Montecare Solutions Limited

Montecare Solutions Limited - Harwich

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 19 and 24 October 2016 and was announced.

Montecare Solutions is a domiciliary care service that provides personal care to people living in their own homes. They predominantly provide a service for older adults, some of whom may be living with dementia or may have a physical disability. The service does not provide nursing care. At the time of our inspection there were approximately 80 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The director of the company was the registered manager and there was also a general manager.

Procedures for supporting people with medicines were not always followed, so people could not be confident that they would receive their medicines safely. There were sufficient staff to meet people's needs and to manage risk safely. Whilst we received feedback that staff were not always punctual, senior staff checked staff timekeeping regularly and had made changes to make rotas more manageable. The provider had a robust recruitment process which helped protect people from the risk of avoidable harm.

The service was run by a committed director and manager. There were systems in place to check individual performance but not to monitor themes across the service. There were not sufficient checks to ensure that all senior staff in the service were carrying out their roles effectively. As a result the director and manager had not effectively picked up and resolved the concerns which we had found during our inspection. The director and manager responded positively to address our findings and were pro-active about implementing improvements.

Staff were well supported. They received good quality training which they were enthusiastic about and which enabled them to meet people's needs effectively. People were given choices about the care they received, and care plans were being updated to clarify that the service was meeting its responsibilities under the Mental Capacity Act. People were supported to consume food and drink of their choice. Staff worked well with people to help them maintain good health and to access health care professionals, where necessary.

People were treated with compassion by staff who knew them well and developed positive relationships with them over time. Staff treated people with respect. Staff communicated well as a team about people's needs. Care plans were in place which outlined people's needs and these were being revised so that staff could receive more personalised and clearer information about people's needs and preferences. People received a detailed response when they made a complaint and their concerns were dealt with effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff supported people to take their medicines but it was not always possible to check whether medicines had been administered as prescribed.

Measures were in place to monitor and improve staff punctuality.

Staff supported people to minimise risk and stay safe.

Is the service effective?

Good

The service was effective.

Staff received good quality training and were supported to develop their skills.

People were supported to make their own choices about the care they received.

Staff supported people have sufficient to eat and drink and to access health and social care services, as required.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with compassion.

People were supported to remain independent and were respected as individuals.

Is the service responsive?

Good

The service was responsive.

Support was flexible and responded to individual needs.

People's needs were reviewed regularly.

Concerns were responded to in a personalised way.

Is the service well-led?

Requires Improvement

The service was not entirely well led.

The quality checks in place did not always function effectively and so there were issues of concern which had not been identified and acted upon.

The director and manager were committed to providing good quality care and were fully involved in the service.

Staff worked well as a team.

Montecare Solutions Limited - Harwich

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 took place on 19 and 24 October 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of one inspector and one Expert by Experience, who carried out phone calls to people who used the service and their families. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the day of the inspection we visited the agency's office and spoke with the registered manager, who was also one of the two directors of the organisation, referred to in the report as 'the director'. We also met the general manager who was responsible for the day-to-day running of the service, referred to as 'the manager', four care staff and other office staff. We visited the home of three people who used the service and met with them and their families plus the two staff supporting them on that day. We spoke on the phone to 14 people and 7 family members. We also spoke on the phone to the person who carried out much of the staff training and to two professionals to ask them their views regarding the support people received from the service.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

We looked at five people's care records and five staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints.

Requires Improvement

Is the service safe?

Our findings

People and their families told us they felt safe with the staff who supported them. One person told us, "I do feel that I'm safe with the girls - you can just tell and they do what I ask them. They have got to know me and know what I can do and allow me time to do what I can." Another person said, "They help me to get out in my wheelchair. I always feel safe when they are pushing me in my chair." Family members told us, "I think [person] is in safe hands - the majority of the carers do a really good job. They do what is required and sometimes a bit more" and "I need to know that I can trust them and I do 100%."

