

G P Homecare Limited

# Radis Community Care Wolverhampton

## Inspection report

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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 ●

# Summary of findings

## Overall summary

Radis Community Care Wolverhampton is registered to provide personal care for people who live in their homes. At the time of our inspection 163 people were receiving personal care.

The inspection took place on 27 and 28 July 2016 and was announced.

A registered manager was 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 was run.

People enjoyed the company of staff and said they found the staff to be kind and helpful. People told us they regularly were cared for by staff they knew well and had built good relationships with them. People said they could rely on staff to provide the care they needed at the times agreed. Staff cared for people in ways which helped them to maintain their independence. People told us staff treated them with respect and dignity and encouraged them to decide how they would like their care to be planned and given.

People were cared for in ways which promoted their safety and plans to manage people's individual risks were in place. Staff understood what actions to take if they had any concerns for people's safety. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely. Risks to people's health were assessed and people were assisted to receive healthcare support when this was needed. The registered manager had worked with other organisations and plans had been developed to help people to stay as safe as possible.

Staff had the knowledge and skills they needed to care for people and were supported to obtain further training to meet people's needs. People were encouraged to have enough to drink and eat by staff who knew their preferences and dietary needs.

Staff understood how to make sure people were in agreement for care to be given. Where people were not able to make all of their own decisions the views of their relatives and other professionals were listened to. People's care plans and risk assessments were updated as their needs changed, so they would continue to receive the care they needed in the best way for them.

People knew how to raise any concerns or complaints about the service. Systems for managing complaints were in place, so any lessons would be learnt.

Staff understood how the registered manager expected people's care to be given so people would receive the care they needed in the way they preferred. Staff told us they felt support by the registered manager and senior staff.

People and their relatives were encouraged to provide their views on the quality of the service. The provider and registered manager checked the quality of the care people received. Changes had been introduced to develop people's care and the service further.

## 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.

People were cared for by staff who took action if they had any concerns for people's safety. Staff understood the risks to people's safety and supported people in ways which reduced their risks. There were enough staff available to care for people and people were supported to have the medicines they needed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the skills and knowledge needed to care for them. People were encouraged to have enough to eat and drink. Staff checked people agreed to the care offered and people's rights were promoted by staff. Staff worked with health professionals when required so people's health needs were met.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the staff and the relationships people and staff had built. Staff worked in ways which promoted people's dignity, independence and privacy. People were encouraged and supported to decide how they wanted their day to day care to be given.

### Is the service responsive?

Good ●

The service was responsive.

People identified what care they wanted and how their care was to be given. Staff worked in ways which responded to people's changing needs. People were confident if they raised any concerns or complaints staff would take action to address these.

### Is the service well-led?

Good ●

The service was well led.

People were positive about the way the service was managed. Staff understood their roles and felt supported to provide good care. Checks to monitor the quality of the service provided were regularly undertaken and action taken to develop the service further.

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# Radis Community Care Wolverhampton

## **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 27 and 28 July 2016 and was announced. The provider was given 48 hours' notice because the organisation provides homecare services and we needed to be sure someone would be in. One inspector carried out this inspection.

We reviewed the information we held about the service and looked at the notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with 19 people who used the service by telephone to gain people's views about the care and support they received. Not all people who used the service were able to talk to us directly so we spoke with two relatives by telephone. We spoke with the registered manager, one provider representative, a member of senior care staff and five care staff.

We looked at five records about people's care and medicines, four staff recruitment files and staff training records. We also looked at records about people's safety. We checked records showing the actions the registered manager had taken when people or their relatives had raised concerns or complaints. We also looked at the checks the registered manager made to satisfy themselves the service was meeting people's needs. These included questionnaires people had completed about the quality of the service.

# Is the service safe?

## Our findings

People said they were supported by staff who knew their safety needs well. One person told us knowing which staff were due to support and having regular staff them helped to reassure them. Another person told us how the risk of infections was reduced by the actions staff took. The person said, "They (staff) always wear their uniform and use aprons and gloves." The relatives we spoke with were positive about how their family member's safety needs were met.

