Milton Keynes Home Care Ltd

Home Instead Senior Care - Milton Keynes

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

The inspection was announced and took place on the 28 July. We spoke on the telephone to people who used the service and relatives on the 29 July and 1 August 2016.

Home Instead Senior Care Milton Keynes is a domiciliary care agency providing personal care, support and companionship to people in their own homes. At the time of our inspection the service was providing personal care to 40 people. In addition a further 80 people were being provided with companionship support. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training which provided them with the knowledge and skills to meet people's needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals.

People were matched with staff who were aware of their care needs. Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People's needs were assessed prior to them receiving a service. This ensured the care provided would be responsive to their needs. People's care plans were updated on a regular basis or when there was a change to their care needs. The service had a complaints procedure to enable people to raise a complaint if the need arose.

There was a culture of openness and inclusion at the service. Staff felt that the management team led by example and this inspired them to deliver a quality service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff were aware of the different types of abuse and to report any they witnessed or suspected.

There were risk managements plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good

The service was effective

People were looked after by staff who were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Is the service caring?

Good

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive

People's needs were assessed prior to them receiving a service.

People received care that was personalised and met their assessed needs.

People were provided with information on how to raise a concern or complaint.

Is the service well-led?

Good

The service was well-led

The culture at the service was open, inclusive, transparent and empowering.

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service.

Home Instead Senior Care - Milton Keynes

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 of Home Instead Senior Care Milton Keynes took place on 28 July 2016. We spoke on the telephone to people who used the service and relatives on 29 July and 1 August 2016.

We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one inspector and an expert by experience. 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 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. We reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the Clinical Commissioning Group who has a quality monitoring role with the service.

During our inspection we undertook telephone calls to six people who used the service and ten relatives. We spoke with three care workers, one care coordinator, the training officer and the administrator. In addition we spoke with the registered manager, deputy manager and the organisation's two directors. We also visited one person in their home to obtain their views on the quality of the care they were receiving.

We reviewed a range of records about people's care and how the service was managed. These included care records for four people, three staff files and three Medication Administration Record (MAR) sheets. We also looked at minutes from staff meetings and quality assurance audits.

Good

Is the service safe?

Our findings

People told us they felt safe when staff visited them. One person said, "I am quite wobbly on my feet these day and if it wasn't for the fact my carers come in and help me with so many jobs I just wouldn't feel safe to be living here on my own any more. I do so love my home so they are really invaluable to me." One relative commented and said, "The carers who work with my [name of person] have been very patient and have helped her to build her confidence back up to the point where she feels happy and safe to have a shower when they are there with her. I really didn't think she would ever reach this point and I have to say it is purely down to their dedication and patience."

Staff told us they had been provided with safeguarding training. They were able to describe the different types of abuse; and the procedure to follow if they witnessed or suspected an incident of abuse. One staff member said, "I would report abuse to the manager or senior member of staff". Another staff member said, "I would definitely report any incidents of abuse or poor practice to the manager and won't feel guilty reporting my colleagues as I am only doing my job." Staff were aware of the service's safeguarding and whistle blowing procedures and were confident if they had to use it their concerns would be acted on by the registered manager.

We saw evidence that the service had a safeguarding policy which was regularly discussed with staff at meetings and during supervision. Training records seen confirmed that staff had been provided with safeguarding training, which was regularly updated. Their knowledge was regularly tested to ensure that the training provided had been embedded. We saw information which included telephone numbers on how to report safeguarding and whistleblowing incidents; and who to contact in the event of suspected abuse was displayed in the office. This was to remind staff of the external agencies that they could contact if they did not feel able to report incidents internally. We saw evidence that the registered manager raised safeguarding incidents with the local safeguarding team. The outcome from investigations was discussed amongst the staff team to minimise the risk of recurrence and as lessons learnt.

Measures were put in place to protect people from identified risks of harm. The registered manager told us before people were provided with a service, risk assessments to promote their safety were undertaken. These included risks to the environment, mobility, nutrition and hydration and safe handling and administration of medicines. Risk assessments seen included information on the action staff needed to take to promote people's safety and minimise potential risk of harm, whilst promoting independence. We saw evidence that people were involved in the development of their risk assessments; and they were reviewed regularly and updated as and when their needs changed.