Where people had established rotas we received positive feedback in relation to staff punctuality and reliability. Family members told us, "They are generally on time unless there is an emergency and they usually let us know if they are going to be very late" and "Their timekeeping is not bad generally. Unfortunately they have to stay longer with people if something happens so may be late."

When we visited people during our inspection, people told us their staff were reliable. One person told us, "Generally they are good. They do change the times but only sometimes ring to stay they are going to be late."

However, concerns over time-keeping was a common theme amongst the people and families who we spoke with by telephone. We received negative feedback in this area from eight out of the fourteen people we spoke with. People told us there were occasions when they did not always get the support which was outlined in their care plan. For example, there were delays in medication or gaps between meals were too long or short. A number of these people had complex health needs which meant there was greater risk from inconsistent visit times. Unplanned gaps between meals could increase the risk to people's safety, for instance, some people receiving support had conditions which meant they became unsteady if they had a drop in their sugar levels.

We saw that a quality check had picked up where a member of staff was late when visiting another person and they were told to ring the office if they were late again in the future. Whilst senior staff responded well when families or people had raised concerns about punctuality, the monitoring of risks to people's safety from irregular visits was not consistent. We discussed our findings with the director who told us they were purchasing a new system which would improve checks on staff punctuality.
People received their medicines from trained staff. Staff were required to complete medicine administration sheets (MARS) to record when they had supported people to take their medicines. We found however that staff were not always recording medicine administration consistently, for example, some were not following the procedure and were recording in the daily records what had been administered. We cross-referenced MAR sheets and daily records and found that usually people had been supported to take medicines. This meant that although staff were not always recording correctly, people were receiving their medicines.

A person told us the issues with poor timekeeping meant they did not always receive medicines as required. They said, "I do have time-sensitive medication and so this can be difficult." Another person told us, "When the care plan was initially done the times were set up in light of my requirements. But they rarely come at

these times." The manager and director had told us that senior staff were responsible for checking MAR sheets when they came back to the office. However, we found this was not consistently taking place so we were not assured there was effective monitoring of any risks from delays in people taking their medicines. After our visit, the manager sent us information which outlined how existing quality checks had been adapted to address our concerns regarding the recording and monitoring of medicine administration.

We looked at people's care plans in their homes and saw there was guidance in place for staff supporting people with their medicines. However, where staff were administering medicines 'as required' there was not detailed guidance in place. The people we visited during our inspection had full capacity and could say when they wanted their medicines, for example for pain relief. The staff we spoke to also knew the people they supported well and could describe exactly why someone might need more medicines on a particular day. However, we highlighted to a senior member of staff that improved guidance to staff would minimise the risk of administering medicines in error, in particular if a replacement staff member was providing support.

Other people and their families were positive about the support provided in the administration of medicines. One relative told us, "There have never been problems. The carers check it all the time for medication changes." We found examples of good practice when staff supported people with taking their medicines. For example, staff had spoken to local health professionals to change when a person took their medicines to better suit their daily routine. Where people were independent in taking their medicines, staff still provided them with support, where appropriate. For instance, they highlighted to a person that they had taken too many of on particular medicine, to ensure the person was aware of the risks.

During our visits we observed staff were skilled when supporting people with their medicines. Senior staff frequently carried out unannounced observations of staff administering medicines. One person refused their medicines and the member of staff chatted to them for a bit and the person agreed when they were offered their tablets again. The member of staff was gentle but firm when providing support. The person's care plan indicated they might try and conceal the medicines. Whilst they were taking their tablets the member of staff knelt down and held and patted their hand which meant they could monitor whether the medicine was being taken safely and as prescribed.

Staff were aware of the need to wear gloves and people told us they usually followed company procedure in this area. We observed a staff member change gloves when they were administering eye drops to minimise the risk of infection. They threw away a box as the label had worn away and they couldn't be sure what they were administering. They then signed and dated the new box so they could check staff did not administer out of date medicines.

Staff had completed the relevant training in safeguarding and knew who to speak to within the service and which relevant external professionals to contact if they had concerns. A member of staff spoke of how they had supported someone who was at risk of abuse and explained how they would observe them for changing moods or body language.

