due to their medical condition. There was a detailed risk assessment around this, including the type of seizures they suffered and what staff should do to help that person during and after a seizure. The person's friend told us, "The care is great. [the registered manager] knows what to do when a seizure happens. They were there in a flash when she had a seizure."
- Another person was assessed as being at risk of falls but had mental capacity to go out of the service unaccompanied. The service adopted a positive risk-taking attitude by allowing the person to go out without supervision but asking them to confirm where they were going and their estimated time of return so they would be aware if the person was taking longer than expected and therefore may have fallen.
- Risk assessments had been completed for the environment. These recorded if there were any areas to be aware of such as the person being a smoker.
- The service had a business continuity plan in place. This stated how to ensure people would continue to receive safe care and treatment in the event of an emergency such a flood, fire, adverse weather conditions or IT failure. Personal emergency evacuation profiles (PEEPs) had also been completed for each person. These confirmed how to support each person in the event of an emergency such as a fire.

Staffing and recruitment

- There was a sufficient number of staff to meet people's needs as well as offer additional support where needed. One person said, "There's enough staff. They've always come to help when they should do." Another person said, "I've never had to wait for staff." A relative told us, "I feel there's enough staff. The care

package Mum has in place means she sees them as often as she needs to." A staff member told us, "It's busy but not stressful. A manageable busy. We have time here so if anything comes up we have time to sit with them and sort it out or just give them some reassurance." The registered manager said, "That's what extra care is to me, all the extra little stuff."

● A call monitoring system was in place to ensure that people received the care calls they required, and staff were staying the full length of time. Staff sickness was covered in a timely manner to ensure that it did not affect the care people received. The provider told us, "It's more flexible than community domiciliary care as it's all on the same site. It's sorted immediately."

● Recruitment files evidenced staff had been recruited safely. Staff's files included a full employment history, references from previous employers and a Disclosure and Barring Service (DBS) check. This ensures that people are safe to work with vulnerable people.

Using medicines safely

● Medicine recording and administration was safe. Each person had a medicine risk assessment in their medicine administration record (MAR) to inform staff of the correct way to administer as well as each person's medicines and any allergies they may have.

● MARs were routinely monitored to identify any issues and response required as a result of this. MAR charts were checked every four weeks or sooner if staff identified any discrepancies. An external medicine audit had recently been completed which noted minor recommendations for the service to take. The provider confirmed that these had been done, and we found this to be correct.

● Staff received medicine competency checks and training to ensure they were safe to administer medicines. The registered manager informed us, "We do regular staff observations and ensure that staff have training." Relatives felt that staff were competent in delivering medicines. One relative told us, "[My family member] always gets her medicines on time." Another relative said, "They're very good at prompting her to have her medicines."

Preventing and controlling infection

● People were cared for by staff who followed safe infection control practices through the use of personal protective equipment (PPE). One relative said, "I've seen they wear gloves and aprons." A staff member told us, "We make sure our hands are clean, wear an apron and gloves. We make sure we remove your apron first, then gloves and wash hands thoroughly."

●The management team at the service conducted spot checks on staff members to ensure they were adhering to safe infection control policies. The registered manager said, "This is checked during spot checks. Because staff prepare food here they also have blue gloves and aprons. Everyone has infection control training. We have spill packs here to clean up things like blood and vomit as quick as possible."

Learning lessons when things go wrong

● Accidents and incidents were appropriately recorded and action taken to prevent reoccurrence. For example, one person fallen and was not wearing their emergency pendant at the time. As a result of this, staff were informed to remind them at each care call to wear it.

● Accidents and incidents were analysed and tracked on a monthly basis to identify if there were any trends occurring. Where no trends had occurred, additional knowledge was shared with staff. The provider told us, "Where there is no trend, we promote best practice, so for example, CQC's most common medicine errors so staff are aware."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At out inspection we rated the service Good in Effective. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments were completed prior to packages of care starting to ensure that the service could meet people's needs. A relative told us, "[Staff member] did an assessment. We filled in forms and she was asked questions." The registered manager told us, "We get the support plan from social services but we always meet them face to face too." We observed initial assessment forms were detailed and had been used to formulate people's care plans.
- Care plans included individual assessments of areas in people's lives, such as medicines, personal care, mobility, emotional support and domestic. Each assessment was personalised to reflect the individual person's needs.
- Staff followed guidance to provide high quality care to people. For example, a heatwave advice newsletter had been sent to staff reminding them to ensure people were kept hydrated in hot weather, such as leaving cold food and drinks readily available for people to help bring down their core temperature.