The service had plans in place for responding to emergencies. Staff told us in the event of an emergency, or out of office hours they were able to contact a senior member of staff for advice and support. One staff member said, "There is always a senior person on call 24 hours every day who we contact if we need advice or if there is an emergency." The registered manager told us that the service had contingency plans in place to deal with emergencies such as, adverse weather conditions. For example, the service had access to vehicles that could transport staff in snowy conditions. The service's Information Technology (IT) system

was equipped to enable senior managers to run the office remotely. In addition the office was opened six days a week and had extended its opening hours. The registered manager and deputy manager were never on leave at the same time. This ensured there was always a senior person available to make decisions in the event of an emergency.

The registered manager told us that staff had been trained to use the equipment available to support people with their care needs; and to ensure it was fit for purpose. It was people's responsibility for ensuring that the equipment was regularly serviced. A health care professional we spoke with confirmed this and said, "I was impressed that prior to accepting a package of care for one of my complex patients that they requested teaching for their staff before the care package commenced."

People told us there were sufficient numbers of suitable staff to care for them and that the staff team was consistent and reliable. One person said, "I think the staff are reliable, nine times out of ten my carer is always here on time and she always stays for the amount of time she is supposed to even staying over the time if there is a particular job I need help with." Another person said, "I have two regular carers and it is really important to me that I didn't see lots of different carers because it allows me to get to know them and for the carers to understand me and what I need help with. If one of my two carers goes off sick, the other carer is usually able to help out."

Staff confirmed that the staffing numbers were adequate. They told us they worked to a rota that was flexible; and were provided with enough time to complete their tasks. One staff member said, "I never feel rushed and we are allowed to use our common sense." The staff member commented further and said, "If I am running late I contact the office for support. There have been two occasions I have had to do this because the client was not feeling well and I stayed with them until their relative arrived." We saw evidence that the service had an electronic system in place to track if staff were staying for the allocated time and that calls were delivered on time and not missed. The electronic rotas we looked at demonstrated that the staffing numbers were sufficient and consistent.

Staff were able to describe the service's recruitment practice. One staff member said, "I had a face to face interview that was very thorough and lasted about two and a half hours. I had to prove I was suitable to be employed." Within the staff's files we examined we saw evidence that staff had completed an application form and had attended a face to face interview. Pre-employment checks had been carried out which included providing three character references and three employment references, Disclosure and Barring Service (DBS) certificate, proof of identity and eligibility to work in the United Kingdom.

There were systems in place to ensure that medicines were administered safely. People told us they received their medicines as prescribed. One relative said, "My [name of person] forgets to take her tablets. I spoke with the agency and the carers now administer them. They watch while she takes them and writes it down." Another relative said, "My [name of person] has his tablets come in a dossette box. The carers take the dose out and give him a drink and then they will write in the records to say that he has taken them."

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. For example, there were different stages where staff would assist people with their medicines. Stage one was where people had capacity but needed to be prompted. Stage two was where staff were responsible for administering the medicines. We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been fully completed and in line with best practice guidelines.

Good

Is the service effective?

Our findings

People told us staff were sufficiently skilled and competent to meet their assessed needs. One person said, "As far as I'm concerned, my carers know what they are doing. If somebody new is going to start, they will usually bring the new carer around with one of my regular carers so that they can see what it is I need help with. A supervisor will also pop in from time to time to check that carers are doing everything that they should be doing. There is also my care plan that my carers can look at any time."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "We get a lot of training here and this enables us to develop our knowledge and skills." Another staff member said, "I had induction training and the training is ongoing. I never feel stupid to ask a question if I am not sure." We looked at the training records and found that all staff had received induction and regular ongoing training that was appropriate to their roles and the people they were supporting. We saw that the induction training consisted of three modules, which were covered over three days. In addition staff were provided with specialist training such as dementia awareness, motor neurone awareness, Parkinson's, stoma care, tissue viability and end of life. This enabled staff to obtain the necessary knowledge and skills to look after people appropriately. We saw evidence that staff new to care as well as existing staff members were working towards achieving the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers). Some staff were working towards or had achieved the Qualification Care Framework (QCF) at level 5.