A person's care records outlined the support they had received when they had sustained an injury. Staff had made sure they had seen their GP. The notes were clear and stated other times when the person declined assistance to go to the hospital. Staff had contacted the person's social worker when they became concerned with their safety.

Staff had the skills to manage risk within the service. There were risk assessments in place for each person, which included environmental and manual handling risks. Staff were aware of possible hazards during each

visit. A staff member explained how they made sure all the pathways in a house were clear when they supported a person who was visually impaired. A family member described how staff kept their relative safe when carrying out manual handling tasks, "They use a hoist and I feel very confident in how they use it. Let me put it like this, none of them have ever had to ask me how to attach the sling and which colour handle to attach."

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included requiring detailed application forms, checking references and completing a comprehensive employment interview. Office staff checked the applicant's proof of their identity and right to work and carried out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. Staff told us that they had only started working once all the necessary checks had been carried out. We looked at recruitment files for three staff and noted that the provider's procedures had been followed.

The director was committed to ensuring they employed staff of a good standard. One staff member told us, "At the first interview we chatted for about three hours. [Director] was having a chat but also seeing what I know." Staff underwent a probationary period which varied in length as they were only signed off as permanent staff once they had the necessary skills.

Staff told us the on-call system worked well. If they were not able to ring the office, then they contacted a senior carer, for example to let them know they were running late. A staff member said, "The senior is excellent at being on-call, they get things covered. They are really committed and have had a lot of praise from service users." When staff were sick, their colleagues picked up extra work when possible but this was managed well, with bank staff or senior staff also stepping in.

Whilst feedback about punctuality was mixed, there were very few concerns regarding missed calls, and people confirmed where there had been issues they had been resolved. We saw on two people's file that senior staff had dealt promptly where there had been missed calls.

Good

Is the service effective?

Our findings

People told us staff were skilled in meeting people's needs. They told us, "Carers are just normal people coming to do a job that's fine to the best of their ability" and "They do their job so professionally."

There was a commitment to training and developing staff skills through external and internal courses. Staff were extremely positive about the training they received through the service. They told us, "It's all face-to-face. [Director] doesn't like online training," and "I prefer this training, its more hands on than theory." New staff told us they shadowed more experienced colleagues before visiting people on their own.

We spoke to the trainer who was enthusiastic about their role. They told us, "I bring in lots of props, people never just get a certificate and I recommend if a staff member needs a bit more shadowing. " They also told us they regularly saw the same staff coming to refresher courses, which was a good indication of a settled staff group. A staff member told us, "We do role play. The trainer makes it awkward for us to take meds, just to test us." A family member told us, "Quite a few carers are doing NVQs [National Vocational Qualifications] and some of them take the NVQs very seriously. I think the firm encourages them to do this training."

Across the service we found a number of examples where staff were being supported to improve practice in the some of the areas where we had received to the concerns and negative feedback.
Senior staff monitored staff performance and knowledge and gaps in training were noted and followed up. For example, one member of staff was told to attend Mental Capacity training as an audit had picked up this had been missed. The manager told us they were incorporating the Care Certificate into existing training. The Care Certificate is a set of standards that social care and health workers are expected to follow in their daily working life.

There were regular spot checks to monitor staff skills. The checks included a number of competencies such as punctuality and communication skills. Poor practice was challenged, for example where staff were not dressed appropriately. Staff were set specific goals which captured any areas for improvement, for example, one staff had the goal of improving time keeping. Staff files were written in a supportive manner and staff were praised for positive practice.

We were given an example where a member of staff was observed to lack skills when supporting people with mobility needs to move. They had been provided with opportunities to improve their skills, for example, by attending courses, however senior staff felt that despite this support they were still not sufficiently competent in this area so they no longer supported people with hoisting.

Staff were well supported and met regularly individually and as a team with senior members of staff to discuss their training needs, the people they supported, or any concerns they had. These meetings were used to improve practice, for example one member of staff received advice on improving their communication skills. In a team meeting, staff were given guidance, for example around smoking near people's properties.