Staff support: induction, training, skills and experience

- Staff were up to date with their mandatory training and refresher courses had been booked for staff members who required them. This resulted in people and their relatives feeling confident that staff were effective at their role. One person told us "Staff know what they're doing." A relative said, "I think they're well trained. They're trained for needs that are much more serious than some people here but it's good to be prepared." Another relative said, "I feel the staff are well trained. Most of them have been here a long time so they know the routine."
- A variety of e-learning and face to face training was provided to ensure staff received practical rehearsal in areas of care such as first aid moving and handling. A staff member told us, "I have done all the training so I could refresh my memory, even though I've done it before with my last company. The training is really good." The provider said, "We feel our staff are confident. They are so enthusiastic in training. We have moving and handling refresher training soon and staff will be hoisted so they know what it feels like."
- Staff received regular performance checks to ensure they were providing good care. Staff observations were carried out in which the registered manager observed the care they provided to an individual. This included the correct use of PPE, if medicines were administered and recorded correctly, if dignity was respected and if care notes were thorough.
- Staff also received regular supervisions and appraisals to check their performance. This was also an opportunity to discuss development and any concerns. Supervision notes were handwritten in the registered manager's diary. However, they informed us that these would now be typed and stored appropriately due to the appointment of a new senior carer, which would allow them the time required to do this.

Supporting people to eat and drink enough to maintain a balanced diet

● People's experience of staff supporting them with their meals was positive. One person told us, "They come and prepare my meals for me. I just need to tell them what I want and they make it for me." A relative told us, "The staff help her heat up microwave meals and prompt her where needed." Another relative said, "[Family member] has Meals on Wheels every day of the year. They make sure and check she's eaten."

● People's dietary preferences were recorded in their care plans, such as what they preferred to eat and at what time. Staff were aware of these preferences. One person told us, "[Staff] will ask but they know my ways and what I like or don't like."

● People were encouraged to eat together to promote social inclusion. A staff member told us, "There's the opportunity to have lunch downstairs. Staff just do a pre-pared microwave meal but it's a social event for people. On a Friday we ask everyone if they want fish and chips and go and get it for them." One person told us they enjoyed being able to sit with other people for their lunch.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Systems to ensure people received support that met their needs and preferences when they used other services, such as hospital, were not always effective. People had a hospital care passport in place. This document could be taken to hospital with a person to inform staff of their health and care needs. However, these did not always fully reflect the person's needs. For example, one person's care passport did not include information around their mental health diagnosis and that they required prompting to eat to maintain their nutritional intake. As staff knew people well, the impact to people was minimal. However, the registered manager informed us that these would be updated accordingly.. We will follow this up at our next inspection.

● People were supported by staff to maintain their health and wellbeing. A relative said, "Staff have called the GP when [my family member] has been ill in the past. She had a fall and they called the ambulance straight away." A staff member said, "I contacted the district nurses for [person] as she had started being incontinent and I was worried about her skin. The district nurses had recommended regular re-positioning and creams to be applied. Staff jumped straight on board with it. They're really good like that." The person confirmed that staff were looking after them in this way and another staff member confirmed that repositioning charts were in place and used.

● The registered manager and staff had a proactive approach to health care and wellbeing, by arranging regular visits from health care professionals and other services that enhanced wellbeing. The registered manager told us, "We have a community dentist and a monthly chiropodist. We also have hairdresser that comes in regularly."

● Relatives felt the communication within the service was effective. One relative said, "The communication is good between staff." Another relative said, "I think the communication is good whenever I've seen them." The provider said, "Staff have handsets where they can talk to people and staff if needed. We also have a communication book and a handover meeting. Staff check the book every single day, and handovers are usually around 15 minutes long. We have three handover meetings a day."

● The registered manager had ensured consistent care was provided to people during a transition period between different providers. The service had taken over responsibility of the care provided within the supported living environment from another provider a year ago. A staff member said, "There were some difficulties with changeover (to Transform) but now it's all settled. It's worked out quite nice and we're all on the same page now. It's about doing your best for the residents and working together."

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

● Staff delivered care in line with the principles of the MCA meaning people's rights were protected.

A relative told us, "They always ask for her consent before doing anything." Staff had a knowledge and understanding of the MCA. We spoke to a staff member about a person's capacity and they were able to tell us, "Sometimes you need to make suggestions but most times she decides herself. I'd say she has capacity to make her decisions."

● People's care files included decision specific mental capacity assessments around topics such as medicine administration. Where people lacked capacity, best interests decisions had been completed with input from relevant people and professionals such as family members and social workers.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At out inspection we rated the service Good in Caring. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● Staff treated people with genuine affection and spoke kindly about them, expressing their fondness in a warm manner. We observed several positive and light-hearted interactions between people and staff members. They shared humour and one staff member told a person, "I've missed you today", to which the person replied, "I've missed you too."