Staff had a clear understanding of the actions to take if they had any concerns for people's safety. Staff we spoke with knew the different types of abuse people may experience. Staff gave us examples of concerns they had raised and explained how these had been acted upon. This included where staff had raised concerns about risk of harm to people's well-being not being met by others. All the staff members we spoke with were confident if they raised any concerns with senior staff plans would be put in place to help people to stay as safe as possible. We saw where staff had raised concerns the registered manager had worked with other organisations, so people's safety needs would be met.

People we spoke with said they discussed risks to their safety with staff before they began to receive care. People also told us they talked about risks to their physical health and the support they needed during their care reviews. People told us after they had discussed their safety needs with staff plans were put in place to help to reduce their risks. One person we spoke with explained how their physical health had been improved with support from staff. The person told us this was because staff regularly prompted them to take the medicines they needed to remain well.

Staff told us about the actions they took to help people to stay as safe as possible. One staff member told us, "Sometimes, it's the little things, like picking up their milk, so they don't have to stretch and bend. They (people) are less likely to fall, if you do this. It's about gentle suggestions." Another staff member explained how they made sure people and their homes were secure before they left. A further staff member said, "You always ask about their (people's) safety needs."

Relatives told us if staff had any concerns for their family member's well-being or safety they were contacted by staff. One relative told us staff had arrived to provide care and discovered their family member was not at home as expected. The relative told us, "The carers (staff) telephoned us straight away to say they were missing." The relative went on to explain how staff had been involved in helping to locate their family member who was returned safely home. The risk assessments we saw showed us staff had worked with people and their relatives, where appropriate. This was to establish if any action was needed to promote people's safety and well-being. We saw people's risk assessments had regularly been reviewed, and plans put in place to help people to stay safe as their needs changed.

Staff explained about the checks they did to help people to stay as safe as possible. These included checks to make sure people's likelihood of trips and falls was reduced by taking action if they saw any items which may be in people's way. Staff gave us other examples of how they helped to keep people as safe as possible. Two members of staff told us about the checks they made on the equipment used to help people to move in

safe ways. One member of staff told us about the arrangements which had been put in place to keep one person safe. The staff member told us they always made sure they knew the person was at home and safe before they left their call, as this was particularly important for this person's safety.

People we spoke with said they received care from regular staff, and this helped them to feel safe. One person told us, "I always have the same two carers (staff) for the morning call." People explained when their regular staff were absent they were often supported by staff who had worked with them before and knew their safety needs. Staff told us they regularly cared for the same people so they were able to get to know people and their needs well.

People and their relatives said they could rely on staff arriving when planned and there was enough staff to meet their care and safety needs. One person told us, "They (staff) come when they say they are going to." People explained if there was any occasional delay in staff attending they were contacted by senior staff. One person told us their regular staff member had been detained because of emergency help required at a previous call. The person told us arrangements had been made so they would still receive the care they needed from another member of staff. Staff we spoke with confirmed enough staff were available to support people if staff had been unavoidably detained. Staff explained where possible additional staff who knew people well were sent to subsequent calls. Staff told us this was important, as people felt reassured if they knew the staff caring for them.

The registered manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the registered manager had obtained references for staff, so they were assured new staff were suitable to work with people.

The majority of people we spoke with managed their own medicines. Some people were supported by staff to take their medicines. One person told us, "Staff always remind me to take my medicines, and get my box out so I don't forget." The person told us they really valued this, as they needed to make sure they took the medicines they needed to remain well. Another person told us, "They (staff) ask me if I have taken my tablets, regularly."

Staff told us they were supported to make sure people received the medicines they needed in a safe way. Staff told us this included the information they were given so they knew which medicines people needed to take to stay well and how people preferred to take their medicines. All the staff we spoke with told us they had received training in how to support people to take their medicines. Staff also explained their competency to support people to have the correct medicines was checked.

Staff knew what actions to take if they had any concerns for people's safety around medicines. One member of staff gave us an example of how plans had been put in place to support one person with their medicines as their needs changed. Another staff member told us about the actions they had taken to help one person who looked after their own medicines. The staff member explained the person had accidentally taken too much medicine and outlined how they had supported the person, so they recovered as quickly as possible.