Members of staff told us they received a pack when they started work. As well as the necessary paperwork the pack had a torch and a personal alarm. A member of staff told us they felt valued when they received the pack. "I've never gone to an agency and had everything in advance."

Staff were usually introduced to people before they started to support them. There were two members of staff on the visits we went on. One of the staff members told us, "[Staff member] is new, that's why there's two of us on this visit. I've been doing the cooking, to show her as I know what people like."

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.

We checked whether the service was working within the principles of the MCA. The service had recently discussed with officers from the local authority possible improvements to their processes to ensure they were complying with the MCA. Changes were still being implemented during our inspection to more clearly show in people's support plans what the service's responsibility was in this area.

Staff had been on Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training and we found staff had a good understanding of people's capacity to make decisions. One member of staff told us they respected the person they were caring had the right to make their own decisions, even where these were not what staff would have chosen. They told us, "He's fully compos mentis. His lifestyle is his choice."

People were enabled by staff to make their own choices. One person spoke of how they offered choice to a person at lunch time. "I take a couple of meals out of the freezer but not too many or they get confused." There was guidance in place to outline what support people needed if they were not able to communicate their preferences verbally.

People were enabled to have enough to eat and drink and staff were flexible when supporting people with their meals. For example, a member of staff described how, "We don't cook for [person] but if the meals-on-wheels is something they can't eat then we cook something." A person told us, "They always give me a choice of what I want depending what's in the fridge or if they are early I ask them to leave me a sandwich."

Care plans stated when people needed specialist support with maintaining their nutrition and hydration, for example, there was guidance about the thickener one person needed. A member of staff told us they had raised with a social worker their concerns that a person was not eating.

Staff worked with people to support them with their health needs and with accessing external services and professionals. Family members were particularly complimentary about the assistance they received when people needed to access their GPs or be admitted to hospital. A family member told us "The carers noticed a change in [person] and told me. We have got them to hospital and it has been the right call on each occasion. They are very caring and will always do things like check for pressure sores." Another family member told us how staff had stayed with their relatives after they had called the paramedics.

Communication with other professionals was good. For example, staff had liaised with an occupational therapist regarding the need to order a different sling for a hoist and a smaller commode. The care plan gave clear guidance to staff of what needed doing during the time when the person had the incorrect equipment.

In another instance, staff had increased monitoring a person's sugar levels due to the increasing the risk of falls. The daily record stated staff had made sure the person had their 'three Weetabix.' The quality of the daily records enabled managers and health professionals to monitor the support being provided and the gradual changes in the person's needs.

The staff we spoke to had a good understanding of people's health care needs, for example one staff member was able to describe a person's health condition in detail. Staff completed a number of charts, for example to monitor what people drank. There were triggers which prompted staff to seek support from other professionals, for instance when their checks indicated a possible urine infection. Another staff member told us about how they would tell a family member when a person was not going to the toilet in case they were dehydrated.

Good

Is the service caring?

Our findings

People told us staff were kind to them. For example, one person told us, "They get to know you and they are friendly and talk to me so nicely. I can't think of anything that could be improved." A relative explained that, "Sometimes carers may have some extra time and they will make us all a cup of tea. [Person] can't communicate but staff have a laugh and joke. They also sing and try and get [person] to sing and wave which they love."

Where people felt some staff were not as caring, this tended to be replacement staff who came at weekends or when their usual carer was away. For example, one person told us, "It's really only my usual carer that I can have a laugh with. The others are OK and go through the motions; they don't laugh and chat much." In contrast, other people felt well supported by all the staff who visited them.

When we visited people, we observed staff knew them well and had developed strong relationships, often over years. During one visit, we saw staff had demonstrated a caring nature when supporting one particular person. We were able to see how this may have resulted in later visits to other people being delayed as a result; however we could also see the time spent supporting the person resulted from staff's desire to keep them safe and well cared for. A professional who also worked with the person told us, "They have gone above and beyond for them."

