

Cheshire East Homecare Limited

# Cheshire East Homecare t/a Surecare Cheshire East

## Inspection report

Unit 3, Adelaide Street  
Macclesfield  
Cheshire  
SK10 2QS

Tel: 01625468522

Date of inspection visit:  
31 May 2018  
01 June 2018

Date of publication:  
02 July 2018

### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 31 May and 1 June, 2018 and was announced.

Surecare Cheshire East is a large domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection the registered provider was providing support to 117 people.

Not everyone being supported by Surecare Cheshire East received personal care. The Care Quality Commission (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 the inspection. A 'registered manager' is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection which took place in January, 2017 we identified a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 Care Quality Commission (Registration) Regulation 2009. The registered provider was awarded an overall rating of 'Requires Improvement'. Following the inspection we asked the registered provider to complete an action plan to tell us what changes they would make and by when. An action plan was submitted and during this inspection, we looked to see if the registered provider had made the necessary improvements.

At the last inspection we found that local governance systems were ineffective. The systems which were in place did not effectively monitor and assess the quality and standard of care people received. During this inspection we looked at the governance systems, audits and checks which were in place and found that improvements had been made. The registered provider was no longer in breach of regulation in relation to 'Good Governance' although further developments could be made to the area of quality assurance.

We have recommended that the registered provider reviews some of the quality assurance systems to further to improve the quality and standard of care being provided.

At the last inspection we found that the registered provider had not notified CQC of incidents that had happened in accordance with their regulatory responsibilities. During this inspection, the registered provider demonstrated their knowledge and understanding of the notification process and the different notifications they should be submitting. The registered provider was no longer in breach of this regulation regarding 'notification of other incidents'.

People and relatives told us that the standard and quality of care provided was safe. Risk assessments

contained the most relevant and up to date information and staff were knowledgeable in the area of safeguarding and whistleblowing procedures; they knew how to report any concerns and who to report their concerns to.

We found that there was sufficient numbers of staff on duty to meet the needs of people who were receiving personal care. We received positive feedback from people, relatives and staff about the staffing levels, how staffing levels were managed and how people generally received care from consistent and regular carers.

The registered provider's recruitment processes were reviewed. Staff records were organised and contained the necessary information required. The records we looked at had suitable references, previous employment history and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed are suitable to work within a health and social care setting. This enables the registered manager to make informed decisions about the suitability of applicants with regards to working with vulnerable adults.

Medication management procedures were reviewed. We found that the registered provider had improved the medicines processes following the last inspection. New medicine administration paperwork had been introduced, staff expressed that they had been fully trained and had their competency assessed on a regular basis.

Accidents and incidents were recorded and monitored. There was an up to date 'Accident Reporting' policy in place. Staff explained how they reported accidents/incidents and the processes they had to follow.

Health and safety policies and procedures were reviewed. Staff were provided with personal protective equipment (PPE) and were aware of the different infection prevention control measures that needed to be followed.

During the inspection we checked to see if the registered provider was complying with the principles of the Mental Capacity Act, (MCA) 2005. It was identified on the last inspection that staff did not understand the principles of the MCA and the importance of assessing people's capacity. People's ability to make decisions about the care they received was considered in line with principles of the MCA.

We reviewed how staff were supported with delivering the provision of care which was expected. Staff received regular supervisions, annual appraisals and there was an effective training package in place. Training, learning and development was encouraged by the registered provider and staff expressed that they felt supported.

The day to day support needs of people was well managed. We saw evidence of support being provided by external healthcare professionals such as GP, district nurses, occupational therapists and dieticians.

People's nutrition and hydration support needs were safely and effectively managed. People were regularly assessed, measures were in place to mitigate risk and appropriate referrals were made to external healthcare professionals. The guidance provided by external healthcare professionals was incorporated within care plans and staff were familiar with guidance which needed to be followed.

People expressed that they were treated with respect and received kind, compassionate and dignified care from all staff who supported them. Relatives also expressed that the care provided was of a high standard.

