Delta Care Ltd

Delta Care Limited

Inspection report

93 Tulketh Street
Southport
Merseyside
PR8 1AW
Tel: 01704 500048

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Delta Care Ltd is a 24 hour domiciliary care provider. The agency provides care and support to approximately 200 people in their own home. The office is close to the centre of Southport with car parking close by. The agency offers an 'out of hours' emergency on call service for people in their own homes and their relatives. The service covers weekends and bank holidays.

This was an announced inspection which took place over five days 12th, 13th, 16th, 17th and 19th March 2015. The inspection team consisted of two adult social care inspectors and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

Summary of findings

People who used the services of the agency told us they felt safe when receiving care and support.

We received positive feedback about the agency from people and relatives we spoke with. A person said, “The staff always stay as long as they are supposed to and do everything I need; they`re great” and “The carers are always kind and considerate and the regular ones understand my needs.” Relatives said, “I could not speak more highly about the carers, they do everything we ask and more” and “I have been here when the carers are here and they are always on time and do what they have to.”

Staffing levels were determined by the number of people using the service and their individual needs. People told us they were happy with the staff and got to know them well. Their comments included, “The carers who normally come are absolutely wonderful, they are so helpful and caring.”

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults’ procedures.

Risk assessments had been completed and these showed the actions needed by staff to minimise the change of harm occurring. The risk assessments included information around potential environmental hazards, the use of key entry codes and risks associated with the use of aids/ equipment to help transfer people safely.

Medicines were administered safely. Audits were carried out to check on the safe management of medicines and to ensure safe standards were maintained.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Care staff were supported through staff induction, an on-going training programme, supervision and appraisal. The training programme helped to ensure staff had up to date knowledge and skills related to their job role to provide safe support.

The agency liaised with health and social care professionals to support people if their health or support needs changed.

People were supported at meal times in accordance with their plan of care.

With regards to people making their own decisions, people we spoke with informed us they were able to do so and were involved as much as possible regarding decisions about their welfare.

The care plans we saw varied in detail, however overall they provided information to the care staff to help support people. We discussed with the manager the need for more ‘person centred’ plans (care plans tailored to the individual), so that the care staff had a fuller more detailed picture of how people wished to be supported.

Speaking with care staff confirmed their knowledge about the people they supported and how they would respond if a person was unwell.

A complaints policy and procedure was in place and details of how to make a complaint had been provided to people who used the service. We saw the complaints’ file which recorded complaints received and the response. People we spoke with knew how to raise a complaint with the agency.

Systems were in place to monitor the quality of the service provided. This included audits (checks) on areas such as, care documents and medicine administration. Meetings with people were conducted to ensure they were satisfied with the service, along with the provision of feedback questionnaires.

Summary of findings

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 safe

Good

Systems were in place to ensure people were protected from the risk of abuse. Staff were aware of safeguarding vulnerable adults' procedures.

Staffing levels were determined by the number of people using the agency and in accordance with people's needs.

Assessments were undertaken of risks to people who used the service. Written plans were in place to manage these risks. Measures were in place to complete safety checks on equipment.

Medicines were administered safely. Audits were carried out to check on the safe management of medicines to maintain safe standards.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Is the service effective?
The service was effective.

Good

People received support with their meals in accordance with their needs.

The agency worked in accordance with the Mental Capacity Act (2005) and sought people's consent to their care and support.

Care staff received training, supervision and appraisal of their job role. Care staff told us they received good support.

The agency liaised with health and social care professionals to support people if their health or support needs changed.

Is the service caring?
The service was caring

Good

Care staff were seen to communicate with people in an individual way and were patient and supportive in their approach.

People told us they received visits from the agency staff to look at their care documents with them and to ask whether they were happy with the support they received.

Care staff we spoke with demonstrated a good understanding of people's care needs and positive regard with how people wished to be treated and supported. Care staff told us where possible they supported the same people which they considered important in building a good working relationship and this helped them to be familiar with their care

Is the service responsive?
The service was responsive

Good

Staff were knowledgeable about people's support needs to provide support in accordance with individual need.

