

Jigsaw Horizons Limited

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Inspection report

Intake Business Centre
Kirkland Avenue
Mansfield
Nottinghamshire
NG18 5QP

Date of inspection visit:
13 April 2016

Date of publication:
23 June 2016

Tel: 01623662200

Website: www.jigsawmansfield.org.uk

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

This inspection took place on 13th April 2016 and was announced.

Jigsaw Horizons Limited a domiciliary care service which provides personal care and support to people to enable them to live independently in their own home. At the time of inspection 37 people were receiving personal care from the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Any risks to the health and safety of people and staff had been identified and detailed plans were in place to reduce these risks. Accidents and incidents were investigated. There were enough staff to attend all planned calls punctually and meet people's needs. People received their medicines as prescribed, and staff provided people with as much or as little support they needed to ensure this.

People were supported by staff who had received the appropriate training to support them effectively. Staff received supervision of their work. People received the support they required from their staff to ensure they had sufficient to eat and drink. People were provided with the support they needed to enable them to have access to their GP and other health care professionals when they need them.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

People were supported by staff who were caring and treated them with kindness, respect and dignity. People were involved in the planning and reviewing of their care to ensure that they received the care they wanted.

Care plans were written in a way that focused on people's choices and preferences. A complaints procedure was in place and people felt comfortable to speak up if they were unhappy about any aspect of the service they received.

The culture of the service was open. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered manager. People and staff were asked for their opinions about the quality of the service. The registered

manager undertook audits and observed practice to ensure that the care provided met people's needs. There were strong links with other community resources to ensure that people got the best support possible.

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 supported by staff who could identify the different types of abuse and knew who to report concerns to both inside and outside of the organisation.

Risks to people's safety were assessed and staff followed the risk assessments that were in place.

Each person received support from suitable staff that worked with them regularly.

People received the support they needed to ensure that they received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills and had received training related to their specific care needs.

People received the support they needed to ensure that they ate and drank enough.

Staff applied the principles of the Mental Capacity Act (2005) appropriately when providing care for people.

People were supported to make and attend appointments with healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were actively encouraged to make decisions about the care and involved in reviewing the service they received.

People's dignity was maintained by staff who understood the importance of this

Is the service responsive?

The service was responsive.

People received care that was personalised to their preferences and was kept under constant review to take account of any changing need.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Good ●

Is the service well-led?

The service was well-led.

There was a positive, friendly atmosphere at the service.

People were supported by a registered manager and staff team who each had a clear understanding of their role.

There was an effective process in place to check on the quality of the service.

Good ●

Jigsaw Horizons 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 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 13th April 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During our inspection we spoke with three people who were using the service, three relatives, four members of the staff team, the registered manager and nominated person.

We looked at the care records of four people who used the service, as well as a range of records relating to the running of the service including two staff files, medication records and quality audits carried out at the service.

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff visited them to provide their care. One person told us, "The staff are marvellous, they help me to stay safe." Another person agreed, telling us how having help to get up each morning was the most important thing to them. They knew which staff were coming each day and at what time they would be there. This contributed to them feeling safe in their home. We spoke with relatives who were confident that their family members were safe and protected from harm while being supported by Jigsaw Horizons Limited, with one relative telling us, "I have absolute confidence that the staff would report anything untoward that happened."

Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected anything untoward had occurred. One staff member told us, "We are supporting people in their own home and people absolutely must feel safe in their own home." Another staff member told us that they received training and a copy of the safeguarding procedures. In the event that a staff member had concerns about someone's safety, they explained to us that they would ring the office and report it. Staff explained that they always heard back quickly with the actions that were being taken to ensure that people were safe, but also knew how to escalate their concerns outside of Jigsaw, to the Local Authority or CQC if they felt that the person remained at risk.

There was information in people's care plans about how to support people to reduce the risk of harm to themselves and others. This information accorded with how staff described they acted to keep people safe. We saw that, where required, information had been shared with the local authority about any concerns that Jigsaw Horizons Limited staff had. The registered manager described how they had consulted with the safeguarding team and received advice over any concerns that they had. This ensured that people were protected from avoidable harm.

