

Morningside Care Ltd

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Inspection report

Imperial House
Barcroft Street
Manchester
Greater Manchester
BL9 5BT

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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?	Requires Improvement ●

Summary of findings

Overall summary

This was an announced comprehensive inspection which took place on 20 and 21 August 2018.

This service is a domiciliary care agency. It provides the regulated activity personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection there were 5 people using the service.

At the inspections of the service in April 2016 and February 2017 we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At each of these inspections the service was rated as requires improvement. At the inspection in January 2018 we found that some of the required improvements from the last inspections had been met, however we identified two new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach that was a repeat of one found during our inspection in April 2016. This was because medicines were not managed safely, care records had not always been reviewed or updated when people's needs changed and systems in place to assess, monitor and improve the quality and safety of the service provided were not robust. We also made two recommendations; that the service improved the way they involved and informed people about staffing arrangements and the provider discuss any staff communication problems with people who use the service.

Following the last inspection, we imposed conditions on the provider's registration that required them to complete an improvement action plan to show how they would improve the key questions; safe, effective, responsive and well led to at least good. The rating in the Well-led domain for this service was 'Inadequate.' Services that are rated as inadequate in one domain are inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

During this inspection we looked to see if the required improvements had been made. We found the breaches of regulations had been met and the required improvement had been made.

Medicines were managed safely. Staff had received training in medicines administration and had their competency checked regularly.

Detailed assessments of people's support needs and preferences were made. Risks to people had been assessed. Care records were person centred, detailed and reflected peoples support needs. All care records had been reviewed regularly and changes made when needed.

People were involved in decisions about their care. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Significant improvement was found with the systems in place to assess, monitor and improve the quality and safety of the service provided. Due to the inspection history of the service evidence of sustained

improvement was needed.

The service is required to have 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 2008 and associated Regulations about how the service is run. The service had a registered manager, who is also one of the owners of the company. People who used the service and staff we spoke with were positive about the registered manager and told us improvements had been made in the way the service was organised and run. Staff told us they enjoyed working for the service.

People who used the service were encouraged to give their views on the quality of the service they received and how it could be improved.

Staff we spoke with were aware of safeguarding and how to protect vulnerable people. Staff were confident the registered manager would deal with any issues they raised. There were systems in place to protect people's security and their property.

Visits were now well planned and people usually knew in advance which staff would be visiting.

People were very positive about the staff who supported them. They described staff as; nice, gentle, friendly and pleasant. People told us communication with staff had improved.

Staff knew people well and spoke in respectful terms about the people they supported. We observed staff interacted in a polite, respectful and good-humoured way with a person who used the service.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff.

There were sufficient staff to meet people's needs and staff received the induction, training, support and supervision they required to carry out their roles effectively. Staff we spoke with liked working for the service and told us they felt supported in their work.

Suitable arrangements were in place to help ensure people's health and nutritional needs were met.

Records of accidents, incident and complaints were kept. The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.

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.

Medicines were managed safely.

Risks to people were identified and updated when people's needs changed.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Is the service effective?

Good ●

The service was effective.

Staff had received the induction, training and supervision they required to ensure they were able to carry out their roles effectively.

Visits were well planned and people knew in advance who would be visiting.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People told us staff were nice, gentle, friendly and pleasant.

People received support from staff that knew them well.

Communication with staff had improved

Is the service responsive?

Good ●

The service was responsive.

Care records were person centred and reflected people's support needs and preferences.

Detailed daily records of care provided were kept.

There was a suitable complaints procedure for people to voice their concerns.

Is the service well-led?

The service was being well-led.

Significant improvement was found with the systems in place to assess, monitor and improve the quality and safety of the service provided. Due to the inspection history of the service evidence of sustained improvement was needed.

The service had a manager who was registered with the Care Quality Commission. Everyone was positive about the registered manager and the improvements that had been made.

People who used the service were encouraged to give their views on the quality of the service they received and how it could be improved.

Requires Improvement ●

Morningside Care Ltd

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 20 and 21 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that the manager would be available. The inspection team comprised of two adult social care inspectors. We visited the office location on 20 August 2018 to see the manager and office staff and to review care records and policies and procedures. The second day of the inspection was undertaken by one adult social care inspector and involved telephone discussions with people who used the service and their relatives about their views of the service and the quality of the support they received.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service. No concerns were raised with us.

