J M Healthcare Limited

JM Healthcare

Inspection report

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Date of inspection visit:
06 December 2017
07 December 2017

Date of publication:
05 February 2018

Ratings

Overall rating for this service	Good

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

This inspection took place on 6 and 7 December 2017 and was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us.

J.M. Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using J.M. Healthcare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, 60 people were receiving personal care from the service.

The service had 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.

J.M. Healthcare was previously inspected on 16 December 2016. At that inspection, we identified breaches of the legal requirements. These related to the management of medicines and the accuracy of records regarding the care people were receiving. The service was rated as 'Requires Improvement'. Following that inspection, the provider contacted us outlining the steps they would take to meet the relevant legal requirements.

At this inspection December 2017, we found improvements had been made in the way the service managed people's medicines; risks associated with people's care and support were now being identified, and regular reviews of people's care were now taking place. However, further improvements were still required. We looked at the care and support plans for eight people with varying healthcare needs. We also met with them to review how well the service was meeting their needs and minimising risks to their health, safety and well-being. We found each person's care plan contained a risk management plan that identified risks to their health and safety. Whilst some were detailed and contained specific guidance for staff to follow others were not and lacked guidance for staff to demonstrate that risks were being effectively managed and/or mitigated.

We have made a recommendation the provider and registered manager ensure the risks associated with people's care are documented and kept under review.

At our inspection in December 2016, we had found reviews of peoples care were not taking place and the information contained within people's records was focused on tasks and was not person centred. At this inspection, we found although some improvements had been made, improvements were still required.

We looked at the care and support plans for the eight people. We found, two of eight care plan we reviewed did not contain information about the person's hobbies or interest that would enable and support care staff to engage meaningfully with this people. We discussed what we found with the registered manager who agreed the information contained within people's care and support plans was not as person centred it could be.

We have made a recommendation the provider seek advice and guidance from a reputable source in developing care and support plans that are person centred.

We looked at the services' quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality of the services provided. These included a range of audits and spot checks. We found that although some systems were working well others were not. Quality assurance systems had not fully identified that some people's risk management plans lacked guidance for staff to demonstrate that risks were being effectively managed or that some people's care and support plans were not as person centred as they could be.

We have made a recommendation the service reviews its quality monitoring processes and record keeping procedures. Following the inspection the provider wrote to us to tell us what action they had taken to address our concerns

At the time of the previous inspection in December 2016, we found some people's medication administration records showed there were gaps and we could not be assured people received their medicines as prescribed. At this inspection we found improvements had been made; people received their prescribed medicines when they needed them and in a safe way. Medication administration records (MARs) were maintained accurately. MARs were audited by field care supervisors each week and monthly by the registered manager. This helped ensure any potential errors were picked up without delay. However, we found the audits undertaken by field care supervision were not recorded formally. We therefore unable to tell if these had taken place.

We asked people whether they felt safe with the care, staff provided. All the people we spoke with told us they felt safe and had confidence in the staff supporting them. One person said, "I'm very happy, all the staff are very nice and I look forward to them coming." Another person said, "I do feel safe.

People were protected from the risk of harm and abuse. Staff had undertaken safeguarding training to enhance their understanding of how to protect people. People were protected as the service had in place safe recruitment processes.

People confirmed staff always stayed for the allotted time and said their visits were never cut short. The service employed sufficient staff to meet people's needs. There was an on call system for people and staff to ring in the event of an emergency outside of office hours. People told us they always knew who was coming to them as they received a weekly rota.

Staff displayed a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). People were encouraged to make choices and were involved in the care and support they received.

People told us staff had the knowledge and skills they needed to carry out their roles. One person said "They know what they're doing, their very professional". Records showed newly appointed staff undertook a comprehensive induction and there was a system in place to support staffs personal development, which

included regular one to one supervision, competency checks, and annual appraisals. Staff confirmed they received regular training, these included infection control, fire safety, moving and handling, food hygiene, safeguarding adults and dementia awareness

People were supported to attend or make appointments with a number of healthcare professionals including; GP's and district nurses. People who used the service consistently praised the service and staff for their support and the standard of care they provided. One person said, "I have nothing bad to say to about them. People felt their views were listened to, they said staff always treated them with dignity and respect.

People knew whom to contact if they needed to raise a concern or make a complaint and were confident their concerns would be taken seriously. People, relatives, and staff spoke positively about the leadership of the service and told us the service was well managed. People told us they were encouraged to share their views and the provider annually sought people's views by asking people and relatives to complete a questionnaire.

The registered manager was aware of their registration responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Risks to people's health, safety and welfare were being managed well. However, records guiding staff about how to manage risks required improvement.