A person centred approach to care was evident. Care records were detailed, provided a thorough account of

the person's preferences, likes/dislikes and enabled staff to develop a clear understanding of the needs and desires of each person they were supporting.

A complaints policy and procedure was in place. We reviewed how complaints were responded to and processed. People and relatives knew how to raise any concerns if they ever needed to and were provided with the complaints process from the outset.

Systems were in place to gather feedback regarding the provision of care provided. People and relatives were encouraged to share their views, opinions and thoughts through annual surveys and regular observations and 'spot checks' were conducted.

The registered provider had a number of different policies and procedures in place. Policies contained up to date and relevant information and were accessible to all staff. Some of the policies we reviewed included medication administration, equality and diversity, safeguarding, infection prevention control and care planning.

## 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.

Risk assessments contained relevant information, provided staff with up to date information and were regularly reviewed.

Medication management procedures were safely in place; new paperwork had been implemented to support the application of topical creams.

Staffing levels were regarded as 'safe' and people expressed that there was enough staff to provide the support required.

Infection prevention control measures were in place and all staff were provided with Personal Protective Equipment (PPE).

### Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act (2005) were being followed accordingly.

Staff were encouraged to develop their skills and knowledge by attending different training courses. Supervisions and appraisals were routinely taking place.

People's nutritional and hydration needs were supported; the appropriate referrals were taking place to external healthcare professional when required.

### Is the service caring?

Good ●

The service was caring.

People expressed that the staff were kind, compassionate and caring. Relatives also said that the care provided was that of a high standard.

People expressed that they were treated with dignity and respect.

Confidential and sensitive information was safely stored and well protected.

### **Is the service responsive?**

The service was caring.

People expressed that the staff were kind, compassionate and caring. Relatives also said that the care provided was that of a high standard.

People expressed that they were treated with dignity and respect.

Confidential and sensitive information was safely stored and well protected.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

We have recommended that the quality assurance systems need to be reviewed in order to further monitor and assess the provision and quality of care being provided.

The registered provider sought the views and opinions of people they were supporting and created action plans to improve the quality and standard of care people received.

The registered provider was aware of their regulatory responsibilities and the requirement to notify CQC of any incidents which had occurred.

There was a variety of different policies and procedures in place which were up to date and contained the relevant information and guidance for staff to follow.

**Requires Improvement** ●

# Cheshire East Homecare t/a Surecare Cheshire East

## **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.

The inspection took place on 31 May and 1 June 2018 and was announced.

The provider was given 48 hours' notice prior to the inspection visit. Prior notice is provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information which was held on Surecare Cheshire East. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered provider, training manager, administrator, five members of staff, five people who was being supported and three relatives. We also spent time reviewing specific records and documents, including six care records of people who were receiving support, four staff

personnel files, staff training records, six medication administration records and audits, complaints, accidents and incidents, health and safety records, action plans, policies and procedures and other documentation relating to the overall management of the service.

## Is the service safe?

### Our findings

We received positive comments from people and relatives about the level of safe care provided. Comments received from people included "They [staff] are excellent, I couldn't fault them, they're just marvellous", "They really do look after me, I'm very safe yes" and "They're brilliant, they help me a great deal." Relatives we spoke with also said "Yes, it's safe, [person] receives the care needed" and "The care given is the standard it should be."

Each care record contained a 'review of care needs assessment and support plan' as well as the necessary risk assessments. Each person's support need and level of risk was identified from the outset. The staff were clearly informed of the risks which needed to be managed and the support which was required. For example, in one care record there was intricate details about how the person needed to be showered and the safest way this level of personal care needed to be provided. In another care record there was detailed information about the level of risk which needed to be managed when supporting a person with their nutrition and hydration support needs. This meant that staff were provided with a detailed level of information and people were receiving tailored support in relation to their health and well-being needs.