The people and relatives we spoke with were satisfied with the way in which risks to their health and safety were managed and their freedom was respected. One person told us, "It is all in my file, the things that staff do to keep me safe." Another person told us how staff had acted to keep them safe when they had sustained an accident in the home. Someone also showed us the alarm pendant that their staff had helped them to get and explained to us that if they had an accident they could push the button to call for help. One relative told us, "I know I can go out and [my family member] will be safe in the care of the Jigsaw staff."

Staff were able to tell us how their action contributed to keeping people safe. They explained to us that when they were delivering care, there were risks relating to the care practices and the environment that the person was living in. However, these had been identified and details (risk assessments), were in each person's file as to how staff were to work to minimise the risk to the person and to themselves. Staff also told us how they always considered the person's safety when working in someone's home and would ensure any new risks they identified were either resolved or reported to the registered manager.

The provider had recorded on the PIR the measures they took to identify and reduce risk to people and to staff. We saw this in practice on our inspection. The care records we looked at showed that risks to people's

safety had been appropriately assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety and we saw staff following these during our inspection. Regular audits of incidents and accidents were carried out by the registered manager. This ensured that any improvements identified as needed were implemented to reduce the risks to those using the service. For example, we saw that codes were used so that the key safe numbers for people's homes were never written down and there were photographs of the staff who supported people at the front of their file to remind people what their staff looked like.

People told us there were enough staff to keep them safe. One person told us, "The person who supported me has just left, but there are plenty of others that will come to look after me until I get a new support worker." Another person told us how the staff were always on time, whether it was their regular support worker, or someone covering them when they were on holiday. Relatives we spoke to told us that they thought there were always enough staff available, "Even to cover holidays of the Jigsaw staff," one relative told us.

Staff also felt there was enough staff available to keep people safe and meet their needs. One staff member we spoke with said, "Yes, there are enough staff even to cover when staff are off or away on their holidays." Another staff member told us how they had never even considered that there might not be enough staff until we asked them saying, "There are always enough staff to make all of the calls, even if someone is sick the registered manager has a back-up plan in place."

The registered manager told us they too felt that there were sufficient staff to support those using the service at the time of our inspection. The duty rota was set around people's needs and preferences so that there were always sufficient staff available and people also had the same staff visiting them each day. A role had been created so that there was always additional capacity for staff to respond to any unplanned need or unplanned staff absence such as sickness each weekday morning. The registered manager, staff and those receiving support told us that this arrangement worked well. People's needs were regularly assessed and if more support was required then a case was made for an increase in funding so that this could be provided.

The files we checked had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The people we spoke with told us they received their medicines as prescribed and in a timely fashion. One person we spoke with said us, "The staff always give me my tablets when they do my personal care, so I have them alright." Another person told us that they did not need support from staff to take their medicine but had the confidence that they could ask staff about their medicines if they were in doubt about anything. We spoke with a relative who told us, "I am confident [my family member] always has their tablets at lunchtime when they are given them by the staff."

Staff we spoke with felt competent in supporting people with their medicines. One staff member told us how different people needed different levels of support with their medicines, saying, "Some people need support to take their medicines, others just need reminding or for us to check they have taken their tablets." Another staff member we spoke with said, "We never force people to take their medicines, we encourage people to take them, but if they don't we record that the tablets have been declined so that we can monitor how often this happens." We heard from staff how the information in people's care plans was helpful in understanding why people were taking their medicines and anything that they needed to be aware of because of the

medicines people were taking. Staff described how they received training and had their practice observed to ensure that they were competent to administer people's medicines in a safe way and record that they have done so.

Each person stored their medicine in their own home. People were able to use the pharmacy of their choice to obtain their medicines. The registered manager ensured that prescribing arrangements were transcribed onto a Medicine Administration Record (MAR) so that there was a consistent way of recording when people took or declined their medicines. This showed that the arrangements for administering medicines were working reliably. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs).

Is the service effective?

Our findings

People we spoke with felt that staff were competent and provided effective care. One person told us, "The staff must have had the training they need because they all look after me so well." Another person said, "The staff that come certainly know what they are doing." Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities. They told us the specific conditions that their family members had and confirmed they felt that the staff always had the skills they needed to support them well.

Staff we spoke with felt they had good support and training. One staff member told us, "We get training on a regular basis. Some of it we have to do each year and there are other new courses too." Staff explained that because internal trainers were used to facilitate courses they were well tailored to the needs of those using the service and could be based around people's specific needs. Staff told us that this meant they could relate to the training and adopt it in their practice. We were told by staff how training was provided promptly by the registered manager if a person's needs changed to ensure that they continued to have the skills they needed to support them well.