During this inspection we spoke by telephone with four people who used the service, and the relative of one person, to seek their views about the service provided. With their permission we also visited one person who used the service in their own home. In addition, we spoke with the registered manager, the deputy manager and four care staff.

We looked at three care records, a range of documents relating to how the service was managed including medication records, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At the last comprehensive inspection of the service in January 2018 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed effectively. The overall rating for this key question was requires improvement. Following the last inspection, we placed a condition of the providers registration that they complete an improvement action plan to show what they would do and by when to improve the key question to at least good. They were required to send monthly updates of the actions taken to CQC.

During this inspection we found the required improvements had been made.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and saw that medicines were managed safely. One person who used the service said, "They make sure I have my medication when its needed."

The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and now had their competency to administer medicines checked at least monthly. Records we saw showed these competency checks were very detailed and included reviewing staff practise. This included whether they had sought consent before assisting the person, whether good infection control practises followed, if the records checked with the medication, any issues identified and stored safely and were records completed correctly. We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. Care records contained information about what support people required with their medicines.

We looked at two peoples Medicines Administration Records (MAR). All MAR we reviewed were fully completed to confirm that people had received their medicines as prescribed. MAR included two staff signatures to show that medicines and MAR had been checked for accuracy by two staff. Records we reviewed showed that MAR were checked by managers at least monthly to ensure they had been correctly completed.

We found there had been no new staff recruitment since our last inspection. As we had previously reviewed all the personnel files for all current staff we did not review the files again at this inspection. We had previously found that there was a safe system of staff recruitment in place. All the staff personnel files contained an application form where any gaps in employment could be investigated, at least two appropriate written references and copies of documents to confirm the identity of the person, including a photograph. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks helped ensure people are protected from the risk of unsuitable staff being employed.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These processes helped staff to know and understand what was expected

of them in their roles.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care and how risks were managed. At the last two inspections emergency plans had been found not to be sufficiently detailed. We recommended that the service reviewed its emergency plans. At this inspection we found service continuity plans were in place that gave direction to staff in the event of an emergency such as severe weather, flood, loss of gas or electricity supply, IT failure, loss of office building, phones and staff not being available. These plans helped to ensure that in the event of an emergency staff can follow the correct course of action promptly to ensure continuity of service and to keep people safe.

We looked at the care records for three people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments included; personal care, medicines, nutrition, skin integrity, mobility, falls and moving and handling.

Care records also included environmental risk assessments for hazards in people's homes and these included; cleaning, control of substance hazardous to health (COSHH), personal protective equipment (PPE), infection control, lighting and home appliances and outside areas such as paving. We noted that there was a lone working risk assessment to guide staff on how to stay safe and that the risks associated with lone working had been discussed at a recent team meeting. These assessments helped to minimise risks to people and those providing support so that people were kept safe.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. People told us they felt safe using Morningside Care Ltd. One person who used the service said, "I definitely feel safe with them."

We found there were policies and procedures for safeguarding people from harm. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that the service had a whistleblowing policy. Staff we spoke with, and training records we reviewed, showed staff had received training in safeguarding people from abuse. Staff we spoke with knew how to report concerns and were confident the registered manager would deal with any concerns they raised. One staff member said, "I feel confident she [registered manager] would do what is necessary if there were any issues."

We saw that there were systems in place to protect people's security and their property. Where necessary a key safe was in place. This is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. This was confirmed by people and staff we spoke with.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. The registered manager told us there had only been one accident since our last inspection. Records we looked at showed that the accident had been recorded in a log in the office and there was a record of action taken. At the last inspection we noted that the registered manager did not keep a separate log of incidents or accident to enable them to look for themes or patterns. They told us this was because there were only a small number of people using the service at the time of our inspection and because of that they were aware of all accidents and incidents. At this inspection we saw that the registered manager kept separate records of any accidents or incident and that these were reviewed for action needed to prevent future incidents.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection; this included hand washing, the use of personal protective equipment (PPE)

including disposable gloves and aprons. People who used the service told us PPE was always available and used.

The offices were on the ground floor of a modern office building. The building was owned by a landlord. There was a fire alarm, extinguishers and emergency lighting to use in the event of a fire. The alarms and emergency lighting were tested frequently by the landlord to ensure they were in good working order.