Each care record contained detailed information about each person's general level of health and well-being. Information included past and present medical conditions, support being provided by external healthcare professionals, communication support needs, nutrition and hydration needs, personal hygiene, mobility and continence support. The level of risk was appropriately assessed and the relevant support measures were in place to mitigate risk. Risk assessments were regularly reviewed and updated and staff expressed that records always contained the most up to date and relevant information.

We reviewed medication management processes during the inspection. Each person had a medication care plan and risk assessment in place. The risk assessment contained detailed information about whether or not the person was able to collect their medication, their ability to take their own medication, whether or not staff supported the person with the administration of medication, topical (medicated) cream information and the storage requirements of medication.

Medication administration records (MARs) were appropriately completed by staff. There was an up to date medication policy in place which contained important information, for example with regards to the administration of prescribed medication, disposal of medication, medication training and PRN (medication that needs to be administered 'as and when') information and guidance. All staff who supported people with medication administration had received the necessary training and staff were familiar with the safe medication procedures.

Since the last inspection, the registered provider had implemented new topical (medicated) cream procedures. This meant that all staff had to complete the necessary 'Topical-Medication Administration Records' (T-MARs) when they had applied medicated cream to the person's body. T-MARs contained sufficient information in relation to the cream which needed to be applied. We found that staff were applying creams according to the application instructions and there was a clear record of when the cream

had been applied. This meant that people's skin integrity was safely and effectively managed and records clearly indicated when cream had been applied and the area of the body it had been applied to.

The registered manager explained that monthly medication audits were completed as well as quarterly staff observations (spot checks). However, we did identify that audits and observations were not taking place as routinely as they should have been. We did discuss our findings at the time of the inspection and were informed that new quality assurance processes were due to be implemented.

We checked to see if the registered provider had safe recruitment practices in place. We reviewed four staff files and found them to be comprehensive and well maintained. Records included application forms, interview questionnaires, two suitable references, identification, terms and conditions of employment, as well as the appropriate Disclosure and Barring Service (DBS) checks. This showed that recruitment processes helped to ensure that staff were of suitable character to work with vulnerable adults.

People and relatives expressed that staffing levels were safe and support was always provided as and when it was due to take place. People told us that staff always arrived at the scheduled times and delivered the care which was expected in the allotted timeframe. One person expressed "There's definitely enough staff, I always have my calls answered, they're never missed and they always have enough time to be with me."

Staff explained their understanding of 'safeguarding' and 'whistleblowing' procedures. Staff explained how they would raise any concerns and who they would report their concerns to. There was an up to date adult safeguarding policy in place and staff had received the necessary safeguarding training. This meant that people who were supported were protected from harm and abuse.

There was an available 'Accidents and incident' reporting policy in place and staff were familiar with the reporting procedures that needed to be followed. Accidents and incidents were recorded and the necessary updates were made in care records and risk assessments. This process enabled the registered provider to monitor the accidents/incidents which had occurred and any trends which were occurring.

Environmental risk assessments were in place for each person who received support. Risk assessments identified potential hazards which needed to be taken into account such as pathways, security and access concerns, security issues, living areas, furniture and fittings as well as cables, wires and portable appliances. This meant that staff were familiar with all potential hazards/risks which needed to be suitably and safely managed.

Infection prevention control procedures were reviewed during this inspection. There was a health and safety policy in place and staff were provided with uniforms and necessary personal protective equipment (PPE). This ensured that personal care was carried out in the safest and most hygienic way possible.

## Is the service effective?

### Our findings

We received positive comments regarding the effectiveness of the care provided. Comments we received from people included "They [staff] know me very well and will do anything I need them to do. They're just brilliant", "Staff are well trained, they are terrific" and "They help me a great deal, they do their best." Relatives also said "They know [person] well, there's a positive relationship between [person] and the carers", "Staff have got to know [person], they've taken their time to get to know [person]" and "It's all good in fairness, we are happy with the support."