The registered manager described how they monitored staff training needs to ensure that staff received the training they needed and the records we looked at confirmed that staff had attended the courses they required. There was a program of planned training courses published with courses being run most weeks and timed to fit into staff member's working week. The training provided linked to the Care Certificate. The Care Certificate is designed to ensure all care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support

The staff we spoke with told us that there was always someone to talk to for advice and support at the office if needed. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed that supervision was provided regularly and addressed any issues staff raised. The registered manager also ensured that they periodically undertook observation of staff practice. In turn the registered manager also told us that they felt well supported by their line manager. The service had recently achieved the "Investors in People" award in recognition of the staff support and development processes that are in place at Jigsaw Horizons.

People we spoke with confirmed they had been involved in putting together their care plans and had provided consent for staff to care for them. One person told us, "[Staff member] came and saw me back when I started using the service, they found out what I wanted, wrote it all down and I signed it. It is in my file now." Another person told us how they had the same staff member for each visit who knew what they liked, what they didn't like and how they wanted to be cared for. A relative we spoke with told us how the staff always talked with their relative while providing their care telling us, "They always check that [my family member] is happy with what they are doing as they go."

Staff members told us how they always asked people before supporting them and saw this as important. One staff member told us, "People we support know that they are in charge of what we do." Another staff

member expanded upon this telling us, "I always make sure I give people options – ask them what they want or don't want. I might have read it in their care plan and know their preference, but they should still have the choice, each and every time." During our inspection we saw staff ask people before they provided them with their support. We also saw that staff called out when they entered a person's home to make sure that the person was happy for them to enter.

The provider had recorded on the PIR how people's decision making was recorded in their care plans and we saw in the care planning records that people's decision making had been taken into account when writing their care plan. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. 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. Staff had also received training which covered the Mental Capacity Act to ensure that they understood what this legislation meant for the way that they supported people. For example, staff explained to us how important the MCA was in helping to protect people who have been diagnosed with Alzheimer's disease.

People were supported to eat and drink enough to keep them healthy. One person told us, "They heat my food up for me and they will wash the pots too!" We spoke with another person who described to us how the staff always asked them what they wanted to eat and gave them choice. A relative we spoke with described to us how staff supported their family member to eat well by preparing them the food they wanted and sitting with them while they ate. They continued by explaining, "Staff also make sure they leave a drink and snack before they go, so [my family member] never goes without."

Staff told us how they ensured that people ate and drank enough, recording what had been offered in the care planning records. One staff member told us, "We always give people a choice in what they want to eat. If they want something that is not in, sometimes there is time to go out with them to get it. If not, we'll put it on their shopping list so it doesn't get forgotten." Another staff member told us how they always prepared people a hot drink before they left, as well as leaving another in a flask so that the person could pour themselves a warm drink later if they wished. Staff explained to us how they recorded what foods were prepared and would note if a person appeared not to be eating much in case they were unwell.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor's appointment. Where people wanted assistance from staff to make or attend healthcare appointments, this support was provided. This ensured that people had access to the healthcare professionals they needed at the right time. One person told us, "[Staff member] will call the doctor if I need them to." Another person told us how they appreciated the support from their staff to take them to the hospital when they had an appointment to attend. Relatives we spoke to were confident that people had access to any support they needed to maintain their health and told us how, if staff had any concerns, they always used the care records and left notes for family members so that advice could be sought.

Staff described how they would respond if they felt someone needed to see their doctor or attend a hospital appointment. They told us how sometimes appointments had been made that they would support people to attend. On other occasions, they may need to support people by making the appointment that they requested. Staff explained to us how they recorded and made the registered manager aware of any changes which might be needed to a person's support plan as a result of an appointment with a medical practitioner.

We were also told by staff how they would have no hesitation in ringing a person's doctor for advice, or 999 for an ambulance, if they felt that this was required at any time.

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff were aware of the guidance that had been provided and this was implemented within people's care plans. For example, one person told us about the support they had received from staff to make and attend appointments with their GP to get advice around managing their diabetes.

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person told us, "They do look after us well – couldn't be better." Another person said, "The staff care for me very well – they wouldn't do it any other way." People told us that their calls were covered by the same person each day, and some people had received support from the same member of staff for a number of years which had enabled them to build positive relationships with them. A relative we spoke with told us, "All the staff are wonderful, they care for [my family member] so well and have built up a good relationship with them over time."