People received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

People were protected from risk associated with medicines

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

There were sufficient numbers of suitably qualified staff to carry out people's visits, keep them safe and meet their needs.

Is the service effective?

Good

The service was effective.

People were supported by a regular team of staff who had the appropriate knowledge and skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

Staff had completed training and had the opportunity to discuss their practice.

People's consent was gained before care and support was delivered and the principles of the Mental Capacity Act 2005 followed.

Is the service caring?

Good

The service was very caring

People and their relatives were positive about the way staff

treated them.

Staff were respectful, kind and compassionate.

People were supported and encouraged to be involved in their care and to make choices and decisions about their care needs.

Is the service responsive?

Good

The service was responsive.

Some people's care and support plans lacked detailed were not as person centred as they could be.

Care and support plans were developed with the person. They described the support the person needed to manage their day to day health needs.

The service was flexible and responsive to changes in people's needs.

People were confident that should they have a complaint, it would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was well-led.

The provider had systems in place to assess and monitor the quality of care provided. Although some systems were working well others were not

The manager and staff knew about the needs of the people who used the service.

Staff enjoyed their work and told us the manager was always available for guidance and support.

People and staff found the manager approachable and supportive. They encouraged feedback and used this to improve the service

JM Healthcare

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.

This inspection took place on 6 and 7 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that people would be available to speak with us. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also 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 sent questionnaires to 50 people receiving a service, 50 relatives, and 23 staff to gain their views on the quality of the care and support provided by the service. Of these questionnaires, we received 21 back from people using the service, three from relatives and three from staff.

We used a range of different methods to help us understand people's experience. We looked at care records for eight people to check they were receiving their care as planned. We looked at how the service managed people's medicines, the quality of care provided, as well as records relating to the management of the service. These included four staff personnel files, staff training records, duty rotas, and quality assurance audits. We visited six people in their own homes and spoke with two relatives. We also spoke with four staff, an office administrator, and the registered manager. Following the inspection, we received feedback from one healthcare professional and the local authority's quality team.

Requires Improvement

Is the service safe?

Our findings

J.M. Healthcare was previously inspected on 16 December 2016; we rated this key question as 'requires improvement'. We had found that people's medicines were not being managed safely and records did not always include sufficient information about how risks were being managed. At this inspection, we found improvements had been made in the way the service managed people's medicines. However, further improvements were needed to records to demonstrate manage risks associated with people's care and/or their environment were being effectively managed.

During our inspection in 2016, we found some people's records did not always contain all the risks associated with their care and support or include information about how those risks were being managed. At this inspection, we found people were protected from risks associated with their healthcare needs. However, some improvements were necessary to the guidance provided to staff and the records maintained in relation to managing these risks.

We looked at the care plans for six people with varying healthcare needs. We also met with them to review how well the service was meeting their needs and minimising risks to their health, safety and well-being. We found each person's care plan contained a risk management plan that identified risks to their health and safety. Risk management plans included an assessment for risks associated with moving and handling, falls, nutrition, behaviour and environment. Whilst some were detailed and contained specific guidance for staff to follow others were not .We found one person's risk management plan lacked guidance for staff to demonstrate that risks were being effectively managed and/ or mitigated. For example, In the section, relating to infection control the risk management plan indicated that staff did not have access to adequate hand washing facilities, but did not contain any guidance as to how staff should mitigate any risks associated with the prevention and control of cross infection, such as gloves, aprons or the use of hand cleansing gels. Although we did not identify that staff were not following the correct infection control procedures staff told us they had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Staff did not have enough information to help ensure people were being protected and were safe. We spoke with the registered manager about what we found who gave assurances that risk management plans and guidance for staff would be reviewed and updated.

We recommend the provider and registered manager ensure the risks associated with people's care needs are documented and kept under review. This is to ensure staff are provided with clear and accurate information about the actions necessary to mitigate risks to people's health and safety.

At the time of the previous inspection in December 2016, we found some people's medication administration records showed there were gaps and we could not be assured people received their medicines as prescribed. At this inspection we found improvements had been made; people received their prescribed medicines when they needed them and in a safe way. Medicines were stored safely and medication administration records (MARs) were maintained accurately. MARs were audited by field care supervisors each week and monthly by the registered manager. This helped ensure any potential errors were picked up without delay. However, we found audits undertaken by field care supervision were not recorded

formally. We were therefore unable to tell if these had taken place. People were able to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff had received training in the safe administration of medicines and their competencies were regularly assessed as part of their ongoing training and supervision.