We saw staff kept clear records of the medicines they had supported people to take, and the records were regularly checked so the registered manager had assurance people had been given their medicines in the correct way.



# Is the service effective?

## Our findings

People told us staff had the skills to care for them. One person told us about the care they needed and said they received the care they needed as, "They (staff) know what they are doing." Another person told us staff had to have very specific skills so they would receive the care they needed. The person told us four members of staff had received this training. The person said, "I always get one (staff member originally trained) and one newly trained up. I never get one that has not had the training."

Staff said they had received training before they cared for people, and their training was regularly updated, so they had the skill to care for people. One staff member explained about the types of training they had done and said, "The training is excellent. There's lots of one to one learning, it's been very good." Another staff member told us, "I am happy to have the level of training I have." The staff member highlighted how this had increased people's confidence when they were assisted to move, and helped the staff member to promote people's safety.

The registered manager explained members of staff who had completed recognised qualifications received extra pay. This incentive encouraged staff to develop their skills further for the benefit of the people they cared for. We saw the registered manager had also asked people if they were satisfied with the skills of the staff supporting them. We saw people were positive about the skills of the staff caring for them.

We spoke with one member of staff who had recently started to work for the service. They told us they had completed induction training before they started to care for people, so the registered manager would be assured they had developed the skills they needed. The staff member told us they also had the opportunity to work with more experienced staff when they first started to support people. The staff member explained by doing this they were able to find out the best way to care for people. The staff member said as a result of the support they received, "I am well looked after." The registered manager told us the length of time new staff were supported by experienced staff was varied in order to meet people and staff's needs.

All the staff said they were able to obtain immediate advice from senior staff and colleagues if they had concerns for people. Staff told us they were also able to discuss people's care needs and their own training needs during the one to one meetings they had with their managers.

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.

People we spoke with explained staff always checked with them to make sure they were happy to receive the care planned. One person said, "They (staff) do as I ask." Staff we spoke with explained how they made sure people who did not communicate verbally were happy to receive the care offered. One staff member described how they watched people's reactions, so they could be sure they were happy to receive the care

offered. Staff told us they had received training in order to support them to understand people's rights and how MCA affected how they needed to support people.

Staff gave us examples of the actions they took if people declined care. These included encouraging people by offering their care to be given in different ways. Staff gave us examples of actions they took if people regularly declined key areas of care, such as support with their medicines. Staff told us action was taken by senior staff if there were concerns for people's well-being. One staff told us about the actions they had taken when one person had refused care. The staff member explained it was very unusual for the person to refuse the care offered. As a result of the care and support given to the person it was established they were not physically well. The staff member explained how actions had been taken to promptly obtain support for the person, so they recovered as quickly as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive someone of their liberty must be made to the Court of Protection. Senior staff we spoke with understood the role of the Court of Protection and how this would potentially affect the way they cared for people. The registered manager had not needed to make any applications to the Court of Protection at the time of our inspection.

Where people needed support to have enough to eat and drink this was given by staff so people remained well. One person we spoke with said they did not need regular support from staff to have enough to drink, but said, "Staff always make me a cuppa." Staff knew if people needed any particular assistance to have the right things to eat and drink, or any particular dietary requirements. One staff member we spoke with explained how they encouraged people to make their own choices about their food, with their support. Another staff member explained how they encouraged people to be involved in preparing their food, so their skills and independence was promoted. We saw records which showed us staff worked with health professionals where people needed particular types of support in order to have enough nutrition in ways which were safe for them.

People gave us examples of how staff supported them to remain as well as possible. This included encouragement and support so people would remain as physically independent as possible. People were confident if they needed help because of ill health this would be provided by staff.