Many of the people we spoke to told us staff treated them like they were family or friends. One person told us, "We usually have a little chat and I look forward to seeing them. They talk to me as if they're a friend visiting and I like that," "We've been pals for years, we have a banter" and "Some of them treat me like their Mum. Most of the carers seem to love their work and I love my girls." Staff also spoke fondly of people they supported. A staff member spoke about a person they had just visited, "[Person] is lovely, this morning we've been chatting about a dream they'd had."

Whilst people's care plans were fairly limited in relation to people's histories, likes, dislikes and interests when we spoke to individual staff they were very knowledgeable about people. We observed them chatting with people about their interests and day trips they had been on with family members. Although care plans were largely task based they reflected people's individual needs in a personalised way. For example one person's care plan stated, "Make sure there are no lumps in the porridge."

Staff supported people to stay independent and make their own choices. A person told us, "They do let me wash myself and stand with me to give me confidence and now I can do it mainly by myself. I wouldn't be what I am today without them." A relative described how staff enabled their family members to communicate about the care they wanted, "[Person] can't get out of bed anymore but [staff] will encourage him to do the little things he can. [Staff member] strokes his hair and asks if he wants it washed."

During our visits we observed that staff were non-judgemental about people's lifestyle choices. They treated people with respect and dignity. One person told us staff, "Ensure that they close the curtains to respect [person's] privacy and they ensure that everything is put back and tidied before they go."

Good

Is the service responsive?

Our findings

The majority of people and families we spoke to were overwhelmingly positive about the support they received. A family member told us, "I've never had any complaints from [person]. Even the ambulance staff say, 'those girls are worth their weight in gold'." A person described how," We go for a walk together and my carer will take me wherever I want to go."

Feedback from people was not consistent as some of them told us they did not feel staff covering for their usual staff member knew them well and were sometimes rushed when they visited. A relative told us, "Some of the ladies come in and seem rushed all the time…They haven't got time to even talk to you properly and they never stay for the allocated time." As well as the improvements in rotas which had taken place, the director told us they were improving the information staff had about each person. They were introducing 'All about me' forms which provided more personalised information about people's needs and preferences and were intended to improve the consistency of care when the usual carers were not available.

Senior staff carried out assessments of people's needs and care plans outlined the support to be provided. A person confirmed, "One of them (senior staff) came out to go through all the questions at the beginning." Staff told us the plans were easy to follow. However, when we looked at the plans in people's houses we saw it was not always easy to read what people's needs were. This was in part due to the number of blank sheets in the files. We were told this enabled the service to respond flexibly when people's needs changed. For example, if a person suddenly needed support with medicines, then all the paperwork was there in advance. We discussed this with the director, who agreed to review the layout of care plans, to ensure they were as clear as possible. This would also improve the information available in an emergency or when a new member of staff covered.

The director and senior staff told us that they prided themselves on their flexibility as a service. We saw from rotas that people received support tailored around their individual needs. We received feedback that staff responded flexibly when people's needs changed. For example, a family member told us, "They were very flexible around Christmas when we had to change the times and cancel some visits."

Staff told us people received the support they required. One member of staff told us, "I stay the length of time and sometimes I stay over chatting. I can't leave it until everything gets done. And I never have any hassle from managers to hurry up."

The director focussed on developing positive relationships with the people receiving support. For example, at Christmas each person received a box of chocolates and if they were diabetic they received a plant. Staff understood the importance of pets in people's lives. The director told us they were contacting a charity to arrange for a dog walker to enable a person to continue having a pet. They had also provided a great deal of support to a person when their dog had become unwell and died.

People's needs were reviewed regularly and in response to changing needs. There was a form which logged every time a person's needs were reviewed and what type of review had taken place, for example whether it

was a phone call or visit to the person. A family member described how staff had ensured their relative's views were taken into account. They said, "The manager did come to the house to do a review when we changed the number of visits. They were very mindful of [person's] wishes and spoke to them and not just to me."