Is the service effective?

Our findings

People who used the service spoke positively about the way the service was now provided. They said, "They are reliable", "They are pleasant and they are good" and "They are very, very good." Other people said, "They are always in time, prompt", "They are always on time, there's never a problem" and "They have never missed a visit."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS).

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Care records we looked at contained evidence the service had identified whether a person could consent to their care. They had been signed by the person to indicate they agreed to the planned care. People we spoke with also confirmed staff sought their consent when supporting them. All the staff we spoke with during the inspection demonstrated their understanding of the principles of this legislation and the need to gain consent from people before they provided any care.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively. We found thorough systems were in place to ensure staff had the training and support needed to carry out their role safely and effectively.

We found staff received an induction when they started to work at the service that included completing training, an introduction to people who used the service and shadow-working alongside experienced staff. Staff we spoke with and records we reviewed showed that staff received training that included; Health and safety, food hygiene, manual handling, infection control, medicines administration, dementia awareness, fire safety, safeguarding, COSHH and food & nutrition. We saw that since our last inspection all staff had received practical training in manual handling. Staff had recently been asked by the registered manager to complete on line training about MCA.

Staff told us that training opportunities had improved and that they received regular updates and new courses. One staff member said, "They [managers] make sure you keep up to date with your training." This training helped to ensure staff had the knowledge they need to carry out their role effectively.

Records we reviewed and staff we spoke with showed that staff received regular supervision and an annual appraisal. Records we reviewed showed supervisions were detailed and included roles and responsibilities,

training, safeguarding, whistle blowing, time management and areas of development. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Staff we spoke with told us they felt very supported.

At our last inspection we found that some visits were planned 'back to back' meaning that the time one visit finished was the same as the time the next was planned to start. This did not allow for staff travelling between visits. At the last inspection people who used the service also told us they were not told in advance or until very near the time which staff would be supporting them. This meant that people were not communicated with effectively about how their care would be delivered. We recommended the service reviewed the way they involved and informed people about staffing arrangements. People we spoke with and records we looked at during this inspection showed that travel time was now planned in-between visits. People who used the service and staff we spoke with told us this had improved consistency of arrival times.

The deputy manager told us that people who used the service were now given the following month's rota in advance. People told us that, except when unforeseen events such as sickness happened, they now always knew in advance which staff would be visiting. One person said, "There is routine, we know who is coming. We have the same carers." One staff member said, "I know my rota in advance and there is travelling time between clients now."

We looked to see if people were supported to maintain a healthy diet. People lived in their own homes or with family support and could eat what they wanted. Records we looked at showed that nutritional and hydration risk assessments were completed for each person who used the service. We saw these had been reviewed regularly and if any concerns were found the service had taken appropriate action such as helping the person contact their G.P. One person's care records informed staff that as a result of the persons not eating they were now to; 'Report any concern's and sit with the person whilst they eat their meal.'

Care records contained information about people's health needs and showed that people had access to a range of health care professionals including GP's and district nurses. People we spoke with said that the service worked with the health care professionals involved in their care. This helped to ensure people's healthcare needs were met.

Is the service caring?

Our findings

Everyone we spoke with was positive about the caring nature of the staff who supported them. People told us staff were caring and kind. They said of staff, "They are very pleasant, they are good friends", "It took a little time to get to know them but things settled" and "Some are better than others but everything is fine." Other people said, "They are nice friendly and kind", "[Staff members name] is very gentle, she believes in all things natural, she has made me little bags of soaps and things", "They are all nice, friendly, talkative and very helpful. They will do anything I want" and "I can't say anything wrong [about the staff] they are all nice."

At our last inspection some people we spoke with told us they sometimes had trouble understanding what some of the staff were saying. We discussed with the registered manager the communication difficulties people had raised and that it was affecting the quality of the experience service users had. The registered manager said that some of the staff did not have English as their first language but that they had not been aware that people had concerns. We recommended the provider discuss any communication problems with people who used the service.

During this inspection we asked people about how staff communicated with them and if staff listened to them and talked to them appropriately. People told us communication had improved. One person told us that whilst they still had some difficulties it was better because they always had the same worker and they understood each other. Another person said, "I can understand the ones [carers] that come to me." People we spoke with and the registered manager confirmed that staff had received support to improve their communication. One staff member was attending English classes. Records showed that a question about how well staff communicated had been added to the service quality review that the registered manager completed each month with people who used the service.