Staff we spoke with knew the risks to people's health and gave us examples of the actions they took to support people. Staff told us because they knew people they cared for well they were able to see if they were ill. Staff told us how they worked with people and their families so they would be encouraged to seek medical help when people needed it. Staff told us there were clear expectations about how they were to support people in emergency situations. This included contacting paramedics if people were very ill, or encouraging them to see their GPs if they required on-going support. Three staff members we talked to explained how they followed the advice provided by health professionals such as district nurses, so they could be sure they were caring for people in the best way possible.

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and were positive about the relationships they had built with the staff who regularly cared for them. One person told us, "I like the fact that they care, (and) are respectful". Another person described the staff who cared for them as, "Wonderful" and a further person said of staff, "I have never had a bad one." Another person said, "They (staff) are all lovely." Relatives described the staff as caring, and said staff were kind and considerate. One relative told us, "They do over and above." We spoke with a relative whose family member had previously been cared for by staff. The relative told us, "They (staff) really loved my husband."

Staff spoke warmly about the people they cared for and told us they enjoyed caring for people. One staff member said how important it was to get to know people well. The staff member gave us an example of how knowing people had helped them to reassure one person in the best way for them when a major change happened in the person's life. The staff member said, "You need to be understanding." Another staff member told us it was important to make sure they got on well with people so, "You can support them if they are lonely, or want to do particular things. You find out about their hobbies, and who is important in their lives." A further staff member explained how they considered the time they spent with people they cared for to be, "Special time." The staff member told us how they celebrated important events with people, so they knew they were valued.

People told us they had the opportunity to start to get to know senior staff before their care started, and described how they had begun to build relationships with the staff who cared for them. People and their relatives told us staff always made time to talk to them. One person we spoke with explained how well they got on with the staff who cared for them and said, "[Staff member's name] is very good, and chats to me about football and things that are important to me." Another person said they enjoyed sharing a joke with staff, and looked forward to the time they spent together because they enjoyed each other's company so much.

Staff told us they got to know about people's life and how they liked their care to be given by checking their care plans and chatting to them. Staff explained where people were not able to tell them directly about things which were important to them they talked to people's relatives and staff who knew people well. By doing this, staff were able to find out how people liked their care to be given. One staff member we spoke with said they also had the opportunity to find out about the best way to care for people when they came in to collect their rota. The staff member told us this gave them the opportunity to talk to senior staff about the best way to care for people when they joined the service.

People we spoke with told us how helpful people in the office were if they needed to contact staff. One person told us some of the staff in the office had previously cared for them, and this made them feel comfortable when they wanted to talk to the office staff. Another person told us, "Office staff are polite and understanding." We heard office staff talk to people during our inspection. We heard staff were interested in what people wanted to say and took time to ask how they were and to reassure them when they needed this.

People told us they were encouraged by staff to make decisions about their day to day care. People told us staff listened to their decisions and acted on them. Decisions people made included what they wanted to eat and drink, and how they liked to be supported to take their medicines. Relatives said staff listened to the choices their family members made and relatives' suggestions. Relatives said as a result of the actions staff took people were able to make their own day-to-day decisions with support from staff where this was needed.

One staff member told us, "You listen to people's preferences, so they get the care they want". Staff explained how they supported people to make their own day to day decisions. One staff member told us, "You look for non-verbal clues to make sure people are happy." Another staff member told us how they showed people objects to choose from so they could be sure people were supported to make their own day to day decisions, such as what to eat. A further staff member told us where people could not make their own day to day decisions they supported people based on their known preferences. The staff member told us this included calling people by their preferred names.

People told us staff treated them with dignity and respect. One person told us, "They (staff) consider my dignity needs, consistently, even new staff. They understand it's about my self-esteem." Another person said, "We work together, so I get the privacy I need." Staff gave us examples of how they sensitively supported people to maintain their dignity. These included making sure people had privacy and were not interrupted during personal care. One staff member explained the actions they took so one person knew their home environment was respected. We saw people's care plans provided guidance to staff in the best way to support people so their dignity was maintained and they felt respected.