Summary of findings

People had a plan of care outlining their support needs. Care plans were reviewed to reflect their current needs. People told us their opinions were sought regarding their care needs and they received support in a timely way and in a way which they liked.

The agency had a complaints policy and procedure. People we spoke with told us they would speak with the 'office' if they had a concern.

Satisfaction questionnaires were sent out to people and their relatives to enable them to provide feedback about the service.

Is the service well-led?

Good

The service was well led

Quality assurance systems were in place to monitor performance and to drive continuous improvement. This included audits (checks) on the service provided.

Care staff told us the manager was approachable and would listen to their concerns.

Care staff were aware of the whistle blowing policy and said they would use it.

Delta Care Limited

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 was an announced inspection which took place over five days on 12th, 13th, 16th, 17th and 19th March 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and therefore staff are out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not have a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home.

As part of the inspection we spoke with 18 people who used the service. The majority of people were contacted by telephone but we did visit five people who had agreed to us calling to their home. We also had a discussion with two relatives of people who used the service. We spoke with the registered manager and provider (owner). We spent time with office-based staff, including two care coordinators (supervisors), the training officer and quality assurance lead. We spoke with 10 carers who provided direct support to people.

As part of the inspection we also spoke with social services contract monitoring officer who was able to give some feedback about the service.

We looked at the care records for seven of the people who received a service from the agency, six staff recruitment files and other records relevant to the quality monitoring of the service. These included safety and quality audits, including feedback from people who used the service of the agency and relatives.

Good

Is the service safe?

Our findings

People who used the services of the agency told us they felt safe when receiving care and support from the carers. People's comments included, The carers have been coming to me for a while now and they are great with me; I trust them and feel safe when they are here", "I always have the same carers and there are sufficient of them to meet my needs and keep me safe from harm" and "I couldn`t get any better care, they (carers) always check everywhere is locked up before they go." Relatives said, "The carers that come here love my (family member), they look after (family member) so well, they never rush anything" and "I know (family member) is well looked after; (family member) tells me and if anything was wrong the staff would give me a call."

The manager informed us there were currently sufficient numbers of staff to support people safely and the staffing levels were adjusted meet people's needs. The agency supported people locally and we saw calls (visits to people) were arranged in geographic areas to decrease the travelling time between calls. This decreased the risk of care staff not being able to make the agreed call time. Care staff told us that, where possible, the calls to people were arranged with location in mind and that this was helpful for staff who travelled by foot, bike or public transport. People did tell us they felt there were less staff available on weekends and at holiday times.

Prior to the inspection we received concerns around care staff having to 'cram calls'. For example, a member of the care staff being expected to attend more than one call at the same time. The staff rotas we saw did not show this and the majority of care staff we spoke with informed us they were not asked to visit another person at the same time unless in an emergency. This meant cutting down on the time of one call to attend to another person. The manager informed us they would continue to closely monitor the staffing rotas.

People we spoke with us said that for the majority of time care staff arrived on time but there were occasions when they ran late. They told us in this instance the office staff usually phoned to advise them of this. People said the care staff stayed for the duration of the call (time allocated in accordance with the care package) but appreciated this sometimes changed to take into account travelling time between calls. No one told us they had a missed call, which had the potential to affect their safety and wellbeing. The communications book recorded some previous missed calls and the manager told us the action that had been or were being taken to address this. The manager informed us that the amount of missed calls had fallen and the agency's monitoring arrangements helped to ensure any problems with calls were identified earlier to ensure the appropriate actions were taken. This we saw during the inspection. The care coordinators organised the rotas and any changes were brought to the care staff's attention as soon as possible to minimise any disruption.

We asked the training officer to explain the recruitment procedure to us. We were told Delta Care recruited `all year round` and always tried to match people`s needs with staff competencies. Initially, either a group interview was arranged or individual telephone interviews as a way of shortlisting applicants. Successful candidates were required to provide a police check and two references. We looked at six staff files which showed all checks had been completed and photographic identification had also been provided. This helped to ensure staff were suitable to work with vulnerable people. In one staff file we found only one reference was present. One of the coordinators told us two references had been applied for, although one was a telephone reference. The manager told us they would ensure this reference was recorded.