We asked people whether they felt safe with the care staff who were providing their care and support. All the people we spoke with told us they felt safe and had confidence in the staff supporting them. One person said, "I'm very happy, all the staff are very nice and I look forward to them coming." Another person said, "I do feel safe. They are fantastic, they always make sure that I'm wearing my alarm and that my door is closed when they leave".

People were protected from the risk of harm and abuse. Staff had undertaken safeguarding training to enhance their understanding of how to protect people. Staff told us what action they would take if they suspected a person was at risk of abuse and had a good understanding of their role in protecting people from harm. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected. Staff told us if they had any concerns they would report them to the registered manager and they were confident they would be followed up.

People were protected as the service had in place safe recruitment processes. We looked at the recruitment files for four staff and found checks had been undertaken prior to their employment. For example, references from previous employers had been sought, and Disclosure and Barring (police) checks had been completed. This helped reduce the risk of employing a person who may be a risk to people who use care and support services.

The service employed sufficient staff to meet people's needs. Staffing was arranged in geographical areas. This was to provide consistency and continuity with people's care and to enable staff to build a relationship with people. People told us they received care from the same staff and always knew who was coming to them as they received a weekly rota from the main office. People said they had never had a missed visit. However, on occasion, a visit was late, but they said they had always received a phone call to notify them of this. Staff told us they always contacted people if they were going to be more than 15 minutes late. However, one relative said they felt that sometimes staff still seemed to be under pressure due to the lack of sufficient staff to cover sickness and holidays. We spoke with the registered manager about this; they said there were sufficient staff to meet people needs, but accepted certain times of the year would always be difficult to provide consistency, due to the staffs annual leave and public holidays.

People confirmed staff always stayed for the allotted time and said their visits were never cut short by staff leaving early to attend to other people. The registered manager told us they would not take on people's care if they did not have enough staff available to cover all their visits and provide emergency cover. Staff told us they had enough time at each visit to ensure they delivered care safely. There was an on call system for people and staff to ring in the event of an emergency outside of office hours. People and staff told us there was always a senior person available to provide advice and support. The registered manager and field supervisors provided support and covered care shifts at short notice due to staff sickness.

Although the service was not directly responsible for people's premises and equipment, the registered manager and staff carried out risk assessments and checks to ensure the physical environment was safe. Should an accident occur in a person's home, staff stayed with the person until they were safe. Staff documented and reported all accidents to the office. The registered manager reviewed all accidents to identify how they had come about and reduce the risk of repeat occurrence.

Good

Is the service effective?

Our findings

People spoke positively about the staff and told us they were pleased with the care and support they received. When we asked people who used the service if staff sought their consent prior to providing assistance, one person told us, "[staff member's name] always asks me how I would like to be supported, and explains what she is doing". Another person said, "they always check with me first and respect my wishes."

Some of the people receiving a service from J.M. Healthcare were living with dementia, which might affect their ability to make decisions about their care and support. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do this for themselves. The Act requires, as far as possible, people make their own decisions and are helped to do so when this needed. When they lack capacity to take particular decisions, any made on their behalf must be made in their best interest and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found that people's rights were being protected. Following the last inspection, the registered manager had introduced consent forms to all care plans. People had signed to say they consented to the care arrangements in place; these were reviewed as part of the care review process. At the time of the inspection, there was no-one receiving support who was unable to make decisions about their care, or who was not being supported by their family with decisions. The registered manager had a good awareness of the Mental Capacity Act 2005 (MCA).

Staff told us how they supported people to make their own decisions, by offering people choices and gaining their consent before they delivered any care or support. Staff were aware that if a person's ability to make decisions about their care changed a mental capacity assessment would need to be carried out. Staff said if they had any concerns about changes in people's capacity, they would share this information with the office so a referral to their GP and or community health team could be made.

People said they felt the staff supported them well and had the knowledge and skills they needed to carry out their roles. One person said "They know what they're doing, their very professional". Records showed newly appointed staff undertook an induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Records showed there was a staff-training programme in place and staff confirmed they received regular training in a variety of topics. These included infection control, fire safety, moving and handling, food hygiene, safeguarding adults and dementia awareness.

There was a system in place to support staffs personal development, which included regular one to one supervision, competency checks, and annual appraisals. Records showed that not all the staff had been supervised in line with the service's policy and expectations. We spoke with the registered manager about this, who explained this had been due to workloads and changing roles. However, they had identified this was an area that need improvement, and plans were in place to address this moving forward.

People's support plans contained guidance on people's preferences and nutritional needs as well as any allergies. Staff were aware and able to describe to us the individual nutritional needs of the people they supported. Records showed were staff had concerns about people's appetite or sudden weight loss they had contacted the person's GP and followed the advice given.