● People and relatives told us staff were kind and caring towards them. One person said, "I'm very pleased with everything here. They are all lovely. It's very caring and I'm looked after very well." Another person said, "I'm very, very happy here. They're all lovely. I always say if I can't be with my family then this is the place I want to be. Me and [staff member] have really hit it off." Relatives also spoke highly of staff. One relative told us, "I see great attention being given in here and it's brilliant. They do the most trivial things for people but it makes a difference. I can't fault the staff, they're lovely. I see [my family member] most days but sometimes the staff are the only people she sees so they always chat to her." Another relative said, "They're kind and caring. They sit and have a chat with her."

● Staff felt they worked in a compassionate team. One staff member told us, "The staff are all lovely and they'll always do that bit extra for them (people). Like when someone isn't feeling too well they will always keep an extra eye on them. One lady wasn't feeling well the other day so staff took her prescription over to the chemist for her and asked if she needed any shopping doing whilst they were there. They're just really thoughtful." Another staff member said, "There is no difference since [the new provider] took over really. We still give good care, that's why I like it. We get lots of positive comments."

Supporting people to express their views and be involved in making decisions about their care

● Relatives told us that people were involved in reviews of their care as much as possible. One relative told us, "Me and mum have always been involved in review discussions." The provider said, "We involve people and families in their care plans and make sure they are happy with them."

● People were supported to make decisions about their day to day care. We observed staff offering people choices throughout the day. The registered manager told us, "A lot of them they choose how they want their care on the day, such as if they want to sit inside or outside."

Respecting and promoting people's privacy, dignity and independence

● People were supported and encouraged to maintain their independence where possible. One person told us, "I tell them what I can and can't do and they respect that and help me when needed." A relative told us, "Staff are trying to keep [my family member] as independent as possible. The staff are great at encouraging her to do things that she can do." A staff member said, "I always give people a choice and ask them if I can help. It can be hard watching people struggle but if it's their choice to do things for themselves you have to

let them. It's about keeping their independence whilst keeping them safe and giving choices." The staff member gave example of a person being determined to open their own sandwich packet without support even though it could take them 20 minutes to do so.

● Staff respected people's privacy and dignity. One person told us, "They always knock when they come in and respect my privacy." A relative said, "They respect my mum's privacy and dignity. They ask before they do anything when it comes to personal care." A staff member told us, "When I support [a person] with a shower, I always ask if she minds. I'll give her the flannel to wash herself then draw the shower curtain so she can do it in private. When she's walking back to her bedroom I make sure she's covered." One person's care plan included an agreed process of how they wanted staff to enter their flat as there were not able to talk and therefore tell them if they were happy for them to come in. We observed the registered manager following this process when we visited the person with them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At out inspection we rated the service Good in Responsive. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff knew people well due to care plans including in depth information on their background and needs. One person said, "I feel staff know me very well." A relative said, "Staff know [my family member] well. She suffers from depression and they know that and support her." When we asked a staff member about two of the people they supported, they were able to tell us what music they liked, and about their family and their background. They spoke about both people at length with interest and empathy.
- People received personalised care from staff. One person said, "The staff here are exceptional because they never make a trouble over anything. Whatever you ask for they take in their stride and just do it. They help me an awful lot."
- People's preferences were respected yet the care provided was flexible in order to meet people's on going needs. Care plans included detailed information around people's preferred routines. The registered manager said, "We put people's preferences in the care plans. We don't make everyone fit in to a routine. One person likes her lunch later so we are flexible like this. However, if someone has an appointment one morning and needs to leave early, we'll make sure we go in early to get them ready rather than their usual later time."
- Care plans included information on health conditions to support staff to deliver the correct care for individual people. For example, one person was diagnosed with Parkinson's disease. Their care plan included details on the symptoms associated with the condition and how this personally affected them, such as, "[Person] gets frustrated with Parkinson's progress and his body freezes. Leads to him not being able to move his hands or legs which can happen at any time."
- Despite the service offering domiciliary care, they took advantage of an onsite day centre to encourage people to socialise and take part in meaningful activities, including film evenings and afternoon teas. One person said, "Everybody seems so lovely here. I want to get out more and not be stuck indoors on my own all day. I think I can do that more here." People who were at risk of social isolation were encouraged to join in with activities and supported to take part in conversations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Each person's file detailed how the person communicated, any help required with communication, if information was required in any specific format and the best way to

communicate with the person. For example, one person's care plan stated, "He is verbally quiet due to [a medical condition], so it is best to speak in person or writing, not by telephone.' Staff were aware of individual people's communication needs when we asked them about this topic.