Risk assessments had been completed and these showed the actions needed by staff to minimise the change of harm occurring. The risk assessments included information around potential environmental hazards, the use of key entry codes and risks associated with the use of aids/ equipment to help transfer people safely. For example, a moving and handling hoist or walking frame. Information was provided on how to provide safe support. Care staff informed us aids to promote people's independence, such as hoists, were checked to ensure they were safe to use and any faults reported to the agency.

We saw that 'general' incidents had been recorded such as, a person having a fall which had the potential to affect their safety. Care staff said, "If I arrived and someone was not well, depending how serious it was I would ring a doctor or an ambulance if necessary, then ring the office so they could get in touch with the family" and "If there was any type of accident I would document it in the person`s care

Good

Is the service safe?

plan and ring the office and tell them and they would record all the details." We saw that incidents that affected a person's safety were monitored and advice sought from external professionals if required.

There had been three reported safeguarded incidents since the last inspection. These reported concerns around lack of staff training and people not receiving their calls on time and are incidents or examples of care where people may be at risk of abuse and neglect and require investigation. We saw the agency had assisted the Local Authority safeguarding team with investigations and effective action had been taken. The agency had a safeguarding policy and procedure and the Local Authority's procedure for the protection of vulnerable adults.

There were arrangements to help protect people from the risk of abuse. Where care staff undertook shopping for people receipts were kept of purchases. A person who had help with shopping from a member of the care team told us, "We go shopping together and (carer) makes sure that I have the correct change and receipts for my purchases."

We asked to look at some financial records for a person whose finances were managed by the agency. These records were not up to date. This was brought to the attention of the manager and rectified during the inspection.

Care staff informed us their induction included the protection of vulnerable adults and that safeguarding training was on-going. The training plan confirmed this and provided dates of staff attendance. Care staff told us what constituted abuse and were clear about the reporting arrangements for any concerns. Their comments included, "I would report something if it was wrong" and "I know who to speak to and would speak up."

We looked at how medicines were managed by the agency; this included reviewing seven people's care packages. Information about the support people needed with their medicines was recorded in their plan of care and procedures were in place for the recording of medicines that care staff administered. Medication administration records (MARs) were clear and accurate. We checked a sample of medicines against the corresponding records and these showed that medicines had been given correctly. A separate MAR recorded medicines that were not blister packed and also any PRN (as required) medicines. Blister packs provide a package system of medicines to help ensure medicines are given on the right day and at the right time.

Medication care plans were in place and these identified the level of support people needed with their medicines. For example, care staff to prompt or administer medicines. Some risk assessment had not been updated to reflect the level of support people needed and this was brought to the manager's attention. Discussions with the manager and care team however confirmed their knowledge around the level of support people needed with their medicines. Care staff told us how they administered medicines to people and recorded the medicines they had given. A member of care staff told us they returned some medicines to a pharmacy as the labelling was unclear and this had the potential to affect the person's safety.

The staff training plan showed care staff had received medicine awareness training. Care staff we spoke with told us they received this training and their medicine practice was checked to make sure they were administering medicines to people safely. We saw records that confirmed this. A medication policy was available and subject to regular review.

Audits were carried out to check on the safe management of medicines and to ensure safe standards were maintained. Where discrepancies were found, the audits showed the actions taken to improve medicine practice and reduce the risk of re-occurrence.

Staff informed us they had access to protective clothing. For example, gloves and aprons when providing personal care and meal preparation.

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Good

Is the service effective?

Our findings

People who used the services of the agency told us they were happy with the standard of care and support they received. One person described the care staff who visited them as "Terrific." Other people's comments included, "We have a core team of staff who usually come, and they are always on time – sometimes when other carers cover, things can go wrong", "My regular carers definitely understand my needs" and "The staff always stay as long as they are supposed to and do everything I need; they` re great." Relatives said, "I could not speak more highly about the carers, they do everything we ask and more" and "I have been here when the carers are here and they are always on time and do what they have to."