Staff told us they were appropriately matched to the people they were supporting and were aware of their needs. For example, when a new care package was allocated, they were provided with information about the individual; and made aware of how their care needs should be met. Staff also told us that they read people's care plans; and had regular discussions about them with their line manager and colleagues. This was to ensure that care was delivered in a consistent manner. The registered manager confirmed that staff were introduced to people before the care package commenced. She said, "Clients have every right to request changes to their Caregiver if they are not 100% happy. Where feedback suggests that changes are needed, we action this immediately." From discussions with staff we found that they had a good understanding about the people they were supporting.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. The registered manager confirmed that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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 application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

Staff told us they had received training on the MCA 2005. We saw evidence of this within the staff training records we examined. People's care records contained assessments of their capacity to make decisions. Where they lacked capacity to make decisions best interests decisions were made on their behalf following the MCA 2005 legislation. For example, best interest decisions had been made for people who lacked the capacity to safely manage their medicines.

Staff told us they always asked people for their consent before assisting them with care and support. One staff member said, "I always find out from the clients how they would like to be supported and explain to them what I am going to do." Another staff member said, "I will always ask the client for consent before assisting them. I would say, I am going to help you to shower, is that okay with you?" During this inspection we visited a person in their home and observed the staff member gained the person's permission before providing support.

People told us that staff supported them with their meals if required. One person said, "My carer comes for an hour at lunchtime to cook a meal from scratch. She always asks me what I would like to eat. I do not like microwave meals so it is really important that I have someone who would come and cook me a proper meal each day." Another person said, " My carer makes me breakfast every morning usually I will just have some cereal or toast but she never minds doing me something a bit different if I fancy it, which is really kind of her." This showed people's food choices were accommodated.

Staff told us they supported some people with their meals. One staff member said, "I always give the clients choices and try to get them involved with the preparation if they are able to. I make sure it is nicely presented when I serve it, to stimulate their appetite." The staff member further commented and said, "If the client requires assistance to cut up their food I would not do it in front of them. I recently learnt this when I did my dementia training, as this could have an impact on their self-esteem." The registered manager told us that there were instances when people had been admitted to hospital and family members had requested for staff to visit them in hospital to assist them with their meals. This ensured continuity with people's care and support.

During this inspection we visited a person in their home. We observed the staff member assisting the person to prepare their meal. The staff member gave the person choices and involved them with the preparation. For example, the person had peeled the potatoes. We found if people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have.

People were supported to maintain good health and to access health care services. One person said, "I have been housebound for the last two years and it is really difficult for me to go anywhere without assistance. My carer will take me to any hospital, dentist or GP appointments that I have which I am really grateful for as I live in a village and it is easily four or five miles into the local town where everything is located." One relative said, "[Name of person] was taken ill a couple of weeks ago and his carer dialled 111 and told them of his symptoms. She was advised to phone and get the GP to come and visit him, which she did and then she telephoned me to let me know. She said that she would stay with him until I could get there and by the time I arrived she had made him comfortable in bed and given him some drink and dry toast. She also wrote it all

up in his notes. I must say I was very impressed."

Staff told us if there was a deterioration to a person's health they would seek their permission to report it to the registered manager or a relative and if needed contact the GP or health care professional for support or advice. The registered manager told us that the service had been working closely with a local medical centre on an initiative to reduce hospital admissions for people over 75 years of age. Staff worked closely with a senior member of the nursing team within the practice. This was to provide short term care packages to support people in their homes. Thus preventing them from being hospitalised.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person said, "My carer never minds doing any extra little jobs for me. Sometimes it's just passing me things that I think I will need during the morning when I haven't got anybody there. Other times it can be to help me put some washing in the washing machine so it will be done by lunchtime when she comes back again. Whatever it is, she never minds." Another person said, "My carer helps me by putting some cream on those places that I can't reach myself once I have had my shower. She always makes sure that she has rubbed it in thoroughly, because it can leave me feeling very greasy and sticky for the rest of the day if it's not done properly."

People told us that the staff knew them well and the relationship between them and the staff was positive and caring. One person said, "I chose this agency because a good friend had them and told me that if it's important to you, you can have a small number of regular carers. I hate having to explain things to different people all the time so having just one or two carers who really know me was absolutely vital." Another person said, "I am fortunate that my two regular carers have been coming to me for nearly a year now. They are excellent and understand me extremely well. I would hate to be without them these days."

