

Mears Care Limited

Mears Care Mansfield

Inspection report

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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?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 27 June 2018. Mears Care Mansfield is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Mears Care Mansfield 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.

There was a registered manager in post at the time of our inspection. 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.

At the time of the inspection, 247 people received some element of support with their personal care. This is the service's second inspection under its current registration. At the previous inspection on 23 June 2017 the service was rated as 'Requires Improvement' overall. An action plan was submitted which stated how the service would become compliant. At this inspection, they improved the overall rating to 'Good', however the question, 'Is the service safe?' remains at 'Requires Improvement'.

Improvements had been made to the punctuality of the staff; however, people still felt staff arrival times could be improved further. Medicines were managed safely and staff recording errors were monitored and acted on, however the number of recording errors remained high. Improvements had been made to the way the risks associated with people's care had been assessed and acted on. People told us staff made them feel safe when staff supported them. Robust staff recruitment processes were in place. Staff understood how to reduce the risk of the spread of infection. The provider had processes in place to investigate accidents and incidents and to learn from mistakes.

People's care was provided in line with current legislation and best practice guidelines. People felt staff understood how to support them. Records showed the number of staff with training that was out of date had significantly reduced and courses were booked where needed. Staff now received professional development and supervision. People's nutritional needs were met. Other health and social care agencies were involved where further support was needed for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. A review was currently underway to ensure all people had the required assessments in place where needed.

People liked the staff who came to their home and felt they were kind, caring and treated them with respect. People told us they were involved with decisions about their care and staff encouraged independence wherever possible. People told us they would like to have a more consistent team of staff to support them and the registered manager had taken action to address this. People's records were handled in line with the Data Protection Act

Assessments of people's needs were carried out before joining the service to ensure staff were able to support them effectively. Improvements had been made to ensure people received care that was in accordance with their personal preferences. People felt care staff responded to their complaints effectively although they felt the performance of office based staff could improve. The registered manager had put processes in place to act on this feedback. People's diverse needs were discussed with them during their initial assessment and then during further reviews.

The registered manager had made significant improvements since the last inspection. They had acted on feedback from people and staff and put measures in place to continue this improvement. They acknowledged that staff punctuality was still a concern; however, this had improved since the last inspection. Robust quality assurance systems were now in place to aid the registered manager in continually improving the service. They were supported by a dedicated staff team and the provider in doing so. The registered manager carried out their role in line with their registration with the CQC. High quality staff performance was rewarded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Further improvement was needed to ensure all people received their calls on time. Medicine recording errors were assessed and action taken, however the frequency of the errors needed reducing further. People felt safe when staff supported them. Robust staff recruitment processes were in place. Improvements had been made to way risk was managed and reduced. Staff understood how to reduce the risk of the spread of infection. Accidents and incidents were investigated, reviewed, and acted on to prevent reoccurrence.

Requires Improvement ●

Is the service effective?

The service was effective.

People's care was provided in line with recognised best practice guidelines. Staff training was now up to date and staff performance was now regularly assessed. People's nutritional needs were met. The registered manager had formed productive relationships with local health and social care services. People's rights were protected in line with the Mental Capacity Act 2005.

Good ●

Is the service caring?

The service was caring.

People liked the staff. People were treated with dignity and respect. People were involved with decisions about their care and staff encouraged people's independence.

Good ●

Is the service responsive?

The service was responsive.

People's care was now provided in line with their personal preferences. People's needs were assessed prior to commencing with the service. Effective communication processes were in place to ensure people were not discriminated against. People's complaints were responded to appropriately, although some

Good ●

people felt communication with the office needed improving.

Is the service well-led?

The service was well led.

The registered manager had made improvements since the last inspection and had an on-going action plan to continue the improvements. The provider supported the registered manager in making these improvements. Quality assurance systems were now robust and helped the registered manager identify any area themes that required action.

The registered manager carried out their role in line with their registration with the CQC. They ensured all notifiable incidents were reported to the CQC. People and staff were given the opportunity to comment on how the service could be developed and improved.

Good ●

Mears Care Mansfield

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 checked 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 comprehensive inspection took place on 27 June 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of an inspector and assistant inspector and two Experts by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The assistant inspector and the Experts by Experience carried out telephone interviews with people prior to the office-based inspection. They spoke with 38 people who used the service and seven relatives. The inspector visited the office location to see the registered manager, office staff and to speak with care staff.

The inspection was informed by feedback from the telephone interviews as well as questionnaires completed by a number of people using the service, relatives, staff and community professionals. We sent 50 questionnaires to people who used the service and their relatives. We received 20 responses. We sent 122 questionnaires to staff and received 22 responses and we sent four questionnaires to community professionals and we received one response.