We looked at the care and support people received from the agency. We did this by speaking with people about the care they received, talking with relatives and looking at the information recorded in five care files about people's health needs.

Care documents provided information about people's medical conditions and the agency liaised with health and social care professionals to support people if their health or support needs changed. For example, GP, district nurse team, social services and community psychiatric nurse (CPN). Care staff told us they liaised with relatives when needed and advised them if there was a change to the plan of care or people's medical needs. Communication with relatives was recorded.

We asked the training officer to tell us about the training the care staff received. They told us the care staff had access to an on-going training programme in all topics considered mandatory by the agency. This included moving and handling, first aid, safeguarding adults, medicine awareness and dignity. The training programme helped to ensure staff had up to date knowledge and skills related to their job role to provide safe support. The training plan evidenced course dates and staff attendance; a system was in place to track training and to notify care staff when their training needed renewal.

We checked the staff training matrix and saw those we looked at had completed a thorough induction. We were provided with a copy of the induction programme and this included shadowing a senior staff member before the new employee was allowed to attend calls unsupervised. The induction training included safeguarding, moving and handling and medication administration. Staff we spoke with confirmed they had completed an induction, which included appropriate training. One staff member told us, "I have not been here long but I love my job, I get all the support I need and the training has been really great" and "My induction was really good, I am still on my probationary period, but up to now it` s all been great."

Care staff told us they had access to a good training programme and supervision. A member of the care staff described the training and support they received as 'spot on'. Another member of the care team said, "We get regular supervisions, every couple of months and they are very hot on training."

The training organiser was arranging dates for end of life care and also a training programme around supporting people with dementia was underway. Not all staff received an appraisal in 2014 and the manager was aware of the need to arrange appointments with the staff to action this. We saw dates of staff supervision meetings and care staff told us these were arranged every few months. Supervision is when staff meet with their manager to discuss their performance, to identify any training needs and to receive support with their day to day work. Care staff told us they could attend the office if they wanted to discuss an issue and that they had good support from the management team. A member of the care team said, "The agency is supportive, they will always listen."

The manager informed us 65 staff worked for the agency. They told us 35 care staff had completed or were in the final stages of their NVQ (National Vocational Qualification) in Care/Diploma at Level 3 and 14 staff will be registered to undertake an NVQ from April 2015 onwards.

The manager informed us that time was spent matching care staff with people who used the service. This included considering staff skills and experience and also ensuring people received support from the same staff team to ensure consistency.

People also told us the care staff understood their needs and preferences. People's care needs were recorded in a plan of care in an individual care file in their home and a copy kept at the agency's office. A person informed us how they were involved with their care plan.

With regards to people making their own decisions, people we spoke with informed us they were able to do so and

Good

Is the service effective?

were involved as much as possible regarding decisions about their welfare. We saw that generally people's consent to care and treatment had been documented. The manager informed us that the Mental Capacity Act (2005) was covered in 'general terms' though staff induction and also safeguarding training. The Mental Capacity Act (2005) is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare of finances. We discussed with the manager and were show documents relating to 'best interest' meetings which had been held by the agency with external health professionals and other parties to ensure a person's safety and rights. Care staff told us about the importance of obtaining people's consent prior to assisting them with daily activities.

A number of people received support with their meals and care staff told us they would report back to relatives and also the agency if a person's appetite was poor. Care documents recorded nutritional support and preferred meals.

The office staff undertook staff handovers from the person 'on call' so that information was passed on and adjustments made to calls or to follow up on queries from people who had contacted the agency.

Good

Is the service caring?

Our findings

We asked people who used the services of the agency to tell us about the staff. People told us they were happy with the staff and they got to know them well. A person said the carers were trained well, they were treated with dignity and respect and the carers knew what was important to them. People's comments included, "If I ever need someone to care for my parents I would choose Delta Care", "The carers speak in a calm and polite manner", "The staff speak to me politely", "The carers are kind and polite in their approach, the curtains are always closed when they carry out my personal care" and "The carers who normally come are absolutely wonderful, they are so helpful and caring." Relatives' comments included, "You could not find more caring staff, they are really superb and can`t do enough for us and I mean that" and "The staff are very patient and attentive; they do genuinely care. I would go as far as to say they are passionate about what they do."