During the inspection we reviewed if the registered provider was complying with the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Care files we reviewed demonstrated that 'consent' had been sought from each person receiving care and staff were familiar with the principles of the MCA, 2005. This meant that the registered provider was complying with the principles of the MCA and ensured that people who received care were fully involved in the decisions being made in relation to their day to day support needs. Where legally able to do so family members were involved in 'Best Interest' decisions in relation to the care and support which was being provided.

Staff said they felt fully supported by the registered provider. Staff received regular supervisions and annual appraisals were routinely taking place. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. Comments we received from staff included, "[Manager] is really supportive and approachable" and "We always have supervision and there's an appraisal once a year which is good."

There was an induction period which all new members of staff were expected to complete. The induction period provided staff with essential information and practical support in relation to their roles and responsibilities. The induction period focussed on areas such as duty of care, equality and diversity, working in a 'person-centred way', health and safety standards and infection prevention control.

Staff who didn't have the relevant National Vocational Qualification (NVQ) in health and social care were enrolled on to the 'Care Certificate'. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers.

The registered provider also ensured that staff were supported with training in areas such as safeguarding, MCA and DoLS, moving and handling, medication administration and food preparation. One member of staff we spoke with said "We receive all sorts of training, if I need anything extra I can always just ask."

People received the necessary support from external healthcare professionals. We saw evidence throughout the care records we reviewed of the necessary referrals which had taken place. People received support in accordance to their health and well-being needs. Support was provided by Speech and Language Therapists, (SALT) occupational therapists, GPs, bladder and bowel services, dieticians and district nurses. Necessary guidance was followed and the relevant information was found in care plans and risk assessments.

People were supported with the necessary nutrition and hydration support needs. Nutrition and hydration support needs were assessed from the outset and the relevant risk assessments were in place. Staff were familiar with the specialist dietary needs which needed to be managed and they followed the necessary guidance which had been directed. For example, one person had been assessed as being high risk of choking; staff needed to follow the necessary instructions in relation to the persons nutrition and hydration needs and records clearly indicated how risk needed to be managed. Records also indicated each person's likes, dislikes and preferences in relation to the food and drink they preferred.

## Is the service caring?

### Our findings

We received positive comments about the care which was provided. Comments we received from people included "They're [staff] so pleasant with me, friendly and respect me and my home, they're a great team, I've got really good relationships with them all", "They are like friends coming to visit me each day", "They always ask the right questions, always ask me how I am" and "They're so kind and supportive." Relatives also said "We have the same girl [carer] everyday, there's consistency of care" and "Staff are good, I have no complaints."

People expressed that they received care and support from staff who were familiar with their support needs. Staff discussed specific details about people they were supporting and how support needed to be tailored and individual to each person. People expressed that they generally received support from staff they were familiar with and they were able to develop positive and friendly relationships with all carers. One person said "The best thing is having the same girl [staff member] everyday, there's consistency of care."

People and relatives we spoke with expressed that staff provided support in a dignified and respectful way. Records we reviewed demonstrated how people were offered 'choice', encouraged to make decisions about their care and were supported to remain as independent as possible. For example, one care record we looked at said 'I am able to make decisions about my daily care such as what I'd like to wear and eat' and another record said 'I like to wear an apron when I eat to save my clothes from getting dirty.' Staff we spoke with expressed that the care was provided in a dignified and respectful manner. Staff explained that they would always ask for the persons consent before providing any personal care, they would always explain the level of care being provided and would always provide reassurance when needed.

People were asked about their views and opinions on the standard and quality of care being provided. Comments which were recorded included 'I find all the carers helpful, pleasant and kind' and 'I feel you provide very good care and I am happy with the service.' One staff member also said "We have very dedicated staff, they go above and beyond, in some ways they treat people like they're one of their own [Family members]."

The registered provider ensured that random 'Spot Checks' were conducted when staff provided personal care. The 'spot checks' were designed to monitor, assess and improve the quality of care provided. The 'spot check' assurance tool assessed the promotion of privacy, dignity and choice and the manner and approach of staff towards the person receiving support. This meant that staff were regularly assessed in relation to the 'care' provided and the importance of providing dignified and respectful care.