People told us because the way they were cared for by staff their independence had been maintained. One person told us, "They (staff) do the bits I ask them to do, and I do the bits I can." Another person explained some of the actions staff took to help them to maintain their independence and said, "The only reason that I have got this far is because they care so much, they are wonderful". One staff member told us, "You try to help people to be independent, you help them to manage change." Another staff member gave us an example of how one person was supported to maintain their independence through support to continue to manage their own medicines.

## Is the service responsive?

### Our findings

People told us they were encouraged to decide how their care was to be given and were involved in planning their care. People explained they discussed their care needs and risks to their well-being with staff before they started to receive care. One person told us, "We agreed the best way for my care (to be given) before they started." The person went on to tell us, "It's a good service. Everything you ask them to do, they do, and ask if they can do anything extra." Another person told us, "The carers (staff) are client orientated, so I get the care I need in the way I prefer."

One person told us, "They (staff) are intellectual, culturally sensitive." One relative told us staff knew their family member's preferences and risks well. The relative said, "The continuity is so important. [Person's name] feels comfortable with them and does recognise them, even with his dementia." The registered manager explained people's needs and preferences were considered when staff were allocated to them. Staff explained how they found out how people wanted their care to be given by chatting to people, their relatives and by checking people's life histories and care plans. Staff gave us examples showing they knew about the risks to each person and their preferences for how their care was given. Staff told us how they used this knowledge to guide their daily work. One staff member explained how they supported one person by putting items in agreed places, as they knew this helped to increase the person's well-being.

Staff we spoke with told us where people could not make all of their own plans they supported people based on their known preferences, so people would be given their care in the best way for them. Staff told us how some preferences, such as the gender of staff people wanted to care for them, were linked to the way staff were allocated to care for people. We saw people's preferences and decisions were recorded in their care plans.

People's risk assessments and care plans provided clear guidance for staff to follow, so people would be supported in ways which promoted their independence and well-being. For example, we saw staff had been supported to understand how to care for people so their independence would be promoted. One person told us about the support provided by staff so they were less anxious. The person said, "The first time I went in a taxi they (staff) followed me to make sure that I got to the right place."

Staff told us people's care plans helped staff to understand what was important to people. One person told us staff knew their interests, and staff always took time to talk to them about this. One person told us because of the way their care was planned, "It means I can go out and do things." We also saw where advice had been given by health professionals this was recorded, so staff knew how to care for people in ways which promoted people's health and well-being.

People said staff took their views into account when their care was reviewed and gave us examples of how staff supported them as their needs changed. One person told us they had asked for elements of their care to be delivered in different ways. The person told us staff took the action they wanted, so their care was given in the best way for them. Another person we spoke with explained how staff had permanently changed the times of their calls, at their request. The person told us this meant they were able to attend regular

appointments so they were able to do things which were important to them. One person said of their planned care review, "I am confident I will get what (care) I want." A further person told us, "I oversee everything, they do as I ask. We discuss what needs to change and they get on with it."

Staff told us there were effective systems in place for them to share information with senior staff as people's care needs changed. Staff told us if people wanted to change elements of their care they were able to contact senior staff immediately by telephone so plans for people's care would be changed quickly. Staff we spoke with explained how they shared information with other staff, for example when regular staff had planned breaks from work, so people would continue to receive their care in the best way for them. One staff member told us, "We listen to people and make the changes they need. You need to be flexible if someone needs to change their call time, and about which staff support them." The staff member told us this included making sure people were supported by the gender of staff they preferred.

None of the people or their relatives we spoke with had made any complaints about the service. People told us if they had any concerns they were comfortable to raise these with the care or office staff. People told us they had been given information on how to raise any complaints they had.

Staff we spoke with knew how to support people and their relatives if they wanted to make any complaints about their care. One staff member told us how they had supported one relative to make a complaint about the care their family member received. We saw the registered manager had systems in place to review any complaints received. We saw where complaints had been received these were investigated and responded to promptly. Action had been taken and lessons learnt so the service would develop further.

## Is the service well-led?

### Our findings

Every person we spoke with told us they would not have any hesitation in speaking to senior staff if they needed to, and people told us they were confident senior staff would take action where needed. Many people highlighted how good communication with the office and senior staff team and them was. One person told us, "If there are any problems they always call us." Another person told us, "I always get my rota, so I know who is coming." A further person said, "Carers (staff) always pass on any changes to us."