During our inspection we spent some time with people (with their permission) and care staff who were conducting a call. Care staff knocked on people's doors before entering their home. Care staff were seen to communicate with people in an individual way and were patient, respectful and supportive in their approach. People were escorted to their bedroom to receive personal care and care staff gained their consent before proceeding to assist them.

Care staff we spoke with demonstrated a good understanding of people's care needs and positive regard with how people wished to be treated and supported. A member of the care staff said, "After a while, because I have been coming here for so long, you just know what needs to be done but I ask anyway in case (person) needs something else."

Care staff told us where possible they supported the same people which they considered important in building a good working relationship and this helped them to be familiar with their care.

With regards to people's rights to dignity, a male member of the care team told us that people were given a choice whether they would prefer to receive support from male or female staff. They went on to say that intimate personal care was always provided by female staff, as a mark of respect. A person used the services of the agency told us they had been asked if they would be prefer to receive support from a male or female carer. They informed us, "Yes, I was asked and if a male carer did come it would just be at lunch time. It`s always one of the girls of a morning when I like to get a shower."

The agency has a policy on advocacy and the manager informed us they advised people of the local advocacy services and how to access these services.

Good

Is the service responsive?

Our findings

Care staff were knowledgeable about people's support needs to provide support in accordance with individual need. If a person's needs changed care staff told us they would inform the relatives, the manager and also call for medical assistance if a person was unwell. The manager gave us an example of a change in a person's mental wellbeing and how they had responded seeking advice from external professionals. We saw timely actions had been taken to ensure the person' safety and wellbeing.

People told us they received care and support in accordance with their needs and wishes. For example, a person said they were able to make choices about the time the time they got up and went to bed. They also said the care staff came early if they had a hospital appointment. Another person told us they could have 'extra time' with the care staff if needed. People told us their opinions were sought regarding their care needs and they received support in a timely way and in a way which they liked. A relative told us how their family member's needs had changed recently and how the agency immediately organised the required support. We observed care staff encouraging people to be independent and providing assistance as needed.

We looked at seven care files to see how the care was assessed, planned and delivered. The manager and/or care coordinator completed an assessment of need prior to people receiving a service. Some care files showed documentation from external professionals, outlining the health and social care needs of the person and the required care package. The assessment of need and discussions with the person and their family, if appropriate, were used to form the plan of care which outlined how the care needs were to be met. A person told us, "The regular carers understand my needs and are very caring in their approach. My care plan was discussed with my relatives at the time of the care being implemented."

The care plans we saw varied in detail, however overall there was evidence of a review and they provided information to the care staff to help support people. We discussed with the manager the need for more 'person centred' plans (care plans tailored to the individual) so that the care staff had a fuller more detailed picture of how people wished to be supported. Some risk assessments had not been updated and we brought this to the manager's attention to action.

The manager informed us that if there was not a member of the care team available then they or other members of the management team would undertake the calls. A care coordinator advised us they were not purely office based and spent time undertaking needs assessments, providing support to people, overseeing the staff rotas and dealing with day to day issues. We saw that calls from people and relatives were recorded, for example, a late call, change of time of call and medication query. Responses were made as soon as possible.

The agency had a complaints policy and procedure which was made available for people in their own home. People and relatives we spoke with were aware of how to make a complaint. A person said, "My carers just get on with the job, they are more like friends. I have never had to complain but know how."

We looked at the complaint file. Three complaints had been received by the agency since the last inspection and these had been investigated and response made. Care staff told us that if a person reported a concern they would advise the 'office' immediately and record it. A person who used the services of the agency said, "I have been with Delta about two years now and at first things were not good but I rang the office and (agency staff member) came out to see me and did everything I asked including changing one of the carers." In respect of one comment made by a person we spoke with we brought this to the manager's attention during the inspection. They informed us they would look into the issue raised.