For people who did not have any family or friends to represent them, contact details for a local advocacy service were provided upon request. An advocate is someone who can support vulnerable people with important in relation to their health and well-being. At the time of the inspection there was nobody being supported by a local advocate.

During the inspection we assessed how confidential and sensitive information was protected. All

information was safely secured at the registered address. The 'registered address' is the address which has been registered with CQC. This meant that all sensitive and confidential information was being protected and not being unnecessarily shared with others.

Each person was provided with a 'Service User' Guide. The guide contained information about Surecare Cheshire East and what people could expect from the registered provider. The guide provided people with information about the standard of care they should expect, quality assurance, dignity and respect, confidentiality, the complaints procedure. This meant that people were provided with important and significant information from the outset.

## Is the service responsive?

### Our findings

People and relatives we spoke with throughout the course of the inspection informed us that staff provided a responsive level of care and support. People said "They [staff] know me very well, they listen to me and conscious of my support needs", "I honestly have no complaints, they're all wonderful, I receive a rota of carers so I know who is coming everyday" and "They're very very good with me, they offer me lots of support." Relatives also said "Communication is very good, they always update me when needed" and "We're always listened to and responded to."

During this inspection we found that records contained up to date, consistent and relevant person centred information. 'Person centred' means the care and support which is delivered is in line with people's individual needs, and not the needs of the registered provider. For example, care records we reviewed contained information such as "I like cereal, porridge, followed by egg, bacon on toast for breakfast and a cup of tea", 'I like to have my hair washed on a Monday and a Friday and I also like to stay in my pj's of a weekend', 'I have porridge for breakfast except at the weekends' and 'I do prefer to drink tea with two sweeteners.' The level of Information which was recorded provided staff with a good level of detail in relation to the care which was required.

Care records demonstrated how people were encouraged to remain as independent as possible. For example, in one care record it stated, 'I would like to remain living in my home for as long as possible, I would like to remain as independent for as long as I can while maintaining my dignity' and 'I am able to take my medication if popped into a container.' This meant that staff were provided with detailed information in relation to the dependency needs of people and the level of independence which needed to be encouraged.

Staff completed 'shadow' shifts as part of their induction period, which meant that they were familiar with people's support needs before providing personal care. Staff expressed that they were able to develop positive relationships from the outset. Staff members told us "We meet all clients' before we provide support and complete the relevant training we need to."

People were supported to engage in social activities of their choice. People's interests and hobbies were established from the outset and staff were familiar with the different hobbies and interests people were involved in. We identified that one person was supported with external outings to the local activity centre and another person enjoyed accessing the local bingo twice per week.

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage and included age, gender and medical conditions/disabilities. For example, one person who was living with a significant disability was involved in their assessment and care plan from the outset. The level of detail was person centred, provided staff with intricate details of the support that was required and ensured the person received tailored, dignified care that they needed.

The registered provider had an up to date complaints policy in place. The procedure for making a complaint

was clear; people and relatives we spoke with were familiar with the complaints procedure. At the time of the inspection there was one formal complaint being addressed. Records confirmed that the complaint had been acknowledged and investigated in accordance with the registered providers complaints policy.

We asked the registered manager if 'End of life' care was provided to people who needed specific support at the end stages of life. At the time of the inspection nobody was supported with end of life care but the registered manager was exploring the 'Six Steps' training course which is available to staff. This is a locally recognised training course that aims to provide staff with the tools and knowledge to plan and provide the best possible person centred care to people at the end of their lives.

## Is the service well-led?

### Our findings

At the last inspection, we found that the registered provider was in breach of regulations in relation to 'Good governance' and 'Notifications of other incidents'. We found that the systems to monitor and assess the competency of staff and the overall quality and safety of the service were not effectively in place and the registered provider was not submitting the relevant notification to CQC in relation to incidents which had occurred.

The well-led domain was rated as 'Requires Improvement' and we requested the registered provider to submit the appropriate action plans to address the areas of improvement we identified.