Staff told us the service had close links with the community nursing teams and would notify them, and the person's GP, if they had concerns over people's health or if someone was not eating and drinking enough. They said if they needed guidance and advice immediately they would phone the NHS non-emergency number, 111. People were supported to attend or make appointments with a number of healthcare professionals including; GP's and district nurses. Evidence of health and social care appointments were detailed in people's care and support plans.

Good

Is the service caring?

Our findings

The service continued to provide caring support to people. People consistently told us the staff were very kind, caring, and friendly. Comments included; "I'm very happy with the support I receive", "The staff are lovely, friendly, and helpful." Another said, "I couldn't wish for better care." Relatives were also very complimentary about the staff and management team. One relative said, "I'm very happy with the care they provide. Another said, "The staff, that support my [family member] are fantastic and the new manager is lovely."

People told us they felt reassured because they received care and support in most instances from regular staff who were familiar with their needs and knew them well. People told us the continuity of care staff had significantly improved over the last twelve months and felt thing were now settling following the change in management.

When we asked people who used the service about their experiences, people consistently praised the service and staff team for their support and the standard of care they provided. One person said, "I have nothing bad to say to about them, I feel very lucky." A relative said, "The staff are excellent, their polite, caring and always respect my wife's wishes." It was clear people and their relatives had developed good relationships with the staff supporting them.

We asked staff to tell us about the people they supported. They spoke about people with fondness and affection and were able to describe their needs and preferences well. Staff told us they enjoyed working at the service. Comments included "it's a really good place to work." One staff member said, "The company really cares about the people they support which is the reason I stay as we all we want the same thing, the 'best' for people."

People told us they were involved in planning their care and were regularly asked about their care needs and whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff or the manager. Records showed the service provided to people was based on their individual needs.

When planning the service, staff took account of the support, the person required, the preferred time for calls and where possible the care staff they liked to be supported by. People's views were respected and acted on and the managers told us they always tried to match the skills of care staff to the person they were supporting. Where appropriate family, friends or other representatives such as advocate were involved in supporting people in the planning of their care.

People felt their views were listened to; they said staff always treated them with dignity and encouraged them to remain as independent as possible. When people needed extra support they told us this was provided in a considerate way, which did not make them feel rushed or awkward.

People told us staff recognised the importance of their relationships with others, such as relatives or friends,

and always respected their need for privacy for example, by knocking on their door before they entered their home or bedroom. One person said "they [staff] always respect my privacy especially if I am on the phone."

Good

Is the service responsive?

Our findings

At our inspection in December 2016, we found reviews of people's care and support were not always taking place and information contained within people's records focused on tasks and were not person centred. At this inspection, we found although some improvements had been made, improvements were still required.

During our inspection in 2016, we found people's care plans were not written in a person centred way and did not contain personalised information about people's backgrounds and personal histories. This type of information is important to enable and support care staff to engage meaningfully with people and gain an understanding of the life events, which have helped, shape them. It is particularly important for people who may be living with dementia and other conditions, which might affect their cognitive abilities and memory.

At this inspection, we looked at the care and support plans for the six people we had arranged to visit and 2 people we did not. Assessments were undertaken by the registered manager prior to the commencement of care packages to ensure that people's needs could be safely met. Each person's care and support plan contained detailed guidance about the care and support that was to be provided during each visit. For example, the care file for one person who required assistance with personal care contained step-by-step guidance about what the person could do for themselves and provided guidance staff as to how the person wished to be assisted.

However, we found some people's care and support plans still lacked detail in places, and not contain personalised information about people's backgrounds and personal histories, and as such were not as person centred as they could be. For example, two of eight care plan we reviewed did not contain information about the person's their hobbies or interest that would enable and support care staff to engage meaningfully with this people. We discussed what we found with the registered manager who agreed the information contained within people's care and support plans was not as person centred it could be.

We recommend the provider seek advice and guidance in developing care and support plans that are person centred.

At the inspection in December 2016, we found information contained within people's care and support plans was out of date, and reviews of people's care were not taking place. At this inspection, we found improvements had been made. People told us they were fully involved in developing and reviewing their care needs. Relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes. People's care and support plans were monitored and reviewed each month by field care supervisors and spot checked by the registered manager; this helped to ensure these remained up to date.

Staff completed care records at each visit. These showed staff recorded the time they arrived and the time they left people's homes as well as a detailed description of the care they provided at each visit. Daily notes described what the people had been able to do for themselves, the care provided by staff and that the person was comfortable and the home was safe before they left. Staff gave us examples of how they had

provided support to meet the diverse needs of people using the serve including those related to disability, gender, ethnicity, faith and sexual orientation.