During the inspection, we spoke with four members of the care staff, the registered manager and office based staff.

We looked at records relating to six people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

The registered manager sent us copies of various policies and procedures and training documentation after the inspection as requested.

Is the service safe?

Our findings

During our previous inspection on 23 June 2017, we identified concerns that people's calls were not always on time. We also noted that whilst the risks to people's safety had been assessed, the guidance provided for staff to support people did not always contain sufficient detail. This meant the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities). During this inspection, we checked to see if improvements had been made. We found there had been some improvements but more were needed.

The feedback we received from people in our questionnaires and during our telephone interviews showed that people still received calls that were either too early or too late. One person said, "They [staff] are up to an hour late or early." Another person said, "I don't know when they are coming so I can be sitting waiting for an hour." A third person told us that staff always made the calls, "but not at the right time." A relative said, "We have no problem with the carers but problems with the times they come. We had a letter just now to say that they are trying to sort out the timings, which are erratic." Fifty-nine percent of the staff who responded to our questionnaire told us their work schedule did not always allow them to arrive at each call on time. However, the staff we spoke with during the inspection did not share these concerns.

The registered manager told us they had worked hard since the last inspection to address staff punctuality and to try to ensure that calls were carried out as close to the required time as possible. They told us they had carried out a review of the people who were most affected by poor punctuality. They wrote to them, apologised and told them they would work towards improving staff punctuality. A pilot scheme was held to analyse the 71 people most affected over a five month period. We found that over the course of this pilot, 44 had seen late calls drop to zero in that time period; a further 12 had seen some improvements with just 15 seeing no improvement. The registered manager told us they intended to use the results of this pilot to further improve staff punctuality. We noted that 74% of the people who responded to the provider's recent questionnaire stated their care was provided in a 'timely manner'. The registered manager told us they were pleased with these results and expected them to be higher at the next questionnaire.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members supporting people. These processes included criminal record checks, their past employment and their identity. These checks helped the provider to make safer recruitment decisions.

We saw there had been improvements to the way the risks associated with people's care had been assessed and acted on. In each of the care records we looked at, we saw more detailed risk assessments were now in place and these provided staff with more guidance on how to support people effectively and safely. These included the risks associated with people's medicines, environment and when personal care was provided.

People were provided with the information they needed if they felt unsafe or had a concern about their own or other's safety. People told us they felt safe when staff supported them in their home. One person said, "Yes, I'm safe with what they do. That's not the problem. They're good once they're here." A second person said, "Yes, I'm quite safe. I'm pleased with all the service." A relative said, "I do feel [my family member] is

safe. I'm very pleased - a couple of carers didn't know about the hoist but that was a one off. The regular ones are fine and it's mostly regular ones that we get."

People were cared for by staff who understood how to protect them from avoidable harm. Staff had received training in safeguarding adults and there was a safeguarding policy in place. Staff could explain who they would report concerns to if they felt a person was being harmed either by family or friends or other members of staff. All staff knew they could report concerns to external agencies such as the local authority safeguarding team. The registered manager was aware of their responsibilities to ensure the CQC were notified of incidents where people could have come to avoidable harm, or were at risk of abuse. Records showed they had reported any concerns to the CQC.

Many of the people we spoke with told us they were able to manage their own medicines. When staff did support them with their medicines, people told us they did so in a safe and effective way. One person told us staff supported them with help with putting cream on to their legs. Another person told us they got their medicines on time.

We noted since our last inspection the registered manager had carried out a lot of work in addressing the number of medicines errors that had been identified. Records showed the vast majority of these in the past had been recording errors, not errors to do with administration. Nonetheless the registered manager had continued with a strict monitoring process of people's medicine administration records (MAR). Where staff had been highlighted as making continued errors without improvement, unannounced spot checks on performance, retraining and where necessary, disciplinary proceedings were options for the registered manager to consider. We reviewed the analysis the registered manager had completed. We noted that there were still a number of recording errors that had been identified; however, we saw the registered manager had taken action against those staff members. The registered manager assured us the continued analysis of staff performance would continue to see a reduction in recording errors and would reduce the risk to people's safety.

Eighty nine percent of the people who responded to our questionnaire told us they felt staff understood how to reduce the risk of infection when they supported them in their home. The people we spoke with did not raise any concerns with us about the way staff protected them from the risk of the spread of infection. Staff spoken with told us they had access to personal protective equipment such as gloves and aprons and they knew how to support people in their home in a clean and hygienic way.