Staff confirmed that they had a good relationship with the people they were supporting. One staff member said, "I have a good relationship with the clients as I see them all the time. They are all so different and I never feel rushed when I am supporting them." Another staff member said, "We have our regular clients. Therefore, we get to know them really well and build up a rapport." Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. We saw evidence that there was consistency with the staff who visited people; the call times lasted for an hour or more. This helped to ensure that staff got to know people really well and were able to undertake their tasks in an unrushed manner.

During this inspection we visited a person in their home. The person said, "The carers are very kind. They wait on me. I have nothing to complain about." We observed the staff member providing support to the person in a kind and patient manner. They involved them with the task that they were carrying out. The interaction between the staff member and the person using the service was positive. They both looked at ease in each other's company and there was an element of trust and understanding.

People who used the service had been involved in the planning of their care. One person said, "I tell the carers what I need help with. They never rush you." Another person said, "I have a review meeting every six months. The manager always says that if I have any concerns, I must not wait until our next meeting, I only need to ring her." One relative said, "My [name of person] carers will always ask her if there is anything she would like doing before they leave each morning. They do it because they are thinking of her and know what her needs are."

The registered manager said, "Our clients can choose who, what, when, where and how they wish to be supported. We listen carefully to what they want and positively encourage them to be involved in the development of their own care plan based upon their life experience, relationships, preferences and

routines. We saw evidence within the care plans we examined that people's changing needs and wishes were closely monitored on a regular basis. Any changes that were needed were carried out in a timely manner. People had a consistent staff team who cared for them. This ensured that an established relationship of trust had been developed.
The registered manager told us if a person who used the service requested the services of an advocate they would support them to obtain one. An advocate supports people to have a stronger voice and to have as much control as possible over their own lives.

There were systems in place to assure people that information about them was treated confidentially. Staff were provided with training on confidentiality and were made aware of the service's confidentiality policy. Information about people was shared on a need to know basis. We saw records relating to people's care and support were stored securely in filing cabinets and computers were password protected to maintain confidentiality.

People's privacy and dignity was respected. One relative said, "My [name of person] will sometimes not realise that she's had an accident in the night and has actually wet the bed. The carers are very good and will usually check it for her each morning. If she has had an accident they will strip the bed and remake it with fresh bedding and leave me a note so I know what has happened. They never mention this to her as she would be highly embarrassed to know that she had wet the bed." Staff told us that they had been provided with training on equality and diversity and were aware of the importance of treating people as individuals and promoting their human rights. We saw records to confirm that staff had been provided with this training. We saw evidence that regular checks were carried out on staff's practice to ensure that they were promoting people's privacy and dignity. During this inspection we visited a person in their home and observed the staff member addressing the individual by their preferred name. The staff member also sought the person's permission to share information about them with us. This showed people's privacy was respected.

Good

Is the service responsive?

Our findings

People told us the care they received met their needs. They also said they were involved in their care assessment and the development of their care plans and how they wished to be supported. One person said, "Someone visited me to find out about my preferences and what I wanted help with." Another person said, "I was introduced to my carer before they started caring for me and she went through my care plan to find out how I like things to be done. I liked the fact that someone from the office visited to check that she was following my care plan."

The registered manager told us that prior to receiving a care package people's needs were assessed. We saw that information from the needs assessment was used to inform the care plan. The plans seen contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and were focussed on the outcomes that people wished to achieve from being supported. We saw evidence that when there was a change to a person's needs the care plan was updated to reflect the change. We saw that people's entire care package was reviewed six monthly with them and their representatives to ensure the care they received was still relevant to their identified needs. Staff were made aware of any changes to ensure that people received the relevant care and support.

People told us that staff encouraged them to maintain their independence. One person said, "They encourage me to be as independent as possible. My carer would say do you want to help me to peel the potatoes? If I am feeling up to it I would help, but she never gets upset if I decline. She understands my feelings." Staff confirmed that where appropriate they encourage people to be involved in undertaking certain tasks. One staff member said, "I usually encourage people to assist with meal preparation if they are able to. I think they enjoy the meal better and it gives them a sense of worth." We found some people were being supported to re-establish their social and daily living skills to avoid them from becoming isolated. For example, staff accompanied people on shopping trips, outings and coffee mornings in the local community.