During our inspection we observed staff interact in a polite, respectful and good-humoured way with a person who used the service. Staff offered choices and respected the person's choices.

Staff we spoke with knew people well and spoke about them in respectful and affectionate terms.

People who used the service told us staff respected their privacy and maintained their dignity. During our conversations with staff they demonstrated they considered people's dignity when supporting them with personal care.

People told us staff helped them to remain as independent as possible. Care records were divided into sections that provided information on what people could and wanted to do for themselves. This helped ensure staff knew how to promote people's independence.

We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

People said staff were responsive to their needs. One person said, "It's not good, it's wonderful." Other people told us, "I just need to ask and they will help", "They are good, they do what they need to. Yes, they do what I ask", "They are very willing" and "Whatever they can do to help you, they will."

At the last comprehensive inspection of the service in January 2018 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because accurate and complete records of care were not consistently maintained. The overall rating for this key question was requires improvement. Following the last inspection, we placed a condition of the providers registration that they complete an improvement action plan to show what they would do and by when to improve the key question to at least good. They were required to send monthly updates of the actions taken to CQC.

During this inspection we found the required improvements had been made.

Since our last inspection new care records had been developed. We saw that relevant care plans and risk assessments were in place with regards to the care and support people wanted and needed. Information included their wishes and feelings, their routines, preferences and things that are important to them.

Before people started to use Morningside Care Ltd an assessment of their needs was completed by a manager of the service. We saw the new assessment identified the support people required and how the service planned to provide it. This included; keeping a safe environment, communication, breathing, eating and drinking, domestic task, personal cleansing and dressing, mobility, work and play, alcohol and drugs, expressing sexuality, administration of medicines and faith. It also identified factors affecting the persons independence. The assessment process ensured the service could meet people's needs and staff knew about people's needs and goals before they started to use the service. We saw that the assessments were used to develop care plans and risk assessments.

Care records we saw also contained information and guidance to staff about how the person liked to communicate, their likes, dislikes and routines. Information was also provided to guide staff on how to promote people's health, social and emotional well-being. This included a section 'What I want and what I don't want to happen'. This detailed things that were important to and for the person. There was good information about maintaining relationships and friendships and how the person wanted to be supported to maintain these.

The registered manager told us that all care records were now reviewed monthly to ensure they reflected people's current needs. We saw these reviews were documented and changes were reflected in updated care plans and risk assessments. We also saw that where people's needs had changed, changes had been made to the length or frequency of visits.

There was evidence to show people had been involved and consulted about their needs. People told us they were involved in developing their care records. Care records contained details of these discussions.

We saw that detailed daily logs of care and support provided were kept. Staff told us they read the daily logs to update themselves with how the person was or if any important events had happened.

The service was also using social media to communicate changes to people's needs and any changes to visits. The communication was private and not accessible to anyone who did not work for the service. Staff told us this helped them find out about any changes or important information quickly.

We saw the service had an equality and human rights policy and procedure. This gave staff information on the risks to people's human rights in health and social care provision. It guided staff on action to take when planning and delivering care and support. It included how risk to people's human rights should be included when planning care.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Copies of the complaints procedure were provided in each person's personal file which was kept in their own homes. Records we saw showed that there was a system for recording and responding to complaints and concerns. The registered manager kept a record of all complaints and concerns and responses made and any action taken. People we spoke with told us they had no complaints but would be able to raise any concerns they had.

The registered manager told us they were not currently supporting anyone with end of life care. We saw the service had a policy and procedure detailing how the service would ensure people's wishes about their care was respected if they were at the end of their lives. This would help staff understand how they could best support people and ensure people's end of life wishes were respected.

Is the service well-led?

Our findings

At the comprehensive inspections of the service in April 2016 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems were not in place to assess, monitor and improve the quality and safety of the service provided. At our inspection in February 2017 we found some improvements had been made but systems were not sufficiently robust. We recommended the service reviewed its monitoring and auditing systems to ensure they were sufficiently robust. At our last inspection in January 2018 we found the service was again in breach of regulation 17. The overall rating for this key question was inadequate. Following the last inspection, we placed a condition on the providers registration that they complete an improvement action plan to show what they would do and by when to improve the systems for monitoring and improving the quality of the service. They were required to send monthly updates of the actions taken to CQC.