The provider and staff told us the service cared for and supported people to remain at home through illness and at the end of their lives. The service had received a number of letters of thanks from families whose loved ones had been cared for at the end of their lives

We discussed with the registered manager their understanding of the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. We asked the registered manager how they were identifying people's needs and what action they had taken to ensure these needs were being met. The registered manager was aware of the Accessible Information Standard and told us that people's communication needs were clearly recorded as part of the service's assessment process. This information would then be used to develop communication plans, which would indicate people's strengths, as well as areas where they needed support. The registered manager confirmed that although they were not currently supporting anyone with a specific need at this time, the service was looking at ways to improve and develop the accessibility of the information they provided to people.

The registered manager and field care supervisors undertook spot checks and visited people whilst staff were supporting them. These visits had a dual purpose: they were able to assess staffs' work performance and their interaction with the person and assess the person's view on how the service was performing. The registered manager also contacted people on a monthly basis via telephone to see if people had anything they were concerned about or wanted to change with their current care package. This allowed them to gather regular feedback from people using the service and address issues in a timely manner.

People and their relatives told us they had no concerns over the care and support they received and felt able to make a complaint if something was not right. People knew whom to contact if they needed to raise a concern or make a complaint. They had a copy of the service's complaints procedure and were confident their concerns would be taken seriously. When asked if there was anything within the service that could be improved. One person said, "Nothing could be better." Another person said, "If I had and worries I can ring them [meaning the office]. Records showed any concerns that had been received were investigated fully in line with the services policy and procedures.

Requires Improvement

Is the service well-led?

Our findings

People, relatives, and staff spoke positively about the leadership of the service and told us the service was well managed. Comments included; "They're fantastic," "I believe things are much better now, you could not fault them," and "The new manager seems more organised." However, one person said, "I don't know who the registered manager is; they must be very busy as I can never get to speak with them." We discussed this with the registered manager, who told us they had written to all service users when they had taken over the service to introduce themselves. They also explained that the office administrator would handle many of the daily enquiries as the nature of their role meant they were often out of the office-visiting people or undertaking assessments.

The service had 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.

We looked at the services' quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality of the services provided. These included a range of audits and spot checks, for instance, checks of the environment, medicines, care records, accidents, and incidents. Where shortfalls were identified, the registered manager demonstrated these were acted upon, such as in relation to increased monitoring of care reviews and ensuring updates to care plans were recorded.

However, we found that although some systems were working well others were not. For instance, quality assurance systems had not fully identified that some people's risk management plans lacked guidance for staff or that some people's care and support plans were not as personalised as they could be. We discussed what we found with the registered manager who told us they were planning to implement a new care planning system in the new year and were confident this would address any shortfalls in the current process. Following the inspection the provider wrote to us to tell us what action they had taken to address our concerns

We recommend that the service review its quality monitoring processes and its record keeping.

The manager told us the service was developing a positive culture that was person-centred, open and inclusive. The management team told us their vision for the service, which was to provide and maintain a high standard of personalised care, which was flexible to people needs. Staff had a clear understanding of the values and vision of the service, spoke passionately about providing good quality care, and had a real sense of pride in their work.

The management and staff structure provided clear lines of accountability and responsibility and staff knew whom they needed to go to if they required help or support. Staff were positive about the leadership and management of the service and told us they felt valued and supported, but felt disconnected from the provider, especially in relation to the recent management changes. One person told us they had worked for

the company for a couple of years and had not met the providers, as they did not attend staff meetings. We discussed this with the registered manager, who told us they would discuss this with the providers who they met with weekly to discuss the development of the service as well as any operational issues.

The service operated a 24 hour on call service, for people and staff to contact a senior person for advice, guidance, or support. People and relatives told us this worked well, and staff told us they could always get hold of someone if they needed advice or support.

Staff and managers shared information in a variety of ways, such as face to face, by telephone and more formally through team meetings. Recent team meetings showed staff were provided with the opportunity to discuss people's care needs, share information, and identify any training needs. Staff told us the registered manager was keen to listen to their views and to improve the service provided.

People told us they were encouraged to share their views. One person said, "They send me questionnaires in the post and I ask my daughter to help me fill it in." The provider annually sought people's views by asking people and relatives to rate the quality of the services provided. We looked at the results from the latest survey undertaken, and found the responses of the people surveyed were positive.

The registered manager was aware of their registration responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service. We reviewed the accident and incident records held within the service and found the service had notified the CQC of notifiable incidents as required.