We reviewed whether the registered provider had effective systems in place to assess, monitor and improve the quality and standard of care provided. During the last inspection we identified that the audits which were in place were not effectively identifying areas of improvement, care records did not always contain the most up to date and relevant information and staff were not receiving competency assessments in relation to their skills, knowledge and understanding of their roles.

During this inspection we identified that improvements had been made. The registered provider had ensured that all staff received the necessary training to support learning and development, observations were conducted to observe the practice and performance of staff, records were reviewed and contained relevant/up to date information and a range of different audits were being completed. However, we identified that further developments could be made to this area of care. For example, monthly medication audits were not being completed as routinely as they should have been. A number of monthly audits were presented to us during the inspection but it was clear that the medication audit system had not effectively been established. The audits which were taking place were identifying errors and areas of improvement but these were not consistently being completed. This meant that there were potential issues and risks going unnoticed.

We also identified that staff 'spot checks' (observations) were not taking place as often as they should have been. We discussed this with the registered manager who was responsive to our feedback and confirmed that new quality assurance systems were being implemented which would further improve this area of quality assurance and governance.

The registered provider was no longer in breach of regulation 17 in relation to 'Good Governance' however, we do recommend that the registered provider continues to improve areas of quality assurance as to ensure the standard and quality of care being delivered is that of a high standard.

At the last inspection we found that the registered manager was not aware of the regulatory responsibilities in relation to the submission of notifications to CQC. During this inspection we identified that improvements had been made. The registered manager was aware to their regulatory responsibilities and understood what notification needed to be submitted to CQC. The action plan which was submitted also outlined how this area of regulation would be complied with.

The Registered provider was no longer in breach of regulation 18 of the Care Quality Commission (Registration Requirements) Regulations 2009.

During the inspection the registered manager was approachable and responsive to the feedback we provided. Staff also expressed that they felt supported by the registered manager, comments we received included "We're looked after well, it's a good team, it's just brilliant", "[Manager] is like my second mum, I'm always able to speak to [manager] whenever I need to", "I'm very, very happy working here."

'Client Surveys' were circulated on an annual basis and focused on the quality and standard of care provided. Areas of focus included the level of information provided about the organisation from the outset, the assessment process, people's involvement in the assessment process and care planning, consistency of staff, competency of staff, privacy, dignity, respect, independence, awareness of the complaints process and overall satisfaction of the care provided.

We reviewed feedback from the most recent 'client survey'. The majority of feedback returned was positive. For instance 100% of people were satisfied with the care provided, 100% of people were involved in the assessment process and 100% of people felt they received consistent support. However some of the feedback did need to be reviewed and explored further. For example, only 63% of people said that they had received information about the organisation at the start of their care package and 87% said they felt listened to and understood.

In response to the survey a quality assurance action plan was devised. The registered manager explored different ways of improving the quality and standard of care provided such as improving methods of communication from the outset, providing extra training for staff in relation to person centred care and increased spot checks and observations. This meant that the registered provider was committed to assessing and improving the quality and standard of care people received.

Staff expressed that regular team meetings were taking place and communication systems had improved. Team meetings taking place discussions included staff sickness, on-call procedures, personal protective equipment (PPE), carer of the month, record keeping, confidentiality, medication and T-MAR processes, health and safety and infection prevention control.

The registered provider had a range of different policies and procedures in place. All policies contained up to date and relevant guidance and staff knew where to access them when needed. Staff were familiar with different policies such as confidentiality, equal opportunities, equality, diversity and inclusion, hand washing and hygiene, medication administration, health and safety, infection prevention control, complaints safeguarding and whistleblowing. Policies and procedures provide staff with important information and guidance in relation to a number of different operational areas

The registered provider had an up to date 'Business Continuity Plan' (BCP). The BCP contained information and guidance in relation to emergency plans and actions for staff to follow in the event of an emergency situation.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. Ratings from the last inspection were displayed at the registered address as well as being available on the registered provider's website as required.