The registered manager had the processes in place to act on any concerns about people's health and safety including when people had an accident. A new initiative called 'The morning huddle' was introduced to enable the registered manager to meet with office-based colleagues to address any concerns or risks from the previous day. This included any accidents or incidents that had occurred. Where further action was needed, the registered manager either took responsibility themselves or delegated responsibility to others to address the issues. Where needed, the regional operations manager was informed of any serious incidents and then they worked with the registered manager to agree the actions to be taken. The registered manager was held to account to ensure the agreed actions were completed. These processes helped to reduce the risk to people's safety.

Is the service effective?

Our findings

During our previous inspection on 23 June 2017, we identified concerns that staff had not completed all training as identified as required by the provider for their role. Some people who used the service told us they had concerns with the way staff supported them. We also noted that staff did not always receive regular supervision and appraisal of their performance. This meant the provider had breached Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities). During this inspection, we checked to see if improvements had been made. We found improvements had been made.

The feedback from the people we spoke with and from the people who responded to our questionnaire was more positive when we asked them if staff knew how to support them effectively. Whilst some people raised concerns about inconsistent staff attending their calls, the majority felt staff provided them with the care they needed in the way they wanted.

One person told us about a specific condition they had which meant they needed a lot of support from staff. They said, "Yes, they do the tasks properly. I can't fault them on that. I can't see them do anything wrong." Another person said, "They are good with doing the support." A third person said, "Yes, all of them support me well."

We checked the provider's training records to show what action had been taken to address the gaps in training from our last inspection. Records showed that almost all training deemed relevant by the provider had now been completed by staff. Where there were a small number of gaps, these had been addressed and courses were booked. We also saw an improvement in the frequency of staff supervisions and appraisals. Records showed staff were to receive four supervisions of their practice and an end of year appraisal. The registered manager was currently on course to meet those requirements. Some of the staff who responded to our questionnaire told us they did not always receive regular supervision or appraisals, however the records we looked at stated staff had received supervisions in line with the provider's requirements. The registered manager told us they were pleased with the improvements that had been made in relation to the assessment of staff performance and felt this had benefitted both the staff and the people they supported.

Staff were encouraged to complete professionally recognised qualifications such as diplomas in adult social care and the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. The regular training and continued development of staff ensured people continued to receive safe and effective care and support.

The registered manager ensured people's physical, social and mental health needs were provided in line with current legislation and best practice guidelines. Where people had health conditions that staff supported them with, we noted some nationally recognised guidelines and information were in place to support staff. The registered manager told us they would continue to review people's care records to help staff to support people effectively with their health and care needs.

Many people told us they did not require support from staff with their meals. However, when support was provided, staff did so effectively. One person said, "Carers always offer to get food and drinks for me." Another person said, "[Staff member] cooks my meal for breakfast - they do bacon and eggs. Once a week we cook between us as we like making bread." A relative explained the agreement they had with staff over which meals each day they would prepare for their family member. They told us this worked well.

Assessments of people's nutritional health were carried out to assist staff in identifying any changes that could affect their health and well-being. Where people had health conditions that could affect their health, guidance was in place for staff to follow. For example, low sugary foods for people who had diabetes. This contributed to people receiving the required support with their nutritional health.

People told us, when needed they were supported by staff to access their local GP or other healthcare agencies. This included visiting these agencies in person, or arranging for home visits. One person said, "I get the doctor to come out. I do have hospital appointments but they don't go with me, although they will go for the first time with me soon." Another person told us staff arranged home visits for them when needed.

The registered manager had ensured that relationships were maintained with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment. To enable a smooth transition between health and social care services and to reduce the impact on people, care records contained detailed information about their health needs. This included how people communicated, their personal preferences concerning how they liked their healthcare to be provided and any known risks that other agencies should be aware of. This helped ensure that other agencies had the information they needed to provide people with timely care and support.

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 and, overall, we found that they were, although there were some areas that required improving. A recent review of all care plans had been carried out to identify any people who may require a MCA assessment for one or in some cases more decisions in relation to their care. We noted many of those identified had been addressed and assessments along with best interest decision documentation had now been completed. Records showed there were still a small number more to complete, however the registered manager had a clear process in place to complete them. This would ensure that people's rights were protected.

Is the service caring?

Our findings

The majority of the people we spoke with and all of the people who responded to our questionnaire told us they found the staff who supported them to be kind and caring. One person said, "They are nice and polite." Another said, "I think they are absolutely wonderful." A third person said, "I couldn't have wished for lovelier people in my life."