We were given a number of examples where reviews were used as an opportunity to resolve some of the concerns we had heard about during our inspection. For example, one family member described a review of their relative's care which took place after a change in circumstances, "The manager came and did a review. I explained that by coming too early in the evening to put [person] to bed they were waking in the night. The manager agreed and it seems to have been better since. Also we wanted the gaps between visits reduced and now that is happening." Another person told us they used their review to ask for female staff, after which the service no longer sent male staff to their house.

People were given a number of opportunities to give feedback about their service. In addition to their review, they were also sent questionnaires and received telephone calls to ask about their views of the service. One person told us, "The manager phones me to see if everything is OK."

People told us they were aware of how to make a complaint. Complaints were responded in great detail, which meant people and their families received a personalised response when they raised concerns. Complaints were logged centrally by the manager. A relative confirmed their complaint had been dealt with promptly, "I have not had to complain very much but when I complained, the manager sent out an email to all staff and it has now improved."

Requires Improvement

Is the service well-led?

Our findings

The director and owner of the service was also the registered manager and was actively involved in the service. They had employed a general manager to assist them in running of the service. A person told us, "I've been in touch with [Director]. Sometimes I'll speak on the phone and sometimes they pop out to see me." We were told the manager also visited people regularly.

There were a number of regular and unannounced spot checks which looked at individual staff performance. However, the director and manager were not able to demonstrate that there were effective measures in place to monitor themes across the service. As a result, we found there were not robust plans in place to deal with the concerns which had been raised during our inspection, in particular to address the gaps in the recording of medicines.

Issues and concerns at the service were predominantly dealt with in isolation, as they arose. For example, when people and their families gave negative feedback in questionnaires or complaints the director ensured they received a personalised response. Staff then received guidance at the next team meeting on how to improve practice. Likewise, immediate action was taken following spot checks when poor practice was found but there was limited monitoring to see whether the same concerns were occurring on a regular basis.

When we discussed our concerns with the director they were passionate about putting things right. They acknowledged they run the service with a great deal of trust and valued the personal touch of a family business. They accepted there had not always been sufficient oversight to ensure each member of staff was carrying out their required duties. For example, there were limited measures in place to confirm that regular audits of medicine records were being carried out by all senior staff, as required.

After our inspection the director sent us a copy of an improved and revised procedure to address the issues we had raised in relation to the gaps in medication.

We had we had received negative feedback regarding the timings of visits. The director told us they aimed to ensure people received consistent support from a limited group of care staff. We saw there was an effective system in place to assist with setting up staff rotas. Travel time was factored into rotas so staff were given realistic timetable of visits each day. The concerns appeared to have largely occurred arisen when there was sickness or unplanned staff absence. The director told us they were focusing on recruitment as this was also a factor in ensuring there were enough staff to cover. The manager also told us they were purchasing an electronic tool which monitored staff whereabouts as a way to improve timekeeping.

We discussed with the director a specific negative concern which had been raised with us. The director gave us more information about the incident and how they had dealt with an issue of poor practice, where their priority had been the safety of a person. They demonstrated through this incident strong leadership and integrity, and the capacity to make decisions which were not always popular with staff, people and families.

Staff told us they felt well supported by senior staff. A member of staff told us that when they started at the

service, "The director was open and honest with me so we formed a good relationship. Some managers (from other agencies) don't care. This one does and is passionate." Another staff member said, "It's a brilliant agency to work for."

Staff were only promoted when they demonstrated they had the capacity and skills to take on more responsibility. The director had a good understanding of the skills of the staff team and the matching which was needed to ensure people received a good quality of service.

People told us communication between staff was good, one person told us, "If I had any problems I would speak to my morning carer. I have done this and when the evening carers come they will say 'We have been told to do this for you'." A family member said, "They update the folder quite regularly. They communicate to each other by phone and leave messages in the folder." During one of our visits we met the on-call member of staff who carried a work phone and was instrumental in making sure messages were passed between people and staff. A member of staff also told us, "We all work together as a team."

In addition to the changes introduced in response to our inspection, the director told us about other planned improvements in the service. For example they planned to allocated specialist areas to different staff, such as medicine administration, and each member of staff would be responsible for championing and driving improvement in their area.