Staff explained to us how they had also formed positive and caring relationships with people saying, "It is important that we make a difference to people's lives each time we visit them and make sure that as far as we can, people are living happily." Another staff member told us how staff were allocated regular people to visit which meant that they got to know each other well and form strong professional relationships. We also saw how a staff member had been nominated for a local "Carer of the Year Award" by someone they supported which confirmed the registered manager's view that, "Staff go the extra mile for those they support."

We saw warm and friendly interaction between people and staff. During our inspection, people were made aware of who the inspector was and why they were there by the staff that were supporting them. When providing support to people, staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. We saw staff checking that people were taking good care of themselves between calls and following any advice that they had been given to maintain their well-being. We saw that staff shared a joke with those they were supporting when this was appropriate and made sure that people had everything they needed before their next call.

People were supported to make day to day choices relating to how their care was provided. One person told us, "It was established right at the start how I wanted to be cared for, and that is how it is done." Another person described how, when their staff arrived, the things that needed to be done could be done in different orders, "It all depends on the day and what I have to do," they said. We spoke with someone who showed us their care plan and was able to tell us how they had been involved in what went into it and agreeing it all. They told us, "[Staff member] came to see me and we wrote it all down, and that is how it has been." A relative we spoke with told us how their family member had been involved in setting up their own care plans when they first began to use the service. They told us that now they were no longer able to give input, the family was always included in reviewing the care plans as their family member's care needs changed over time.

Staff understood the importance of encouraging people to express their views and make decisions about their care and support. One staff member told us, "You get to know your regular people, how they communicate and make decisions. Before we go to see anyone new we always have to go into the office to read their files so that we know how to work with them." They explained to us that there was a copy of the file in each person's home as well as at the office so that they could remind themselves if they needed to

while working with someone. Staff explained that daily notes were also written by staff each time they visited a person, "This means you always know what has been happening and if there have been any changes," one staff member explained to us.

The registered manager explained to us how they involved the person in initially agreeing how they wished to be supported and also in any subsequent reviews. The details within the care plans we looked at stated how people were to be supported to have choice and maximise their independence. People's care plans also detailed any previous medical conditions and any specific support needs or risks that may be present because of these. We saw that people's care plans were reviewed regularly and incorporated any changes a person may want. The people we spoke to had a warm relationship with the person who reviewed their care plans with them and knew that they could speak with them whenever they needed, not just when a review was scheduled.

People were treated in a dignified and respectful manner by staff. One person said, "My staff are very respectful." Another person told us, "That's the beauty of having a regular worker – they get to know you." Someone also told us how they had recently started having support with their personal care and how this had been handled. The person had been receiving support for some years with other aspects of their life. We heard how the registered manager had ensured that the person and the staff member had been comfortable with this change and had supported both parties. A relative who told us how a male carer had been recruited specifically to support their family member and this was what they wanted to preserve their dignity.

Staff explained to us how they promoted people's dignity and respect. They told us that they saw a link between dignity and respecting people's choices saying, "Treating people with dignity starts with getting to know people, respecting them and following their wishes." Another staff member explained to us that dignity was about treating people with respect, greeting them warmly, speaking politely and always offering choices.

Each person kept a copy of their care planning records in their own home, located where they wished so that it was available to staff. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. Personal details for people which were held in the office were kept in files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details.

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person told us, "As well as helping me with my personal care, the staff will go for a walk with me or sit and play Scrabble if I want to." Another person told us how they were matched with staff that had similar interests and said, "Whoever does the recruitment does a brilliant job." The registered manager explained to us how they matched the skills and interests of each person to the staff that would be supporting them.

Staff understood the importance of the service being personalised to each person. One staff member told us how the care planning documents were really useful in helping them to understand what was important to each person. They explained to us, "We always read a person's file at the office before we meet them and can ask anything we want. We can talk to other staff who know the person to check anything we need to." They went on to say how, if they were visiting a person for the first time, they would often ring them the day before to introduce themselves, "So the person doesn't feel that there is a stranger coming to their door," they explained.