Many people were complimentary about the way the service was managed. One person said the way the service was managed meant, "It's a really good service." Another person told us, "I have absolutely no complaints, so it must be managed well." A further person said, "It's very well-managed. I was fearful because of the change (of provider), but I have the same staff and some new ones, and they have all excelled themselves." All but two of the people we spoke with were positive about the way the service was currently managed. One person told us, "For the first six months the carers were consistent, it has changed now and there are different carers." The person told us this meant they sometimes had to re-explain to staff how they preferred their care to be given.

The registered manager told us their organisation had recently started to care for people who had previously been supported by another provider. The registered manager explained not all of the staff who were anticipated to move from the previous provider had done so, and this had affected which staff now supported some people. The registered manager told us about the measures they were taking to address this, so everyone in receipt of their care would have regular carers. This included recruitment of staff with the right skills to cover particular geographical areas.

People told us the way staff were managed led to staff focusing on their needs and preferences. One person told us as a result of this they felt valued and said, "They (staff) bolster my confidence." One relative said the culture the registered manager had created meant, "They (staff) do over and above".

Staff we spoke with told us they were given clear expectations about putting the needs of the people they cared for first. Two staff members we spoke with gave us examples of when they had been supported to spend more time with people, for example, because they were ill or anxious. Staff told us senior staff supported them to assist people in this way by making sure any later care calls were allocated to other staff. One staff member told us, "I have never been chastised for taking more time with people than their care plan says, if they need this." A newer member of staff said, "I do feel supported and able to ask, you just have to pick up the 'phone to the office." Other staff we spoke with told us they were able to obtain advice from the on-call system, if senior staff were not immediately available, so they were able to obtain support and people would receive the care they needed.

Staff told us they felt senior staff took their views on how the service was run into account and they received recognition when they had made an impact on the quality of people's lives. One staff member told us, "You get recognition verbally, and in the newsletter."

People we spoke with told us they received calls from senior staff to check they were happy with their care. People explained they were encouraged to let senior staff know if they had any suggestions for their care or to develop the service further as part of these calls. We also saw relatives had supported their family members to make suggestions for developing their care further. For example, we saw staff had acted upon a suggestion one relative had made so their family member would receive their medicines in the best way for them.

Staff said they were urged to raise any concerns they had for the people they cared for. Staff gave us examples of how the senior team and registered manager had worked with external organisations effectively. Staff told us as a result of this people's needs were met through working closely with other specialists. One staff member told us, "They (senior staff) follow things up well, for example, if people need more time, they will follow this up."

Staff also told us they were encouraged to make suggestions to develop the service further. One staff member gave us an example of how staffs' suggestion for changing how people's medication was recorded was adopted. The staff member told us as a result of this, "Forms are pre-printed, so we save time and can chat to people more." Another staff member told us their suggestions regarding extending staff's opportunity to work alongside more experienced colleagues had been adopted. The staff member told us, "This makes people and staff feel more confident about the care."

People also said, and we saw, the registered manager had sent questionnaires out to people so they could be assured people were receiving the care they needed. The registered manager explained the questionnaire had recently been updated at people and staff's suggestion, so it was more relevant to the service people received. We checked some of the questionnaires which people had recently completed. The feedback from people about the service they received was positive.

Staff told us about some of checks which were done so senior staff and the registered manager could be assured people were receiving their care in the best way for them. Staff gave us examples of some of the things which were checked. These included checks to make sure staff were using the right equipment to care for people safely, and checks on the medicines they gave to people. We saw checks were undertaken on the safe management of people's medicines.

The registered manager showed us some of the information they regularly sent to the provider. The provider explained how this information was used to spot any trends in the feedback people provided and checked complaints received and safety incidents. The registered manager and provider also checked records so they could assure themselves people were getting the care they needed at the times agreed. We saw where the provider or registered manager had identified any areas which could be improved action plans were put in place to support the service to develop further.