Improving care quality in response to complaints or concerns

● People and relatives told us they felt they could raise a complaint. One person said, "I've never needed to make a complaint but wouldn't worry about doing so. I can't think of one staff I'd have a problem with saying something to." A relative said, "I've never had to complain but I would comfortable doing so if I needed to. They've always said to just ask if I need anything." Another relative told us, "The staff have always been more than helpful. I know if I did complain it would be taken seriously."

● The service had not received any complaints. A complaints policy was available for people and relatives to refer to if they wanted to make a complaint. This detailed how their complaint would be dealt with and the timescales involved.

● Compliments that had been received were recorded. One compliment read, "Thank you and all the staff for your help in making mum's 90th birthday party a success." Another compliment received explained how a person was about to go on holiday but had developed severe back pain. The staff organised an urgent GP referral and managed to get antibiotics in place before the person went on holiday. The person thanked them for how quickly they had responded, as it meant they could enjoy their holiday pain free.

End of life care and support

● The service was not providing end-of-life care at the time of our inspection. However, people's end of life wishes had been discussed and recorded in detail. This included details of what music people may want, any scents they would like in their room and any people they would like contacted.

● Do not resuscitate forms were clearly displayed in people's care plans where these had been completed, so staff were aware of their advance wishes in this area.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At out inspection we rated the service Good in Well led. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives felt the registered manager was approachable. One person said, "[The registered manager] is great, he's a really good manager." A relative said, "When it changed over to the new provider here, there were of course doubts. That was hard on a lot of the residents. I feel it's been managed well though. If there's any faults with things such as lights I've reported it to the office and it was sorted. [The registered manager] is lovely." Another relative told us, "[The registered manager] is very good, he's 100% a good manager."
- Staff told us they also felt the manager was approachable and felt valued. One staff member told us, "I feel part of a team and everyone is so friendly. This is the first time I've ever felt so settled in a job. [The registered manager] has been so welcoming and will sit and have lunch with me. He knows everyone so well and it's lovely to see how much they trust him." Another said, "I personally find I'm at ease with [the registered manager] and any concerns he will deal with it."
- Furthermore, the management team spoke highly of their staff. The registered manager said, "I think they are very professional and think we provide a good service and they want to be part of that. They know if I ask them to do something or record it it's for a good reason." The provider said, "I think staff are great.."
- The registered manager and nominated individual were aware of their responsibilities about reporting significant events to the Care Quality Commission and had notified us where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Thorough quality assurance checks ensured that any issues identified were rectified. An internal audit completed in August 2019 identified that staff training levels were at 84%, with the provider's acceptable benchmark for this being 95%. The provider and registered manager had booked refresher training courses for staff immediately where required. The provider told us, "We were 91% training compliant last week. Once the moving and handling course is done in September it will be over 95%."
- Regular compliance meetings checked the service was providing good care. Topics discussed within the meetings included good news stories, safeguarding, training and infection control.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were engaged in the running of the service. One person told us, "We have regular resident's meetings where we can tell them anything we need and they update us too." A relative

told us, "We been asked to do an annual feedback questionnaire." The registered manager was preparing to send out the service's first annual feedback questionnaire as they had been in operation for a year. The document prepared for this allowed people and their relatives to give feedback on the safety and quality of their care. Relatives were also being encouraged to start groups that could meet in the day centre on site. One relative had already arranged an afternoon tea for people using the service.

● Staff meetings occurred in a non-regular manner, but the registered manager was looking to improve this. A staff member told us, "They're a little bit hit and miss at the moment but if we raise anything [the registered manager] would arrange something. He wouldn't just ignore it." The registered manager told us, "Staff meetings take place every six to eight weeks. I've been writing the minutes in my diary but I will have more time to type them up now we have a senior in post."

● Staff received monthly newsletters to update them on information as well as sharing best practice knowledge. The August edition of the newsletter focused on updated information regarding the use of epi-pens.

Continuous learning and improving care; Working in partnership with others

● The management team were working to improve the running and quality of the service where possible. A continuous quality improvement plan was in place to highlight which areas of the service required improvement and record the actions taken as a result of this. For example, the plan had indicated that staff needed to be more knowledgeable about the conditions of the people they were supporting. The management team had introduced health factsheets as a result of this. The provider told us, "We've got the continuous improvement plan so anything we discover from CQC or Skills for Care for example, we work out how to introduce them here. OPUS (a pharmacy) have a newsletter and they highlight things that could be implemented such as the timings of medicines." As a result, staff had started to record the actual time they had administered a medicine.

● There were strong partnership working links with other local organisations. Volunteers assisted with people's shopping and administrative tasks. The management team attended local care conferences to meet other providers and share knowledge and skills. The provider told us, "We have close links with the specialist multiple sclerosis consultant as we have three people here with the condition." This allowed the service to refer any queries to the consultant and ask advice on how best to meet people's needs around this condition.