Before people started using the service the amount and length of calls they needed was agreed. Where possible, each call was scheduled for the time the person had requested. Staff told us that there was enough time allocated for them to travel between calls. We saw that a system of automated alerts informed office staff if a member of staff had not logged their arrival at a person's house. This was then followed up by staff at the office who contacted the person using the service and the member of staff and actions were taken if needed to ensure everyone's safety. Records confirmed that staff punctuality was good and that there had been no missed calls, which confirmed the information that the provider had recorded on the PIR.

Information about people's care needs was provided to staff in care plans as well as being written in communication books. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time. Jigsaw Horizons Limited had a dedicated staff member who wrote the support plans with people and also met with them periodically to review and update them if needed. People we spoke with clearly looked forward to meeting with this person and enjoyed their visits.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "If I wasn't happy about something I could always ring the office, but I have never had to." Another person told us, "If I am ever unhappy about anything I can ring Jigsaw and they will sort it out for me." A relative stressed that they had never needed to complain but told us, "There are the details of who to contact in the care file and I can always ring through to the office if I need to speak to them." People had access to the complaints procedure which was given to them when they started using the service and also displayed in a prominent place in the office for visitors to see.

We reviewed the records of the complaints received since our last inspection. The registered manager was proud of the fact that all of the complaints that had been raised had been resolved at the first stage – the concerns stage - and had not needed to be escalated onto the formal complaints process. The records we

saw supported this assertion. Regular audits of complaints were made by a management board to ensure that any improvements identified were implemented.

Is the service well-led?

Our findings

People benefitted from the positive and open culture at Jigsaw Horizons Limited. We heard that people felt comfortable and confident to speak up if they had any concerns with the staff that were supporting them. They also knew who staff at the office were and were confident that they could speak to them. One person told us, "They will help me out at the office whenever I need them to" and went on to explain how staff at the Jigsaw office were supporting them to apply for additional hours to prevent them from becoming isolated. We saw how the support service we were inspecting worked well with the other parts of the organisation and linked with other agencies which ensured that people received the best care possible.

Staff spoke highly of the registered manager and team at the office telling us, "They are all approachable and very good at what they do." We heard from staff that they felt well supported and there was an open and transparent culture at Jigsaw Horizons Limited. One staff member told us, "If we are worried about anything all we have to do is speak to [the registered manager]. They always move heaven and earth to resolve any issues." Staff said they were comfortable raising concerns or saying if they had made a mistake. "If I made a mistake, I would only have to ring [the registered manager] and they would help me sort it out," one staff member told us. They told us that they felt that there was strong teamwork and everyone pulled together to resolve problems. We also heard how regular informal meetings were held to build the team and encourage staff to share their experiences with each other.

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

Staff had confidence in the leadership of the service. One staff member told us, "There is good management here, the service is well led – very much so" Another staff member was emphatic that the service was well led saying, "[The registered manager] always asks, listens and acts." A relative also told us they thought the service was very well led and said, "They always do exactly what they say they are going to do."

The conditions of registration with CQC were met. The service had a registered manager who had a good understanding of their responsibilities, of the climate in which the service functioned and how they needed to respond to ensure that the needs of those using the service were met. There was good delegation of tasks between staff at the office base with each person knowing what was required of them, and staff knowing who was responsible for what. The registered manager was well supported by their line manager. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received required notifications in a timely way.

The quality of the service people received was regularly assessed and monitored. People felt assured of this and told us, "They check up on the staff every so often to make sure they are doing their job right." The registered manager showed us the series of audits and checks that they undertook which helped to ensure a high quality service was maintained. This covered areas such as accident and incidents, safeguarding and

complaints to ensure that the service complied with legislative requirements and promoted best practice. They also spoke with people to check that they were happy with the service that they were receiving.

People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. Daily logs from people's homes were checked and signed off at the end of the month when they were returned to the office and any issues identified were passed to the right person who could take the appropriate action. We saw that where any areas of improvement within the documentation had been identified this had been addressed, for example, the format of the MAR charts had recently been revised in the light of the review of documentation to streamline the process and better protect people.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through regular surveys, meetings and social events. This information was used to inform the planning of the service that was provided. The provider had recorded on the PIR how the management team met regularly to discuss day to day issues and the future development of the service. We saw how these discussions shaped the development of the service when we visited.

Clear communication structures were in place within the service. There were regular formal staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. There were also regular informal support meetings arranged so that staff could share any issues that may have and so that staff could meet each other for peer support.