People were encouraged to give their views. One person said, "When I have a review, I have a chance to feedback any problems I have, but to be honest, I think I get a very good service any way." The registered manager told us that people were contacted and asked to comment on the quality of the care they were receiving. This was done either by telephone, during quality assurance visits or by completing an annual survey. The registered manager said, "We send out satisfaction questionnaires and talk with clients regularly and act on the feedback received. Any changes suggested are acted on in a timely manner." We saw evidence to confirm this.

People told us they knew how to make a complaint. "One person said, "I certainly know how to make a complaint, all the details are in the folder, but I've never had anything to complain about. Everything is very good." Another person said, "If I had a problem, I'd probably get my son to do something about it as he looks after most things for me these days. It tells you who to contact in my folder." The registered manager told us that the service had a complaints policy and people were issued with a copy of the policy when they started to use the service. They also told us that lessons were learnt from complaints and they were used to

improve on the quality of the care provided. We found complaints made had been dealt with in line with the provider's complaints procedure and to people's satisfaction.

Good

Is the service well-led?

Our findings

People and their relatives told us that the culture at the service was positive, open, inclusive and empowering. They also told us that they would recommend the service. One person said, "I would recommend them to anyone. I think they are well organised." Another person said, "A friend recommended them to me and I have since recommended them to someone else."

Staff told us the management team ensured that the culture at the service was open and transparent. They also told us that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in a client's condition, someone from the office would come out immediately to re-assess their needs." Another staff member said, "This company is so different. They have a different approach and I feel supported more than I thought I would." A further comment made by a staff member was, "Home Instead gives you the time to build up your trust and confidence. If I have had a difficult shift, I can always ring up the office to off load."

Staff told us that the registered manager led by example. One staff member said, "She covers calls and is proactive. She leads the team in the way she wants things to be done. Any decisions that she makes is supported with an explanation." Staff also told us that there was honesty and transparency from the management team. One staff member said, "We receive feedback in a constructive and motivating way. If areas for improvement were identified in our performance we are given additional training to support us." Staff told us that the leadership at the service was visible and this inspired them to deliver a quality service to the people who used the service.

We saw that the service had forged strong links with the local community such as, The Parkinson's Society, The Alzheimer's Society, Age UK and a local singing group. Arrangements were in place for the service to acquire more office space. This would enable the groups to have a regular venue to hold regular coffee mornings.

Staff were enthusiastic about their roles and were aware of the service's vision and values, which was to ensure that people were at the heart of the service and they received quality care in their own environment from staff who were appropriately trained to maintain their independence. Staff told us if needed, they were provided with additional training to help them in their personal and professional development. We saw evidence that confirmed this. For example, staff identified training needs were escalated to one of the directors in the organisation who was responsible for funding and arranging any additional training.

The registered manager told us that she was aware of the attitude values and behaviours of staff. These were monitored formally and informally through observing practice, staff supervision and appraisal meetings. She also told us that recruiting staff with the right values helped to ensure people received a quality service. We found that the service worked with other organisations to make sure they were following current practice and providing a quality service. For example, the service had created strong links with a local medical centre, the district nursing services, a hospice and the local college in the area. We saw evidence that the registered manager regularly updated her knowledge and skills and shared best practice

ideas with the staff team to ensure that people received a quality service.

Staff told us that they felt valued and respected by the management team. One staff member said, "They (meaning the management team) treat us with respect. They are the nicest people I have ever worked for." The staff member commented further and said, "They are so thoughtful. If a client or staff member is not well or has been admitted to hospital, a get well card is sent to them." Another staff member said, "If a staff member goes above and beyond their role for example, covering extra shifts it is recognised. It's all these little things that make you feel valued." We saw that regular staff meetings were held and staff were able to exchange information and share best practice ideas. Information was also shared with staff in the form of a newsletter. This was to make them aware of any new initiatives or changes that were taking place in the service.

The registered manager told us that she was aware of her responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.

The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that people were regularly asked to comment on the quality of the care provided. Audits relating to medication recording sheets and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.