During this inspection we looked at the arrangements in place for quality assurance and governance. We found significant improvements had been made. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures the service provides people with a good service and are meeting appropriate quality standards and legal obligations.

For each person who used the service the registered manager now kept detailed quality auditing and monitoring records. We saw these identified audits of care records, evidence of reviews, staff visit sheets, staff training and supervision, medication records and competency checks and assessments. They also contained an action plan if required. The action plans identified what needed to happen, who would do it and when it would be completed by. Records we saw showed the registered manager also reviewed the action plans to ensure the required action had been completed.

We saw improvements had been made to spot checks completed on staff. Spot checks were completed for each staff member every month. The monitoring sheet recorded details of the visit, staff attitude and appearance, if staff were following procedures and the care plan, visit reports and confidentiality, competency issues and records and practice/training issues. The registered manager also asked the person who used the service if they had any comments or concerns. These spot checks were signed by the person who used the service, the staff member and the manager.

During our inspection the registered manager and deputy manager showed they had a clear understanding of the need for quality monitoring audits and systems. They were both committed to continuing with the improvements. The registered manager told us that since our last inspection they are now more 'hands on' and regularly visit people, spot check staff performance and are involved in all aspects of the quality monitoring systems.

Although significant improvements were seen, as the service had a history of insufficient quality auditing and monitoring, we discussed the need for a period of sustained improvement before this domain could be rated as good. Thorough oversight of the service and effective communication between the management team will help to ensure that robust systems are embedded to sustain the improvements made so that

people who use the service are protected.

We found the required improvements had been made to contingency plans to guide staff in the event of an incident or emergency that could put people or the service they received at risk. We saw that records were now kept of accidents and incidents, safeguarding's and complaints. We found the registered manager now had systems in place to help identify themes or lessons learned.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service had a registered manager, who is also one of the providers. The registered manager has been in post since October 2015.

People who used the service were positive about the registered manager. They told us that since our last inspection the registered manager had been in regular contact with them and was now regularly undertaking visits. They said, "They [managers] are doing lots of checks on staff", "She [registered manager] try's, she is very nice", "[registered manager] is lovely" and " She is a very nice lady." Other people told us, "It feels safe and focused" and "They [managers] check things are ok and talk to my [family member]. I would recommend them to anyone."

Staff spoke positively about the registered manager and told us they enjoyed working for Morningside Care Ltd. They told us, "She's a good boss", "She is good, she is really caring about people", "She takes things seriously", "She is a nice lady. Very helpful, she always responds to people and staff" and "[Registered manager] comes on double calls with us [visits that require two staff]."

Staff told us that since our last inspection improvements had been made to the way the service was organised and run. They said, "Things have improved. There is a lot more checking of things. They [managers] visit the clients. There is more training", "Things are better since last inspection. They are more careful. [registered manager] is always checking and asking questions about people and what we are doing" and "It's really good, I am happy. It has improved. They check medication all the time. They are offering more training."

Records we reviewed showed that staff meetings were held each month and that detailed notes were kept of these meetings and included updates from last meeting, what areas were discussed, any issues or concerns and agreed actions.

Before our inspection we checked the records we held about the service. The service had notified CQC of incidents and events they are required to. Notifications enable us to see if appropriate action has been taken by the service to ensure people have been kept safe.

People who used the service were encouraged to give their views on the quality of the service they received and how it could be improved. We saw that a survey had been completed in July 2018 and quality reviews were also completed by the registered manager monthly with each person who used the service. We saw one person had said, 'We have now established cordial relationships with each other. Continuity of the same carers is very important to me, as I trust them and am happy with the care given and look forward to their visits'. Another person commented, 'I feel I get a very personal service.' All reviews showed that people had said they would recommend the service. One person said they got a, 'First class service'.

We saw there was a service user handbook and statement of purpose. These documents gave people who used the service the details of the services provided by Morningside Care Ltd. These also explained the service's aims, values, objectives and services provided. Copies of these documents were in people's individual files in their own homes. These documents helped to ensure people knew what to expect when they used this service.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the office and the rating was displayed on the provider's website, with a link to the last CQC inspection report.