People told us they were treated with dignity and respect at all times by the staff, this included when they were receiving support with their personal care. One person said, "Whenever I have my shower the carers close the curtains and keep me covered at all times to protect my dignity." Another person said, "Respect and dignity I always get. If I want the toilet when I'm having a shower they come out, things like that. And they cover me up." A relative said, "They look after us - it's the best way I can describe it. We're grateful."

Ninety six percent of staff who responded to our questionnaire and all of the staff we spoke with told us they felt people were treated with dignity and respect at all times. One staff member said, "They are like family to me, I want the best for them and I treat them right."

People told us the staff who supported them understood how to care for them. They also told us staff listened to them and acted on their wishes. Eighty two percent of the people who responded to our questionnaire told us they felt involved with decisions about their care and this view was supported by most of the people we spoke with. Some people told us they had been involved with developing their care records and others could recall office based staff visiting them to establish if they were satisfied with their care and if they wanted anything changing. People told us when they received care from a consistent team of staff they always received the care and support they needed. Sixty-nine percent of people and 50% of staff who responded to our questionnaire told us consistent staffing teams were in place for each call. The registered manager told us a lot of work had been done when planning calls to try wherever possible to give people the care staff they wanted, when they wanted them, but acknowledged this was an area they would continue to improve on.

Staff spoke knowledgably and respectfully about the people they supported. It was clear from our conversations both with the staff and the people they supported that positive relationships had been formed. This led to staff enjoying their role and people looking forward to the staff visiting them.

People told us staff supported them to lead independent lives. One person said, "I do as much as I can for myself. The staff support me with what I can't do, it is normally just my feet I need help with." Another person described the help they got from staff with promoting their independence and said it had improved their emotional and mental health." They also said, "It's lovely, it takes the pressure off my family." People's care records contained the information staff needed to understand the level of support each person wanted from them. There were clear daily routines that were designed to promote independence. The staff we spoke with and the majority of those who responded to our questionnaire told us the role they carried enabled them to promote people's independence.

Staff had completed dementia awareness training. Staff spoken with told us this had helped them to understand how to support people living with dementia. Staff could explain how they ensured all people were treated fairly and without discrimination because of their physical or mental condition.

People's care records were treated respectfully within the provider's office. Records were stored in a locked cabinet, with access to the main office restricted by a key coded entry system. This prevented unauthorised people accessing people's records. The computerised and handheld access systems that enabled access to people's records were protected by a password. The registered manager also explained how they ensured all records were managed in line with the Data Protection Act. Staff had been made aware of current changes to European data protection laws, which were designed to further protect people's personal information and data. They had been reminded of the need to ensure that all documents were kept secure.

Is the service responsive?

Our findings

Before people started to receive care and support from staff, a detailed assessment was carried out to ensure that people's needs could be met. This included discussions about people's preference to how they wanted staff to support them. The time people wanted their calls, their preferred times for going to and getting up from bed and the support they wanted with meals, personal care and medicines were just some of the areas included in this assessment. Once it had been agreed with the person how their care would be provided, the person or their appropriate representative, normally a relative, signed the care plan to say they agreed.

During our last inspection, people had raised concerns with us that staff did not always provide care in line with their personal preferences. Although our feedback from some people stated there was still some areas for improvement in this area, many of the people we spoke with told us they received the care and support they wanted. Seventy one percent of people who responded to our questionnaire told us they were happy with the service provided. We noted from the provider's most recent questionnaire that there had been a significant rise in the number of people who felt their care was provided in line with their preferences. In 2017 only 61% of people had rated this area as either 'very good' or 'outstanding', in 2018 this number had risen to 90%. The registered manager told us they were proud of this result. They understood that people still had concerns about the punctuality of the staff, but they expected this to improve further with the work they have been carrying out on ensuring improved punctuality.

People told us they had access to their care records within their homes and they had been involved with reviews to ensure their preferences were acted on. One person said, "There is one lady discusses anything I need - she clicked with me straightaway. I felt more relaxed when she started and the carers are good too." A relative said, "Yes, we had a big meeting here at the house, and together we all wrote the care package."

People's religious and cultural needs were discussed with them prior to starting with the service. The registered manager told us that although currently people did not have specific needs that could place them at risk of discrimination, they would ensure that if people required support in the future, this would be provided. This meant people were not discriminated against.

The registered manager has an understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The registered manager told us that paper based care planning records were soon to be transferred to a digital format. They told us this gave them more opportunity to ensure people's records could be made available in a variety of fonts and sizes to make them more accessible for people. They also told us the plan would be for authorised relatives or other agreed representatives to have access to the person's care records, to enable them to monitor the care being provided for their family member. This would be accessible remotely, so relatives did not need to be within the person's home to view their records. The registered manager told us they hoped this open and transparent approach would offer relatives reassurance that their family member was being well cared for. If they had concerns, these could then be raised with the registered manager.