The agency had arrangements to seek feedback from people and their relatives about the service. Several people we spoke with told us they had received a survey to complete but had not been provided with any feedback or an outcome. We were shown the Quality Assurance Questionnaire Report January 2015. This included sending copies of the questionnaires to relatives who lived abroad and other parts of the country to ensure all parties were included. 201 questionnaires were sent out and 94 (47%) returned. The questionnaires covered areas such as, satisfaction for the service, support from the care staff, visit times and how to complain.

Good

Is the service responsive?

The results of the questionnaires were analysed with satisfaction percentages awarded. The percentages indicated a good level of satisfaction for the service. Where issues were identified the manager informed us of the actions being taken. For example, the manager reported there was still work to be done in respect of improving communication with the office and advising people of a change of time of a person's call or change of carer.

Good

Is the service well-led?

Our findings

The registered manager was supported by senior staff who were accountable for areas such as, staff training and quality assurance. Senior staff told us about their job roles, how they supported the care staff and provided feedback to the manager to help assure the service provided. On the whole care staff we spoke with told us the manager was approachable and their comments included, "I really enjoy my job", "The agency is now more organised" and "I enjoy working in the community."

The manager informed us of new initiatives they had introduced. For example, 'carer of the year' and 'carer of the month'. We saw a dignity champion had been appointed to oversee people's rights to dignity and respect. The dignity champion and manager had attended a dignity workshop and fact sheets were available for staff referral.

There was no formal system for auditing accidents and incidents but we were shown how these were recorded and reported through to the office. A health professional record was being introduced to record visits by health care professionals (this information was recorded in the daily reports) and the manager said this would also be used for recording incidents to provide an over view for auditing purposes.

We asked the manager to tell us about future developments. The manager told us they were looking to develop the service user guide (brochure about the agency) in a user friendly format and introduce a new starter pack for staff. This will include all the information they need when they commence employment. The manager informed us they were looking to appoint a dementia champion to lead the way forward in 'best practice' for dementia care. The manager had introduced a manager's report but was looking to change the format as the current one was lengthy. This had not been completed recently but previous reports provided a good over view of the service in accordance with the domains which we inspect; safe, effective, caring, responsive and well led.

The majority of care staff we spoke with felt well supported by the manager and the office based staff. Their comments included, "There is always someone at the end of the phone", "You can phone up for advice at any time", "I have no problems with how the agency is run", "We get good support from the coordinators and the manager" and "I wish I had applied for a job years ago. It`s all been good since I started and if I need anything, like training, I just ask."

We looked at the quality assurance systems in place to monitor performance and to drive continuous improvement. This included a number of regular audits (checks) undertaken by senior staff. For example, care records and medicine audits, 'spot' checks to monitor staff performance, satisfaction questionnaires for people and their relatives and operational and staff meetings. The visits conducted to people's homes enabled the quality advisor to assess whether people were happy with the care they were receiving, to review care documents and to check the staff were meeting their needs. Records were detailed and gave a good over view of the visits. Where actions were needed these had been actioned and lessons learnt shared with staff. A member of the care staff said, "We get regular spot checks from the coordinators and they talk to the service users to see if anything has changed, or they need anything else – it`s ongoing."

We asked people and relatives if the agency checked with them to make sure they were happy with the service. People's comments included, "The managers come out every so often and check we are happy and ask about anything we may need. It`s not long since one of them was here" and "One of the managers has given us her personal phone number and told us to ring anytime if we need help, how good is that." Relatives said, "We have all the contact details to ring if we need any help. The manager is really good at Delta Care, the manager has done so much for us" and "Whenever one of the managers comes out to see us, they ask if we are happy with the service, and if not, or we had any complaints, I know they would do something about it."

Satisfaction questionnaires were sent out to people and their relatives on an annual to get formal feedback about the service.

Staff meetings were arranged for the staff teams who covered different geographic areas and also senior management held meetings. Minutes from meetings were structured and covered issues such as, training, rotas, medicines, mental capacity and care plans. The last staff meeting was held in January 2015 and an operational meeting in February 2015.

Good

Is the service well-led?

Care staff told us about the whistle blowing policy and they told us they would not hesitate to use it.