Sixty one percent of people who responded to our questionnaire told us they knew how to make a complaint. Seventy-two percent felt care staff responded appropriately to concerns raised directly with them, however this number dropped when we asked if office-based staff managed complaints appropriately. The provider's own questionnaire results showed that satisfaction levels with how complaints were handled and how office based staff communicated with them had dropped in the past 12 months.

We received a mixed response when we asked people how complaints were managed. Many people said they did not need to make a complaint, as they were satisfied with the service provided. Others told us they felt the office-based staff needed to improve in this area. The registered manager told us they acknowledged this had been an area where they felt improvements were needed. They told us there had been a high turnover of office-based staff and this had made the day-to-day running of the service more challenging. They told us they now had the office-based staff in place to support them with managing the service effectively and responding to people's concerns. They told us they had started to take action to communicate better with the people who used the service. This included sending letters to people to apologise for staff punctuality. This approach showed the registered manager was doing all they could to improve relations with the people who used the service and to continue to improve the reputation of Mears Care Mansfield.

Records showed people were given a copy of the provider's complaints policy and emergency numbers to call if they needed to speak with someone about any concerns they had. We looked at the log of formal complaints made. We found these had been responded to appropriately and in line with the provider's complaints policy.

End of life care was not currently provided at this service. When people neared the end of their life the provider ensured other agencies responsible for providing this care were provided with the information needed to support people effectively. There were currently no people supported by the service who were nearing the end of their life

Is the service well-led?

Our findings

During our previous inspection on 23 June 2017, we identified concerns with the overall governance of the service. This included ineffective quality assurance processes in identifying concerns within the service. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities). During this inspection, we checked to see if improvements had been made. We found improvements had been made, there were now no breaches of the Regulations and action had been taken to address the concerns identified in the last inspection.

Robust quality assurance processes were now in place. These helped to assist the registered manager in identifying areas for improvement quicker and allowed them to take action before they affected people who used the service. Action had been taken to address the main issues from the last inspection. These included, medicine recording errors, the application of the MCA, staff training and supervision and staff punctuality. Whilst there was still some work to be done to improve punctuality, the processes the registered manager now had in place enabled them to identify trends and themes quicker and to take the relevant action.

The provider took an active role in supporting the registered manager in carrying out their role effectively. On-going action plans were in place that were regularly reviewed by senior management to ensure that all required actions were completed and the registered manager held to account for their completion. These processes led to a service that had identified the risks to people and had taken action to reduce the risks to people's safety effectively.

People were supported to give their views on how the service could be developed and improved. People told us their views were often requested via telephone call monitoring. Questionnaires were recently sent out and the results had been received and analysed by the registered manager. Eighty percent of people stated they were satisfied with the service provided, with 90% stating the care they received was 'person centred'. Where less positive results had been received, such as 'communication', action had been taken to inform people how the registered manager would try to improve this. Letters had been sent to all people and relatives and they informed what action would be taken. For example, we saw plans to improve communication included a 'coffee morning' for people to come and meet the office staff; forums, to enable people to meet with others and to give more formal face-to-face feedback and open days to encourage people to meet with all staff from within the service. The registered manager told us they hoped these additions would help to address people's concerns about communication within the service.

Plans to improve communication with staff and to hear and act on more of their views about how to further improve the service were in place. Team meetings took place, but due to the size of the service and the high number of staff, the registered manager told us it was not always easy to get all staff together. Therefore, 'Connect App' had been set up to enable staff to access information and news about the service directly from the registered manager. The registered manager told us they had recently sent an update regarding safeguarding of adults and this approach had helped them to contact all staff in one go, rather than through a series of meetings. The registered manager told us there was also a function on the app that allowed staff to make comments and to form discussions, which would provide the registered manager with regular staff

input.

The registered manager was aware of their responsibilities to ensure the CQC were always informed all notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. This ensured there was an open and transparent approach to providing people with high quality care and support.

The staff we spoke with felt valued and their views were respected by the registered manager. The staff felt the registered manager, who had come into post shortly before the previous inspection, had worked hard to improve the service. One staff member said, "Things were a bit of a mess before she arrived, now you can see a much more structured approach." Excellent staff performance was rewarded, through a variety of schemes. The 'Smile Award' and 'Care worker of the month' were just two ways in which staff performance was recognised. We also noted that a member of staff had won a regional award, run by a local newspaper. They had been awarded the 'New professional carer' award. This recognised excellent performance. The registered manager told us they and the rest of the staff were very proud of this staff member's performance.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and their office.